

Report on Homelessness in Sudbury

Comparison of Findings
July 2000 to July 2003

by
Carol Kauppi, PhD
Janet Gasparini
Jean-Marc Bélanger, PhD
Cheryle Partridge, MSW

Project Team:
Social Planning Council of Sudbury
Christine Hardy, Research Assistant
Stacy DiLenardi, Research Associate

Prepared for the
City of Greater Sudbury

Prepared by the
Social Planning Council of Sudbury

November, 2003



Social Planning Council
Conseil de planification sociale
OF SUDBURY DE SUDBURY

THIRTEEN 7



People Helping People
Homelessness Initiative
Ouvrons nos coeurs
Projet d'aide des sans-abris
Enaadmaadjig
Wii-shki-daawaad Bemaadzijig

Community
Partners
Partenaires
communautaires
Ekwiining
Wiidookdaading


Sudbury
Canada

Report on Homelessness in Sudbury: Time 7

Comparison of Findings: July 2000 to July 2003

by
Carol Kauppi, PhD
Janet Gasparini
Jean-Marc Bélanger, PhD
Cheryle Partridge, MSW

Project Team:
Social Planning Council of Sudbury
Christine Hardy, Research Assistant
Stacy DiLenardi, Research Associate

November 2003

This study was funded by the City of Greater Sudbury.

Additional copies of the report may be obtained
from the Social Planning Council of Sudbury:

30 Ste Anne Road, Suite 105
Sudbury, Ontario
P3C 5E1

Tel. (705) 675-3894
Fax (705) 675-3253

info@spcsudbury.ca

Project Director:

Carol Kauppi, PhD
Associate Professor
School of Social Work
Laurentian University
935 Ramsey Lake Road
Sudbury ON
P3E 2C6

Tel. (705) 675-1151, ext. 5058
Fax (705) 671-3832

ckauppi@laurentian.ca

ACKNOWLEDGEMENTS

The contributions of many people are needed to ensure the success of this three-year project. Those who have assisted us included homeless people, service providers and agency personnel, faculty members and students from the School of Social Work at Laurentian University, members of the community, and staff of the City of Greater Sudbury as well as the Social Planning Council of Sudbury. The essential contribution of homeless people in Sudbury must be recognized. The series of seven studies on homelessness could not have been conducted without their participation and willingness to share personal information. The service providers in Sudbury comprise another group that has made this study possible. They assisted in many ways, such as providing feedback on methodology, providing access to their clients, collecting information for the study, and prioritizing recommendations. The commitment shown by Sudbury's service providers in helping with the project despite the ongoing service pressures, has been truly remarkable. It would not have been possible to conduct seven point-prevalence studies of the homeless population without their help.

Several agencies were especially helpful to the researchers because they participated in multiple phases of each study. Special thanks are extended to the management and staff/volunteers at L'Association des jeunes de la rue, Sudbury Action Centre for Youth, and the Sudbury Regional Police Service who assisted with the project by permitting researchers to accompany workers/officers on outreach activities or night shifts. The members of the Task Force on Emergency Shelters and Homelessness also played a key role in the process of reviewing the project results and developing plans to address the findings.

Faculty members at Laurentian University including the School of Social Work, Native Human Services and the Department of Sociology contributed to the study by reviewing project plans or reports. We thank Prof. Sheila Hardy and Dr. Derek Wilkinson as well as Gail Elliot, Board member, Social Planning Council of Sudbury, and Denise Toner, L'Association des jeunes de la rue for participating in the ethics review process for the Social Planning Council of Sudbury. In addition, the study could not have been conducted without the staff of the Social Planning Council; they have participated in a wide range of activities including liaison with community agencies, data collection and processing, and desktop publishing. The members of the research team are thanked for their diligence and motivation in completing the research activities. Most notably, the contributions of SPC staff members Stacy DiLenardi, Christine Hardy, Martha Andrews, and Jean-Gilles Lemieux were vital to the success of the project. In addition, the input of members of the Board of Directors of the Social Planning Council has been greatly appreciated. We also thank Michèle Lejars for the translation of the reports into French.

In particular, we gratefully acknowledge the helpful comments and assistance of the following people in various phases of the study:

- Amanda McLeod, and other members of the research teams for the neighbourhood survey
- Outreach Workers, L'Association des jeunes de la rue and Sudbury Action Centre for Youth
- M.A., M.S.W, and B.S.W students taking research courses in social work and human development during 2002-2003
- Harold Duff and Mary Murdoch, City of Greater Sudbury

This study has drawn attention to the magnitude of the homeless problem in Sudbury and the needs of those who are absolutely or relatively homeless. We hope that decision-makers in Sudbury will give serious attention to the study findings and do all that is possible at the local level to address the pressing needs of homeless people in all cultural groups. Miigwech, on behalf of 100 or more Aboriginal people in Sudbury who are suffering at this moment and looking for a better life.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
INTRODUCTION	1
The Time 7 Study, July 2003	1
Overview of the Current Report (Time 7)	1
METHODOLOGY	2
Defining Homelessness	2
Approach to the Study	2
Phase I: The Point Prevalence Count of the Homeless Population	3
The Point-Prevalence Study	3
Phase II: Neighbourhood Survey	5
Sampling Strategy	5
Procedure	6
Phase III: Field Observations	6
RESULTS	8
Phase I: The Point Prevalence Count of Homeless People	8
Hidden Homelessness	8
Unduplicated Count	10
High Risk and Absolute Homelessness	12
Absolute Homelessness	12
Reasons for Absolute Homelessness	15
Gender and Absolute Homelessness	17
Characteristics of Total Homeless People	17
Age	17
Gender and Age	19
Ethnicity	21
Marital/Family Status	22
Social Support/Welfare Benefits and Reasons for Homelessness	23
Receipt of Social Assistance/Welfare Benefits	23
Sources of Income	23
Reasons for Homelessness	25
Phase II: Neighbourhood Survey	27
Is Homelessness a Problem	27
Factors Related to Homelessness	27
Comparison of Attitudes Toward Homelessness: Sudbury and Canada	29
Personal Experiences with Homeless People: Unspecified Locations and Sudbury	29
Residents' Views on Strategies for Addressing Homelessness in Sudbury	32
Phase III: Field Observations	34
CONCLUSIONS	35

RECOMMENDATIONS	44
REFERENCES	49

LIST OF TABLES

Table 1:	Shelters and Agencies Identifying the Homeless Population, July 2000 to July 2003	9
Table 2:	Number of Duplicated, Unduplicated, and Other Cases Identified in the T1 to T7 Studies	11
Table 3:	Number of Homeless People Served by Shelters and Agencies Participating in All Data Collection Periods (T1 to T7 Studies)	11
Table 4:	Characteristics of Absolutely Homeless People, January 2000 to July 2003 ...	13
Table 5:	Sources of Income for Absolutely Homeless People	14
Table 6:	Reasons for Absolute Homelessness, July 2001 and July 2003	16
Table 7:	Homeless Population by Age Groups, T1 to T7	18
Table 8:	Percentage of Homeless People by Gender and Age, T1 to T7	20
Table 9:	Gender and Family Status, T1 to T7	22
Table 10:	Comparison of Sources of Income for Absolutely Homeless People and Those At High Risk of Homelessness, July, 2001 to July 2003	24
Table 11:	Main Reasons for Homelessness, T1 to T7	26
Table 12:	Residents' Ratings of Factors Contributing to Homelessness In Sudbury, T1 to T7	28
Table 13:	Attitudes toward Homelessness: Sudbury, T7 and CMHA Sample	30
Table 14:	Residents' Views on Strategies for Addressing Homelessness, T1 to T7	33

LIST OF FIGURES

Figure 1:	Number of Homeless People T2 to T7	12
Figure 2:	Homeless Population by Gender, T1 to T7	19
Figure 3:	Homeless Population by Ethnicity, T1 to T7	22
Figure 4:	Percentage of At-Risk Homeless People by Receipt of Social Assistance Benefits, T7	23
Figure 5:	Distribution of Responses for those with Personal Experience of Homeless, T1 to T7	31
Figure 6:	Who was Homeless: T2 to T7	31

LIST OF BOXES

Box 1:	Themes from Field Observations, T1 to T7	34
--------	--	----

EXECUTIVE SUMMARY

Introduction

This report presents the final phase in a series of seven studies conducted on homelessness in Sudbury. The last data collection for the research series was completed during a one-week period—July 23rd to 29th 2003. The goal of the three-year study was to identify and track changes in homelessness from July 2000 to July 2003. The use of the same methodology at each data collection point allowed for the examination of basic trends in homelessness, and has enabled us to describe how patterns of homelessness have differed in winter and summer, as well as to determine any changes in the extent and nature of homelessness over a three-year period.

This study repeated the three main phases of all prior studies: the point-prevalence estimate or count of homeless people, the neighbourhood survey, and the qualitative field research were conducted in each of the seven studies. The use of the same methodology has allowed us to compare the Time 7 (T7) data to the findings from the earlier studies in order to examine the consistency of trends noted in the prior studies conducted during the summer (T1, T3, and T5) with comparisons of studies conducted in the winter (T2, T4, and T6).

The Time 7 report includes results on (1) a count of the homeless population using emergency shelters, social service agencies, and other services supporting this population in Sudbury including the identification of individuals who were absolutely homeless; (2) a face-to-face survey of households in a random sample of neighbourhoods in the city of Sudbury; and (3) qualitative field research in settings occupied by homeless people in the downtown core.

Key Findings

PHASE I: THE POINT-PREVALENCE COUNT OF HOMELESS PEOPLE

- 806 people had used services during the week of the Time 7 (T7) study conducted during July 23rd to 29th 2003 (compared with 567 in the T4 January 2002 study, 580 in the T5 July 2002 study, and 514 during the January 2003 study). The analysis to identify unduplicated cases indicated that there were **608 different individuals, including children and adolescents** who were homeless during the week of the study (vs. 485 in July 2002).
- Slightly fewer agencies (n=23 in T7 and 21 in T6) participated in the last two studies compared to those that had provided information in the T4 and T5 studies (n=24 and 25, respectively).
- The proportion of homeless people identified in Time 7 by the Elgin Street Mission, Salvation Army Family Services, YWCA Geneva House, and the Salvation Army Shelter was 54%. In the Time 4, 5, and 6 studies, these four agencies identified two-thirds of the total homeless population.
- The Time 7 study identified a larger number of hidden homeless persons than any of the prior studies (n=18). Eight percent of the households participating in the neighbourhood survey reported that a homeless person was staying temporarily in the household.

- An analysis of the background information enabled us to identify 516 different homeless adults who used the services of one or more of the agencies during the week of July 23rd to 29th 2003 and 92 children and adolescents accompanying their parent or parents while using a local service; thus, the total number of homeless individuals was 608 in T7. It should be noted that the data collection tool was altered to facilitate the data collection process. Hence, it is possible that the larger number of homeless people identified in Time 7 may have resulted from the more accurate measurement of homelessness rather than an increase in homelessness.

Absolutely homeless people

- The number of absolutely homeless people has tended to be higher in the studies conducted in July compared with the studies in January. However, the number and proportion of absolutely homeless people has varied somewhat between the data collection periods. Those absolutely without housing have comprised between a quarter and half of the total homeless population. In T7, this sub-group made up over a third (39%) of the homeless people identified by the participating agencies.
- As had also been found in T4 and T5, all but two of the participating agencies (91%) identified at least one client who was absolutely homeless in T7. In comparison, three-quarters reported that they had served absolutely homeless people in T6 (76% or 16 of 21).
- In T7, about a third of those without any housing were women. This pattern was the same as in July 2001 and January 2002. The cultural background of the homeless population has fluctuated somewhat across the seven studies. In T7, there were more Anglophones and fewer Aboriginal people compared with the prior studies. However, as in prior studies, the proportion of Aboriginal people in the homeless population was substantially greater than in the general population.
- The proportion of Francophones among absolutely homeless people has been relatively constant in the T3 to T7 studies and this group has been consistently under-represented among homeless people in comparison to their numbers in the general population (14% in T7 vs. 29.6% of the total population in the City of Greater Sudbury, according to the 2001 Census).
- In terms of the age distribution among absolutely homeless people, the proportion of children under age 12 was below 10% in the T2 to T6 studies but was slightly higher in T7, at 12%. In July 2003, there were 13 infants/toddlers, and 14 school-age children among the homeless. The proportion of adolescents was highest in T2 and in T6 and lowest in T3. However, while the proportion of absolutely homeless adolescents was smaller in T7 compared with T6, the actual number was about the same (n=46 in T7 and n=45 in T6). In T7, the adolescents included seven under the age of 17, ten 17-year olds, nineteen 18-year olds, and ten who were 19 years old. As in all prior studies, most absolutely homeless people in T7 (close to two-thirds) were adults between the ages of 20 and 59. In July 2003, 11 older adults (60 years of age or over) were among those absolutely without housing.
- A large majority of absolutely homeless people have been single/unattached individuals in all of our studies.

- A consistent finding throughout all of our studies has been that about half of those who were absolutely homeless (49% in T7, 48% in T6, 50% in T4, and 52% in T3) indicated that they had no source of income. Similarly, in T5, close to half had stated that they had no income (42%). The main source of income, Ontario Works, was received by a fifth to a quarter of homeless people in the T2 to T7 studies.
- In all seven studies, structural problems such as unemployment, lack of access to social assistance, poverty and lack of affordable housing, when combined, have comprised the primary causes of absolute homelessness in Sudbury. In T7, these structural or systemic issues accounted for 44% of the reasons given by people who were absolutely homeless, as compared with 30% in T6.
- Struggles with substance abuse have been mentioned by a substantial number of absolutely homeless people in every study. In T7, the proportion citing this as a reason for homelessness was not larger than in previous studies. The number of people reporting substance abuse has ranged from 21 to 49 in the various studies.
- Transience or relocation has also been cited as a reason for becoming absolutely homeless in all seven studies. In T7, 90 individuals stated that they were homeless for this reason. A substantial number of absolutely homeless people (n=24) also noted that release from incarceration was the cause of homelessness in T7.
- The main differences between men and women in T7 were due to the slightly greater proportion of men citing unemployment (26% of men vs. 19% of women) and the substantially larger proportion of women mentioning family problems, domestic violence, and divorce (21% of women vs. 9% of men). There were no other striking gender differences in the reasons given for absolute homelessness.

Total homeless population

- The total homeless population (high-risk and absolutely homeless) identified in the T7 study included 68 infants and children under age 13 (T6=41 and T5=63) who accompanied a parent or parents, 80 adolescents aged 13 to 19 (T6=72 and T5=69), and 45 older adults aged 60 years or more (T6=9 and T5=5). Thus, the T7 study identified proportionately more older adults than had prior studies. It is possible that this finding is due to improved methods of data collection.
- The number of homeless children has fluctuated somewhat across the data collection periods, between 32 and 68. However, the proportion of children under the age of 13 among the homeless population has remained relatively constant (about 10 to 14%). There has been somewhat more fluctuation in the proportion of adolescents and young adults in their twenties in the homeless population; nevertheless, teenagers have constituted between 10 and 18 percent of the homeless population while youth in their twenties have represented 19 to 29 percent of this group. The proportion of older adults has remained relatively small in all seven studies. The studies have indicated that the majority of homeless people are adults in their 20s, 30s, or 40s.

- The proportion of women has been relatively stable (around 40%) for most of the data collection periods. These findings are similar to those reported for Toronto, where women represent 37% of those who use the emergency shelter system (CMHC, 1999).
- The findings on culture and language have been quite consistent in all seven studies conducted to date. In T7, as in all prior studies, the majority of homeless people had European backgrounds (73% in T1, 76 in T2, 74% in T3, 72% in T4, 70% in T5, 72% in T6, and 77% in T7) and most of these (over three-quarters or 78% in T7) were Anglophones. The proportion of homeless Francophones has differed somewhat in the various data collection periods, ranging between 11 and 25 percent. As in all of the earlier studies, Native people were greatly over-represented among the homeless population. In T7, 21% of the homeless people were Aboriginals (vs. 26% in T6 and 27% in T5). Also consistent with all prior studies, in T7, the number of homeless people who were members of visible minority groups was very small (2% the homeless population in T6 and T7 vs. 3% in T5).
- The findings of the T7 study reinforce those of our previous studies indicating that the majority of homeless men and women are single/unattached. Homeless and near homeless women in Sudbury are more often married, in common law relationships, divorced or widowed, compared to men. In contrast, a strong majority of homeless men have been single/unattached in all seven studies.
- Our previous reports have shown that people absolutely without housing and those at high risk of losing their housing differ in terms of the receipt of social assistance. The overall proportion of near homeless people *not* receiving any government support benefits in T7 was about the same as in T4 and T5—about a quarter. A larger proportion of people who were at high risk of homelessness (versus those who were absolutely homeless) were receiving some type of benefits and income in T4, T5, T6, and T7. The most common source of government support was Ontario Works and Ontario Disabilities Support Plan.
- While there have been some fluctuations in the proportions of homeless people receiving support from government, the patterns have been similar, with about a fifth to a quarter of absolutely homeless people receiving OW benefits and fewer than a sixth (16%) receiving financial support from ODSP. Only a small minority of the homeless people (less than 14% in the last five studies) have reported that they were receiving employment income. In T7, less than a tenth of absolutely homeless and near homeless people reported that they had employment income.
- The relative importance of the reasons given for homelessness has differed somewhat in the seven studies; however, the primary reasons cited by homeless people have been the same in all studies conducted to date. The structural/systemic problems of unemployment, housing problems, and problems with social assistance have accounted for the largest proportion of homelessness (in T7, structural factors, taken together, made up 54% of all responses). In T7, 192 homeless people stated that they were experiencing housing problems at the end of July 2003 and 190 reported problems with social assistance such as inadequate benefits, being disqualified from benefits, or waiting to receive benefits.

- The revised data collection tool revealed the extent of mental health problems and disabilities to be greater than in prior studies since 198 homeless people cited such problems as the cause of their absolute or relative homelessness. A similar number reported transience or relocation as the reason for homelessness (n=194). Finally, substance abuse was identified as a significant cause of homelessness as was release from jail. Again, the proportion of homeless people mentioning these reasons was similar to some of the prior studies but the actual numbers were higher.

PHASE II: NEIGHBOURHOOD SURVEY

A sample of 238 respondents was obtained for the T7 study. As has been noted in the previous neighbourhood surveys, a majority of the participants were women (60%) but the T7 sample contained slightly more men than in prior studies (40% vs. 36%). The participants ranged in age from 16 to 84, with a mean of 44. Just over two-thirds of the respondents were Anglophones of European origins (67%) while just under a third were Francophones of European origins (30%). The proportion of Aboriginal respondents in the T7 sample was slightly smaller in the T7 study compared with T5 and T6 (9%). As in the prior neighbourhood surveys, people from visible minority groups represented a small proportion of the respondents (1% vs. 2% of the T1 to T5 samples) and they were from Asian, African, or Middle Eastern origins.

- Like most of the residents who participated in the prior studies, a vast majority of the T7 respondents (86%) held the view that homelessness was a problem in Sudbury (T6=84%, T5=80% and T4=84%). Moreover, over two-thirds (69%) of the T7 respondents reported that they had been hearing something about homelessness in Sudbury (vs. 51% in T5 and 71% in T6).
- The respondents in the T7 sample saw unemployment, poverty and low wages, and alcohol/substance abuse as the main factors linked to homelessness in Sudbury. These represented a mix of individual and structural factors. The lack of affordable housing and lack of funding for social programs were also viewed, by a majority of the residents, as causes of homelessness. Consistent with the results of prior studies, the factors that were least often seen to be causes of homelessness were excessive rent cost, domestic violence, and divorce/separation.
- A strong majority of the people in the neighbourhood surveys in Sudbury have agreed that homelessness is increasing in Canada, that more young people, women, and children are becoming homeless, and that governments should spend more on preventing homelessness. Two-thirds or more of local residents also were of the opinion that there is a societal cost, not just an individual cost to homelessness and agreed that people may have income and still be homeless.
- Between 19% and 35 % of the respondents in the T1 to T7 studies have reported that they and/or someone they knew have experienced homelessness. The results for T7 have been similar to those of the T5 and T6 studies. Well over a quarter of the residents stated that they, a family member, or a friend had been homeless at some time in the past.

- The proportion of those who stated that they had some type of personal experience with homelessness ranged between 15% and 38% in the various studies. In T7, a quarter of those with some personal experience with homelessness reported that they had been homeless.
- Respondents were also asked whether a homeless person was staying in their home at the time of the survey. Eighteen of the residents (8%) stated that they were providing shelter for a homeless person. The prior studies had found that between one and four percent of the local residents were housing a homeless person.
- In T7, 80 percent of the respondents expressed an opinion on strategies for dealing with homelessness. As in our prior studies, local residents have favoured two main strategies for addressing homelessness: firstly, they have voiced the opinion that there should be more government funding for health, mental health, and social programs. A second strategy that was mentioned most often centred on job creation, job assistance, and support for education.

PHASE III: FIELD OBSERVATIONS

In each of the T1 to T7 studies, a qualitative field component has been conducted. This phase of each study has involved observations of locations in which homeless people stay in the downtown core. The field observations were conducted simultaneously with the Phase I and Phase II research activities. The main objective of this phase of the study was to record the circumstances of homeless people through fieldwork. Most of the same themes were identified in the field observations in Times 1 through 7 studies. An obvious exception is that the observations conducted in July (T1, T3, T5, and T7) did not record difficulties with staying warm (given the differences related to cold weather in January versus July). In T7, the field researchers did not record field notes about “regular folks” experiencing homelessness or the daily stressors of finding and keeping food, clothing or accessing washroom facilities. However, all of the remaining aspects of homelessness were observed including mental illness, substance abuse, the routinization of homelessness, supportive relationships among homeless people, accessing services, health issues, finding a place to sleep, homeless adolescents, and prostitution.

Recommendations

The Time 1 to Time 7 studies have generated a number of recommendations. Some of these have been implemented by the Task Force on Emergency Shelters and Homelessness in Sudbury. Moreover, the recommendations have been reviewed and prioritized by the community and the Task Force has developed a workplan to address homelessness at the local level. Given that the workplans have not been fully implemented, the 46 recommendations of the report reflect the findings of the T1 to T7 studies. It is expected that the recommendations will be reviewed, prioritized, and acted on by the community in order to ensure that the pressing problem of homelessness is dealt with at the local, provincial, and federal levels.

INTRODUCTION

This study is the seventh in a series of seven studies conducted on homelessness in Sudbury. The last data collection for the research series was completed in July 2003. The goal of the three-year study was to identify and track changes in homelessness from July 2000 to July 2003. The use of the same methodology at each data collection point allowed for the examination of basic trends in homelessness, and has enabled us to describe how patterns of homelessness have differed in winter and summer, as well as determining any changes in the extent and nature of homelessness over a three-year period. By end of the study period, a body of research data and reports will provide a comprehensive understanding of the nature of homelessness locally as well as an indication of the effectiveness of the ongoing intervention strategies implemented to address the problem.

Time 7 Study: July, 2003

This study repeated the three main phases of all prior studies: the point-prevalence estimate or count of homeless people, the neighbourhood survey, and the qualitative field research were conducted in each of the seven studies. The use of the same methodology allowed us to compare the Time 7 (T7) data to the findings from the earlier studies in order to examine the consistency of trends noted in the prior studies conducted during the summer (T1, T3, and T5). Service providers were asked to assist by asking homeless people if they were willing to provide information. The homeless participants were those who used services during a one-week period at the end of July, 2003. The data collection instrument used in conducting the unduplicated count was designed to gather the same information as in the Time 1 to Time 6 studies but was refined to improve recording procedures. The data collection instrument differentiates between people who were absolutely homeless and those who were at high risk of homelessness and collects information on background characteristics, receipt of income support, and the main reasons for homelessness.

Overview of the Current Report

This report describes the following:

- the numbers of people who were absolutely homeless and those at high risk of homelessness;
- information on background characteristics of service users including children, youth, women, men, cultural groups (i.e. those of Anglo/European origins, Aboriginal people, and francophones);
- self-reported reasons for homelessness;
- local residents' personal experiences with homelessness;
- local residents' opinions regarding homelessness and perceived solutions;
- field observations of the locations in the city centre where homeless people stay in the summer; and
- comparisons with the Time 1 to Time 6 results.

METHODOLOGY

Defining Homelessness

In reviewing the literature on homelessness for the Political and Social Affairs Division of the Parliamentary Research Branch, Casavant (1999) noted that the various definitions of homelessness used in research may be viewed as a continuum, with the most extreme, restrictive definition comprising people who do not have shelter:

At one extreme on this continuum, a “homeless” person is defined solely with reference to the absence of shelter in the technical sense...But, although a large sector of the community has adopted this definition, and uses the term “homeless” exclusively to describe people living on the street or in emergency shelters, and although all of the researchers and field workers agree that such people certainly ought to be characterized as homeless, many think that this is too restrictive a definition” (p. 2).

Like the earlier studies on homelessness in Sudbury, the current project adopted an inclusive definition of homelessness by taking into account people who were precariously housed and vulnerable to becoming homeless in addition to those who were absolutely homeless at the time of the study. This approach is similar to that taken by the Mayor’s Homelessness Action Task Force, in Toronto. The definition used in the Toronto study was based on work by Daly (1996) and views homeless people as those who are absolutely, periodically, or temporarily without shelter, as well as “those who are at substantial risk of being on the street in the immediate future” (p. 24). The broader definition of homelessness enables the development of strategies to address the problems that go beyond emergency response to deal with the fundamental causes of homelessness thereby preventing homelessness.

Casavant (1999) observed that many researchers and service providers believe that defining homelessness in terms of the absolute absence of shelter is overly restrictive. However, in order to gain a better understanding of the dimensions of the problem in Sudbury, the Time 2 to Time 7 studies have also identified and enumerated those who were absolutely without housing.

Approach to the Study

Researchers working in this field have noted the difficulties in studying this population; consequently, a mixed-methods study was designed to enable the collection of quantitative and qualitative data. Consistent with the Time 1 through Time 6 studies, the Time 7 study was conducted in four phases that were ongoing simultaneously during a seven-day period at the end of the month; the Time 7 study took place during the week of July 23rd to July 29th 2003. Phase I focussed on obtaining a count of the homeless population using emergency shelters, social service agencies, and other services supporting this population in the City of Greater Sudbury as well as gathering information on their characteristics and reasons for homelessness. Phase II involved a face-to-face survey of homes in randomly selected neighbourhoods in the city of Sudbury. This survey gathered

information on public opinions on homelessness in addition to the identification of the “hidden homeless” or at-risk population who stay in temporary accommodation with friends or family. Phase III of the study involved qualitative field research in settings occupied by homeless people in the downtown core. Researchers accompanied outreach workers serving the homeless population and Sudbury Regional Police Services making rounds in order to observe the locations inhabited by homeless people in Sudbury.

PHASE I: POINT-PREVALENCE STUDY OF THE HOMELESS POPULATION

We have worked with local service providers in order to obtain snapshots of the homeless population during a one week period for each of the Time 1 to Time 7 studies. Given the inherent difficulties in studying homeless people, it must be recognized that any count will produce an under-estimate of the total homeless population. Nevertheless, by securing the participation of a majority of the service providers in the Region of Sudbury, a reasonable estimate can be obtained. A list of providers from the six earlier studies was used to ensure that the key organizations serving this population were participating. A letter explaining the objectives of the study and the need for participation from all providers was delivered to the agencies along with a copy of the data collection instrument to be used for the count. Service providers were subsequently contacted by telephone in order to set a date and time for a meeting to review the information to be collected in the study and to determine how the data could be collected from each agency. The data collection instrument consisted of a form for collecting information on each homeless person (see explanation in the following section).

The Point-Prevalence Study

Defining homelessness, counting or estimating the size of the homeless population, and determining an appropriate methodology for studying homeless people continue to be somewhat problematic. A decision was made, prior to the Time 1 study, to utilize service-based techniques. This method was described by Iachan & Dennis in 1993 (cited in Peressini, McDonald, & Hulchanski, 1996). These authors identified 14 studies of homelessness employing a service-based method and classified them into three groups.

- The first set of studies employed sub-samples of service system locations (e.g., shelters, soup kitchens, day programs) because they can be surveyed inexpensively and cover most of the population.
- The second set of studies used probability samples of shelter and street locations to reduce the potential for bias due to under-coverage and limitations of service systems.
- A final set of studies, representing a compromise approach, focuses on service system samples, but also include either purposive or partial samples of high-density street locations.

Peressini, McDonald & Hulchanski (1996) noted that there has been a tendency to utilize a variation of the service-based methodology in most studies of homelessness conducted since the late 1980s. This methodology was used in the current study because it captures most of the population. In addition, by gathering detailed information about each individual using shelters and allied services

for seven consecutive days, we are able to identify the number of repeat service users and unique cases. In contrast, other researchers, such as those conducting research on homelessness in Edmonton, have opted to conduct their count of homeless people by collecting data on a single day. While this approach reduces the time and effort required to collect the data, it may produce a more conservative estimate of the number of homeless people, since individuals who are not visible on the streets or using services on the day of the count will be excluded. Continuing the data collection for a one-week period may capture a more accurate “snap-shot” of the homeless population.

Furthermore, by having the count conducted by providers who are experts in the field, the intrusiveness of the study is reduced and client confidentiality is fully maintained. In the Time 2 through 7 studies, however, it has been necessary to have research staff collect data in one or two agencies, due to limited staff resources available to perform this task.

The service-based method used in this study was designed to obtain an unduplicated count of the homeless population in Sudbury. In order to accomplish this, the week of July 23rd to 29th was identified as the time period in which the count would take place. The timing of all studies has been planned so that the data collection would be conducted at the end of the month when homelessness has been found to increase (Peressini et al., 1996). The count was conducted by 19 agencies in Time 1, 16 agencies in Time 2, 22 agencies in Time 3, 24 agencies in Time 4, 25 agencies in Time 5, 22 in Time 6, and 23 in Time 7 . The data collection was operationalized by using a structured instrument that was slightly revised, expanded and refined over the course of the study. The revisions focussed on improving data collection procedures while allowing the same information to be collected about each one of the homeless people using the service during a one-week period.

The data collection tool was designed to obtain information providing a valid, unduplicated count of the homeless population in Sudbury without raising concerns about violating the privacy rights of individuals using services. The data collection tool utilized was adapted from the Automated National Client-specific Homeless services Recording System (ANCHoR). The ANCHoR recording system is an information system designed to support the coordination of services to the homeless. It was designed to collect basic socio-demographic information about the consumers using the services, including the first, middle, and last initials, date of birth, social insurance number, gender, ethnicity/race, marital status, linguistic orientation, date of entry or use of services and exit or service discontinuation (Peressini, McDonald and Hulchanski; 1996).

We also gathered information on welfare status and reasons for homelessness. In addition to the count of homeless people conducted by service providers, a neighbourhood survey was also conducted to identify the “hidden homeless” (see the following section). Furthermore, the Time 2, to Time 7 studies have differentiated between people at high risk of homelessness and those who were absolutely homeless. In Time 7, the structure of the data collection tool was changed to eliminate a coding scheme and to facilitate individualized data collection from homeless people. As is evident in the results, service providers found that the revised tool was easier to use and consequently, a number of the service providers collected data from more homeless people. The service providers were also informed that the Time 7 study would be the last data collection in this

series of studies. It is possible that, in recognizing that they would not be asked to participate in this study again, some service providers may have been more willing to take the time to collect the data.

In each study, some of the agencies contacted did not participate for various reasons. In addition, it was found that some individuals do not want to provide information about themselves. The experiences of members of the research team who were collecting data in Time 2 in one of the agencies illustrate the problem:

We started mingling and asking them if they wanted to do our survey and some said no, and we said fine...

A few nights there were some people that were pretty hostile, like telling us to go to hell... Some of them got right in our faces and swore — telling us to get out of here and... [calling us] names...

Hence, it is likely that the point-prevalence studies represent conservative estimates of the extent of homelessness in Sudbury. In addition, some agencies did not participate in the study, as noted above. However it is possible that, for example, many of the same people utilize the services of the non-participating agencies (e.g. the Catholic Charities Soup Kitchen) and the participating agencies (e.g. Elgin Street Mission).

PHASE II: NEIGHBOURHOOD SURVEY

Sampling Strategy

The maps available in the annual publication of the *Northern Life Telephone Directory* were used to generate a random sample of the neighbourhoods in the City of Greater Sudbury. The maps of the city of Sudbury are numbered from six to sixteen and the regions within each of these maps are alphabetically and numerically sectioned. Eleven maps of the city identified 35 sections in the city of Sudbury.¹ In total, over half of these sections have been selected to generate the samples for each of the neighbourhood surveys. Five areas have been consistently preselected for inclusion in the study because of their low income housing status. Low income neighbourhoods were over-sampled because of the higher risk of homelessness in these areas.

The remaining sections of the city were selected by using a cluster sampling method in which a random sample of sections was selected and then a systematic sample of residences in each section was identified for the survey (the sampling units were individual residences). Approximately half

¹ The survey excluded the outlying communities of the City of Greater Sudbury (i.e. the outlying municipalities of the former Regional Municipality of Sudbury) because the absolute homeless population is likely to remain within the higher density areas of the city since most services for them are located there. While “hidden homelessness” is likely to exist in the surrounding communities, the homeless population is likely to be more concentrated within the former city of Sudbury.

of the areas in the city (18 of 35) were selected for inclusion in the Time 1 to Time 3 studies and over half in the Time 4 and Time 7 studies (n=21) in order to provide a representative sample of neighbourhoods in the city. Seventeen research assistants were trained to gather data and the neighbourhood survey was conducted between July 23rd to 29th, 2003. When sampling a section, the researchers were paired together to form teams of two. The teams selected every third street and knocked at every fifth door on the street. Each team remained in a section for approximately three hours. Unfortunately, in the Time 4 to Time 7 data collection periods, some of the teams have been prevented from entering key low income buildings. This may have affected the findings on hidden homelessness in some of the studies since only two were identified in the Time 4 neighbourhood survey, four in Time 5, and one in Time 6 compared with 10 in Time 1. In Time 7, however, the largest number of hidden homeless persons were identified (n=18), perhaps because the researchers were instructed to reiterate information about confidentiality to respondents each time questions about prior homelessness and hidden homelessness were posed.

Procedure

One member of the team explained the purpose of the survey and outlined ethical considerations (e.g. voluntary participation, withdrawal, confidentiality, anonymity etc.). The residents were given a letter that explained the study, the ethical principles, and provided contact information. A brief structured interview (adapted from the Time 1 study and slightly expanded) was then conducted by one team member while the other recorded the responses of the participant. As part of the survey, respondents were asked if there was anyone living with them who fit the definition of homelessness. The same data collection tool was used in this phase of the study as was used in Phase I so that the same kind of information was gathered about the hidden homeless population as that collected by the service providers in the count of homeless persons. The response rate to the neighbourhood surveys has been similar in the Time 1 to Time 4 neighbourhood surveys — 62% in Time 1, 63% in Time 2, 67% in Time 3, and 61% in Time 4. However, in Time 5, Time 6, and Time 7 the response rates were somewhat lower, at 55%, 51%, and 48% respectively.

The tendency of women (rather than men) to answer the door and/or agree to participate in the survey has also been evident in all studies. Approximately two-thirds of the respondents were women in Time 1 (64%), Time 2 (67%), Time 3 (65%), Time 4 (63%), Time 5 (63%), and Time 6 (69%). In Time 7, 60% of the participants were women. In Time 6 and Time 7, the over-representation of women among respondents resulted in part because more women answered the door (63% of those who opened the door) and also because men who came to the door more often refused to participate.

PHASE III: FIELD OBSERVATIONS

The field observations were conducted in partnership with outreach workers at L'Association des jeunes de la rue and Access AIDS Committee of Sudbury. The first of these programs has a team of outreach workers serving at-risk populations in the community five times per week. The second program has an outreach program operating two or three times a week depending on staff availability. Members of our research team were permitted to accompany the outreach workers while they were performing their duties. This allowed us to conduct the field observations.

The researchers complied with the regulations of the respective programs while out on the streets; this was for safety reasons and to ensure that the relationships between the outreach workers and the at-risk populations were not jeopardized. The researchers were instructed to observe the locations inhabited by homeless people and to make notes regarding the people, events, activities, and the environments they encountered. Brief notes were made in the field and detailed notes were made immediately after each field observation.

RESULTS

PHASE I: THE POINT-PREVALENCE COUNT OF HOMELESS PEOPLE

The raw numbers (duplicated and unduplicated cases) from the agency count of homeless people, conducted by the shelters and other service providers, indicated that there were 806 people who had used services during the week of the Time 7 (T7) study conducted during July 23rd to 29th 2003 (compared with 567 in the T4 January 2002 study, 580 in the T5 July 2002 study, and 514 during the January 2003 study); this number included duplicate cases (i.e. individuals who had used one or more of the services more than once during the study). The analysis to identify unduplicated cases, as reported below, indicated that there were **608 different individuals, including children and adolescents**, who were homeless during the week of the study.

As we have noted in each of the previous studies, some people who used the services were counted more than once. The service providers have adopted varied approaches to recording information on individuals who used the agency more than once during the study period. Some recorded the information for each person on each occasion while others recorded the individual only once since the primary purpose of the count was to obtain an unduplicated count of homeless individuals.

The list of service providers is shown in Table 1. It is important to note that Table 1 does not indicate the total number of people served by these agencies during the week of July 23rd to 29th 2003; as was noted above, some people were served by the same agencies more than once but this information was not recorded. Slightly fewer agencies (n=23 in T7 and 21 in T6) participated in the last two studies compared to those that had provided information in the T4 and T5 studies (n=24 and 25, respectively).

In the first three studies (T1 to T3), four agencies identified three-quarters of the homeless population; these were the Elgin Street Mission, Salvation Army Family Services, YWCA Geneva House, and the Salvation Army Shelter. In the Time 4, 5, and 6 studies, these four agencies identified two-thirds of the total homeless population. The proportion of homeless people reported by these four agencies was smaller in Time 7, at 54%. A relatively newly established health centre in the urban core, Clinique du coin/Corner Clinic, identified a seven percent (n=40) of the total homeless population in the T4 study, five percent (n=23) in T5, six percent (n=29) in T6, and five percent in T7 (n=51).

Hidden Homelessness

In the prior studies of homelessness in Sudbury, the neighbourhood survey has identified between two to ten additional people who were absolutely homeless and staying temporarily in the homes of the survey respondents (i.e. representing 1 to 4% of the participating households). The Time 7 study identified a larger number of hidden homeless persons than any of the prior studies (n=18). Eight percent of the households participating in the neighbourhood survey reported that a homeless person was staying temporarily in the household. According to the definition adopted for the study, a person has a home if she or he has a place to stay seven days per week. However, many definitions of homelessness include doubling up or “double bunking.”

Table 1: Shelters and Agencies Identifying the Homeless Population, T1 to T7^a

Agency Name	July 2000		Jan. 2001		July 2001		Jan. 2002		July 2002		Jan. 2003		July 2003	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Elgin Street Mission	103	22	50	15	105	21	48	9	87	18	48	9	154	19
Salvation Army Family Services	86	19	130	40	125	26	179	32	145	30	122	24	51	6
Salvation Army Shelter	79	17	27	8	112	23	132	23	35	7	121	24	219	26
YWCA Genevra House	51	11	37	11	29	6	23	4	51	11	31	7	32	4
YMCA Employment/Career Services	20	4	16	5	3	1	8	1	3	1	1	0	4	1
Ontario Works	18	4	1	0	7	1	2	1	0	0	0	0	64	8
Foyer Notre Dame House	15	3	7	2	2	1	4	1	8	2	11	2	7	1
Pinegate Men's	14	3	--	--	17	4	--	--	3	1	--	--	9	1
Canadian Mental Health Association	11	2	8	2	6	1	12	2	9	2	3	1	7	1
Greater Sudbury Housing Corp.	--	--	--	--	13	3	3	1	--	--	8	2	48	6
Sudbury Action Centre for Youth	10	2	9	3	8	2	11	2	16	3	17	3	21	3
Sudbury Regional Police Services	10	2	--	--	1	0	1	0	2	0	--	--	--	--
Rockhaven	9	2	--	--	16	3	3	1	--	--	1	0	18	2
Elizabeth Fry Society	8	2	5	2	10	2	12	2	10	2	15	3	13	1
Red Cross Sudbury-Housing Registry	7	2	3	1	--	--	13	2	29	6	22	4	39	5
Crisis Intervention Program	4	1	--	--	--	--	4	1	2	0	--	--	--	--
N'Swakamok Native Friendship Ctr.	4	1	2	1	4	1	13	2	0	0	3	1	12	1
Inner City Home of Sudbury	3	1	2	1	1	0	3	1	1	0	3	1	3	0
Pinegate Women's	2	0	--	--	7	1	3	1	5	1	--	--	1	0
Inner Sight Community Home	--	--	--	--	7	1	19	3	15	3	19	4	14	2
Participation Project	1	0.2	--	--	--	--	--	--	--	--	--	--	--	--
Overcomers	--	--	4	1	3	1	6	1	--	--	22	4	23	3
Service Familial - Family Service	--	--	14	4	--	--	14	3	16	3	--	--	--	--
John Howard society	--	--	6	2	6	1	--	--	3	1	16	3	10	1
Lakeside Centre	--	--	--	--	1	0	--	--	2	0	--	--	--	--
VON Health Clinic	--	--	--	--	1	0	--	--	3	1	10	2	--	--
The Corner Clinic	--	--	--	--	--	--	40	7	23	5	29	6	51	6
Northeast Mental Health Centre	--	--	--	--	--	--	5	1	5	1	8	2	10	1
Sudbury Mental Health Survivors	--	--	--	--	--	--	9	2	6	1	3	1	--	--
Street survey/other	10	3	20	6	7	1	--	--	4	1	1	0	20	2

Note that this list includes the duplicated cases. Percentages may not sum to 100 due to rounding error. ^a

It has been difficult, throughout the three-year study, to estimate accurately the size of the hidden homeless population. Several factors have been observed to have an impact on this aspect of the study. A key factor that has been identified is the reluctance of low income residents in subsidized housing units to reveal any forms of “doubling up” because of fear that they will be penalized if the housing authority were to find out that someone was staying with them. “Double bunking” is not permitted under the current regulations. In the Time 7 study, increased emphasis on reassuring participants about the confidentiality of the information provided for the survey may have been a factor in the increased number of hidden homeless people reported in the neighbourhood survey.

Unduplicated Count

As in the Time 1 to Time 6 studies, an unduplicated count was obtained in Time 7 by examining the first, middle, and last initials as well as the date of birth and gender; individuals with identical information were considered to be the same person and the duplicated information was eliminated from further analysis. In every study, some individuals did not provide all of the information on information required to identify duplicate cases. A conservative approach was taken in classifying these cases as duplicated or unduplicated. *Since we could not determine whether those with missing data from one agency were included in the count from other agencies, these cases were excluded from the analysis.* The analysis of the background information enabled us to identify 516 different homeless adults who used the services of one or more of the agencies during the week of July 23rd to 29th 2003 and 92 children and adolescents accompanying their parent or parents while using a local service; thus, the total number of homeless individuals was 608 in T7. While there has been some variation between studies in the number of unduplicated cases (i.e. they have ranged between 341 in January 2001 and 516 in July 2003), the average number of individuals identified across the seven studies is 444. In general, the studies have suggested that the size of the absolute and near homeless population is approximately four to five hundred people; however, as noted above, in Time 7 the data collection tool was altered to facilitate the data collection process. In addition, the Time 7 study was identified as the last study in the series. Hence, it is possible that the larger number of homeless people identified in Time 7 may have resulted from the more accurate measurement of homelessness rather than an increase in homelessness.

In making comparisons between the separate point-prevalence studies, it must be noted that fluctuations in the number of homeless people reflect, in part, differences in the number of participating organizations in each of the seven studies. Certain organizations have taken part in some of the studies but not others. Table 2 shows the distribution of all homeless individuals identified in the T1 to T7 studies according to the classification of duplicated and verified unduplicated cases. In addition, Table 2 shows the number of individuals we were unable to classify due to missing data on demographic information. We had noted that the number of unduplicated homeless cases observed in 2002 (January and July) was higher than in the previous studies; the overall results for 2003 (n=1017 unduplicated cases in T6 and T7) were similar to those for 2002 (944 unduplicated cases for T4 and T5 combined).

Given that the number of agencies participating in the study has varied somewhat across the seven studies, Table 3 provides information on the total number of homeless people identified as using the services of the four key agencies that identified a majority of the homeless population and participated in all of the studies. The findings indicate that these agencies identified approximately 370 people in Times 3, 4 and 7 and approximately 320 in Times 1, 5, and 6. No clear pattern of variations between summer and winter has emerged across the seven studies.

Table 2: Number of Duplicated, Unduplicated, and Other Cases Identified in the T1 to T7 Studies

	July 2000	January 2001	July 2001	January 2002	July 2002	January 2003	July 2003	Row Totals
	N	N	N	N	N	N	N	N
Duplicate cases	36	89	78	97	91	97	184	672
Verified unduplicated cases	407	341	399	459	485	409	608	3016
Unknown	19	34	14	11	4	8	38	128
TOTAL	462	464	491	567	580	514	830	3908

Table 3: Number of Homeless People Served by Key Agencies Participating in all Data Collection Periods (T1 to T7 Studies)^a

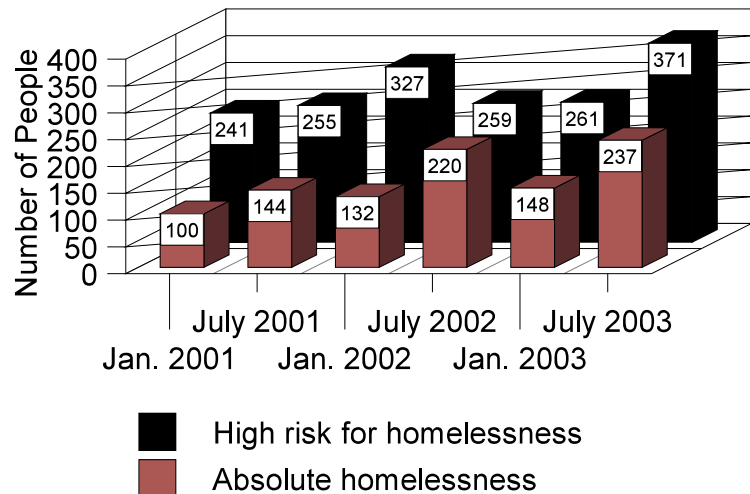
	July 2000	January 2001	July 2001	January 2002	July 2002	January 2003	July 2003
Agency Name	Number	Number	Number	Number	Number	Number	Number
Elgin Street Mission	103	50	105	48	87	48	154
Salvation Army Family Services	86	130	125	179	145	119	51
Salvation Army Shelter	79	27	112	132	35	121	219
YWCA Geneva House	51	37	29	23	51	31	32
Totals	319	244	371	382	318	319	446

^a Note that this list includes the duplicated cases.

High Risk Versus Absolute Homelessness

The number of absolutely homeless people has tended to be higher in the studies conducted in July compared with the studies in January. However, the number and proportion of absolutely homeless people has varied somewhat between the data collection periods. Those absolutely without housing have comprised between a quarter and half of the total homeless population. In T7, this sub-group made up over a third (39%) of the homeless people identified by the participating agencies (see Figure 1).

Figure 1: Number of Homeless People
T2 to T7



Absolute Homelessness

As had also been found in T4 and T5, all but two of the participating agencies (91%) identified at least one client who was absolutely homeless in T7. In comparison, three-quarters reported that they had served absolutely homeless people in T6 (76% or 16 of 21).

The characteristics of absolutely homeless people in the T2 to T7 studies are shown in Table 4. In T7, about a third of those without any housing were women. This pattern was the same as in July 2001 and January 2002. In the other studies, a larger proportion of the absolutely homeless population was female. The cultural background of the homeless population has fluctuated somewhat across the seven studies. In T7, there were more Anglophones and fewer Aboriginal people compared with the prior studies. However, the proportion of Aboriginal people in the homeless population is substantially greater than in the general population.

The proportion of Francophones among absolutely homeless people has been relatively constant in the T3 to T7 studies and this group has been consistently under-represented among homeless people in comparison to their numbers in the general population (14% in T7 vs. 29.6% of the total population in the City of Greater Sudbury, according to the 2001 Census).

In terms of the age distribution among absolutely homeless people, the proportion of children under age 12 was below 10% in the T2 to T6 studies but was slightly higher in T7, at 12%. In July 2003, there were 13 infants/toddlers, and 14 school-age children among the homeless. The proportion of adolescents was highest in T2 and in T6 and lowest in T3. However, while the proportion of absolutely homeless adolescents was smaller in T7 compared with T6, the actual number was about

the same (n=46 in T7 and n=45 in T6). In T7, the adolescents included seven under the age of 17, ten 17-year olds, nineteen 18-year olds, and ten who were 19 years old. As in all prior studies, most absolutely homeless people in T7 (close to two-thirds) were adults between the ages of 20 and 59. In July 2003, 11 older adults were among those absolutely without housing.

A large majority of absolutely homeless people have been single/unattached individuals in all of our studies. In T7, over two-thirds were single while a few were married or in common law relationships (9%), or divorced/separated (20%). In the T7 study, as in each of our prior studies a few individuals were widowed (n=3 in T7 and n=4 in T6). Thus, most homeless people in Sudbury have not been in couple or marital relationships.

**Table 4 : Characteristics of Absolutely Homeless People
T1 to T7**

	July 2000 (T1)^a	Jan. 2001 (T2) %	July 2001 (T3) %	Jan. 2002 (T4) %	July 2002 (T5) %	Jan. 2003 (T6) %	July 2003 (T7) %
Gender:							
Female	--	50	32	36	50	45	36
Male	--	50	68	64	50	55	64
Language/ethnicity							
Anglophone	--	54	63	51	55	57	68
Francophone	--	20	15	11	14	11	14
First Nations	--	19	22	36	26	29	17
Other	--	7	1	2	5	3	1
Age							
0 - 12	--	9	3	5	9	4	12
13 - 19	--	27	11	19	20	30	20
20 - 59	--	64	82	72	70	63	63
60+	--	--	4	2	2	3	5

^a The Time 1 study did not differentiate between those who were absolutely homeless and near homeless. Thus information on background characteristics and reasons for homelessness are not available.

Table 5 shows the sources of income for those who were absolutely homeless. A consistent finding throughout all of our studies has been that about half of those who were absolutely homeless (49% in T7, 48% in T6, 50% in T4, and 52% in T3) indicated that they had no source of income. Similarly, in T5, close to half had stated that they had no income (42%). The main source of income, Ontario Works, was received by a fifth to a quarter of homeless people in the T2 to T7 studies. After Ontario Works, the source of income mentioned by the largest proportion of individuals, in all of our studies, was a disability pension (i.e. ODSP). We have also consistently found that only a few individuals were receiving employment income (T7–n=9, T6–n=5, T5–n=9, T3 and T4– n=6) or employment insurance benefits (T7–n=1, T6–n=4; T5– n=9; T3– n=7 and T4– n=4). Few absolutely homeless people have reported that they had other sources of income (T7–n=11, T6–n=4 and T5–n=5); in T7, these individuals cited sources such as a private pension, alimony, orphan or widow’s benefits, or Ontario Student Assistance Plan.

**Table 5 : Sources of Income
for Absolutely Homeless People, T3 to T7^a**

	July 2000	July 2001	Jan. 2002	July 2002	Jan. 2003	July 2003
Sources of Income		%	%	%	%	%
No income	--	51.9	50.4	41.6	48.2	46
Ontario Works	--	20.2	23.6	21.9	28.8	24.3
ODSP	--	11.6	13	16.9	12.2	14.9
EI	--	5.4	3.3	5.1	2.9	0.5
Employment	--	4.7	4.9	5.1	3.6	4.5
OAS	--	2.3	--	--	0.7	2
CPP	--	0.8	2.4	7.3	0.7	1.5
Other (private pension, alimony, orphan or widow’s benefits or OSAP)	--	3.1	2.4	2.8	2.8	6.3

^a The Time 1 study did not differentiate between those who were absolutely homeless and near homeless. Thus information on background characteristics, income, and reasons for homelessness are not available. In Time 2, the data on income were gathered in a slightly different form.

Reasons for Absolute Homelessness

Information has been collected in each study to provide an understanding of the main reasons for absolute homelessness, as provided by the homeless individual and these are listed in Table 6. In all seven studies, structural problems such as unemployment, lack of access to social assistance, poverty and lack of affordable housing, when combined, have comprised the primary causes of absolute homelessness in Sudbury. In T7, these structural or systemic issues accounted for 44% of the reasons given by people who were absolutely homeless, as compared with 30% in T6. With the exception of the T6 study, unemployment has been cited most often as the reason for absolute homelessness in all studies. Nearly a quarter of those absolutely homeless mentioned unemployment in T7.

The second structural issue identified in all even studies pertains to housing problems. Inability to pay rent is clearly linked to poverty and low wages; thus, we have combined these responses into a single category in Table 6. It should be noted that we have shown eviction as a separate category but it may be reasonably combined with other housing-related problems and poverty. In T7, 15 individuals stated that they were absolutely homeless because they were evicted from their housing.

Another structural cause of homelessness identified in all of our studies has been problems with access to income security programs, notably Ontario Works (OW). In T7, 29 people were homeless because they were deemed to be ineligible for social assistance benefits or their benefits were cut off; another 22 individuals stated that their benefits were late or were simply inadequate to live on.

When asked about the reasons for absolute homelessness, many people cite “family problems.” However, qualitative data from in-depth interviews with homeless people (e.g. T3) have shown that the root of many of these problems is domestic violence. Combining family issues, divorce or separation, and the specific mention of domestic violence shows that approximately 13% of service users were absolutely homeless in T7 for these reasons. These categories accounted for a smaller proportion of absolute homelessness in T7 compared with T4, T5, and T6 since structural factors were mentioned more often.

Struggles with substance abuse have been mentioned by a substantial number of absolutely homeless people in every study. In T7, the absolute number of people mentioning such difficulties was larger than all prior studies; however, the proportion citing this as a reason for homelessness was not larger than in previous studies. The number of people reporting substance abuse has ranged from 21 to 49 in the various studies.

Transience or relocation has also been cited as a reason for becoming absolutely homeless in all seven studies. In T7, 90 individuals stated that they were homeless for this reason. This number was higher than previously found. A substantial number of absolutely homeless people (n=24) also noted that release from incarceration was the cause of homelessness in T7.

Table 6 : Reasons for Absolute Homelessness, T3 to T7^a

Reasons	July 2001		January 2002		July 2002		Janauy 2003		July 2003	
	Cases ^b	Responses ^b	Cases ^b	Responses ^b	Cases ^b	Responses ^b	Cases ^b	Responses ^b	Cases ^b	Responses ^b
	N	%	N	%	N	%	N	%	N	%
Unemployment/seeking work	60	18.2	43	17.4	62	16.8	13	5.1	137	23.3
Substance abuse	40	12.2	21	8.5	31	8.0	30	11.7	49	8.3
Transience/relocation	35	10.6	28	11.3	35	9.5	29	11.3	90	15.3
Problems with social assistance	33	9.9	25	10.1	48	13.1	28	10.9	51	8.7
Housing problem/inability to pay rent or mortgage/low wages/no money	30	9.4	40	16.2	39	10.7	36	14.1	74	12.6
Family issues	26	7.9	27	10.9	45	12.2	46	18.0	65	11.1
Domestic violence	23	7.0	17	6.9	26	7.1	16	6.2	3	0.5
Physical or mental illness/disability	23	7.0	24	9.7	32	8.7	18	7.0	67	11.4
Out of jail	11	3.3	7	2.8	7	1.9	24	9.4	24	4.0
Evicted or kicked out	11	3.3	9	3.6	10	2.7	8	3.1	15	2.6
Divorce or separation	8	2.4	1	0.4	9	2.4	3	1.2	10	1.7
Other	27	8.8	5	2.2	24	6.5	5	2.0	3	0.5

^a The Time 1 study did not differentiate between those who were absolutely homeless and near homeless; thus information on background characteristics, income, and reasons for homelessness are not available. In Time 2, service providers reported reasons for absolute homelessness in a slightly different format (i.e. fewer response options).

^b Based on multiple responses.

Gender and Reasons for Absolute Homelessness

In T6 and T7, both men and women cited the full range of reasons for homelessness that are listed in Table 6. The main differences between men and women in T7 stem from the slightly greater proportion of men citing unemployment (26% of men vs. 19% of women) and the substantially larger proportion of women mentioning family problems, domestic violence, and divorce (21% of women vs. 9% of men). There were no other striking gender differences in the reasons given for absolute homelessness.

The primary reasons mentioned by similar proportions of men and women were housing problems and the inability to pay the rent (13% of men and 15% of women), transience or relocation (17% of men and 13% of women), physical or mental illness (10% of men and 14% of women), problems with social assistance (9% of men and women), and substance abuse (9% of men and 6% of women).

Characteristics of the Total Homeless Population

As noted above, a total of 608 people were identified as being homeless in the Time 7 study. This number included 371 individuals who were relatively homeless and at high risk of becoming homeless in the near future as well as 237 who were absolutely homeless.

Age

The total homeless population (high-risk and absolutely homeless) identified in the T7 study included 68 infants and children under age 13 (T6=41 and T5=63) who accompanied a parent or parents, 80 adolescents aged 13 to 19 (T6=72 and T5=69), and 45 older adults aged 60 years or more (T6=9 and T5=5). Thus, the T7 study identified proportionately more older adults than had prior studies. It is possible that this finding is due to improved methods of data collection. A more comprehensive age breakdown of the homeless people is shown in Table 7.

The number of homeless children has fluctuated somewhat across the data collection periods, between 32 and 68. However, the proportion of children under the age of 13 among the homeless population has remained relatively constant (about 10 to 14%). The T7 results were not exceptional in this regard. There has been somewhat more fluctuation in the proportion of adolescents and young adults in their twenties in the homeless population; nevertheless, teenagers have constituted between 10 and 18 percent of the homeless population while youth in their twenties have represented 19 to 29 percent of this group. The proportion of older adults has remained relatively small in all seven studies. The studies have indicated that the majority of homeless people are adults in their 20s, 30s, or 40s. Fairly complete data on the age of homeless people has been collected in the T4 to T7 studies, since it was available for 98% of the homeless individuals studied in T4, 91% in T5, 98% in T6, and 97% in T7.

Table 7: Homeless Population by Age Groups,^a T1 to T7

Age Groups	July 2000		Jan. 2001		July 2001		Jan. 2002		July 2002		Jan. 2003		July 2003	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
0 - 5 ^b	30	7.4	21	6.5	12	4.3	23	5.1	25	5.7	23	5.7	27	4.4
6 - 12 ^b	23	5.6	22	6.8	20	7.1	37	8.2	38	8.6	18	4.5	41	6.7
13 - 19 ^b	61	15.0	57	17.6	37	13.2	46	10.2	69	15.6	72	18.0	80	13.2
20 - 29	79	19.4	68	21.0	82	29.3	107	23.8	82	18.6	99	24.7	131	21.5
30 - 39	87	21.4	61	18.8	56	20.0	85	18.9	87	19.7	70	17.5	105	17.3
40 - 49	82	20.1	58	17.9	47	16.8	87	19.4	87	19.7	78	19.5	131	21.5
50 - 59	27	6.7	33	10.5	19	6.8	51	11.4	49	11.0	32	8.0	48	7.9
60 - 69	13	3.2	3	0.9	3	1.1	10	2.2	5	1.1	8	1.9	29	4.8
70+	5	1.2	1	0.3	4	1.4	3	0.7	--	--	1	0.2	16	2.6

Notes:

^a Age data were missing for some individuals.

^b Includes children/adolescents accompanying parents

Gender and Age

Figure 2 compares the gender of homeless people in the T1 through T7 studies. The proportion of women has been relatively stable (around 40%) for most of the data collection periods. These findings were similar to those reported for Toronto, where women represent 37% of those who use the emergency shelter system (CMHC, 1999). While in T5 there was a dramatic shift in the gender ratio among homeless people in Sudbury, with women outnumbering men, the T6 and T7 findings were more similar to those in the T2 to T4 studies.

Figure 2: Homeless Population By Gender
T1 to T7

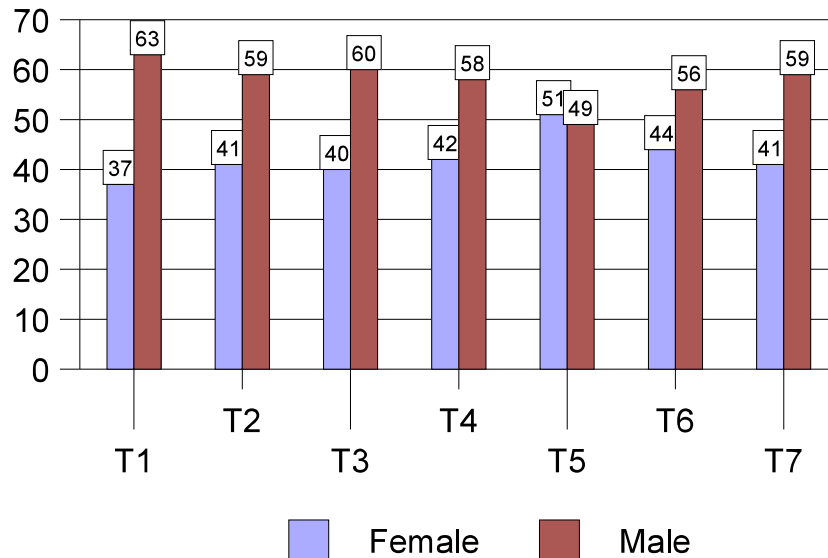


Table 8 shows the proportions of homeless males and females in the various age groups. There have been considerable fluctuations in the gender ratio in many age categories. For example, in some studies, males have predominated while in others women have been the majority among adolescents, young adults, older adults, and seniors. Since the number of seniors has always been small, these statistics are not reliable. In the T7 study, the proportion of male and female children was, as expected, about equal. Homeless adolescent females slightly outnumbered males but most homeless adults were men (between 52 to 70% depending on the age group).

Table 8: Percentage of Homeless People by Gender and Age, T1 to T7

	July 2000		January 2001		July 2001		January 2002		July 2002		January 2003		July 2003	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-5	57	43	52	48	42	58	48	52	48	52	65	35	50	50
6-12	39	61	50	50	40	60	54	46	50	50	50	50	54	46
13-19	54	46	39	61	40	60	65	39	52	48	57	43	45	55
20-35	61	39	60	40	64	36	52	48	45	55	41	59	52	48
36-59	70	30	70	30	77	23	64	36	52	48	36	64	68	32
60+	94	6	75	25	57	43	46	54	80	20	33	67	70	30

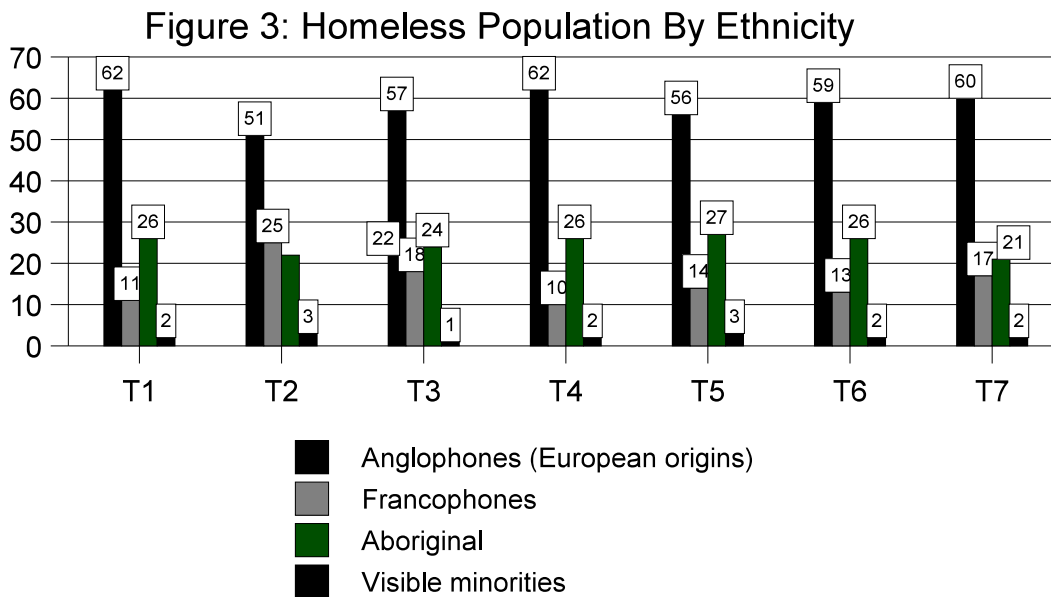
Ethnicity

The findings on culture and language have been quite consistent in all seven studies conducted to date. In T7, as in all prior studies, the majority of homeless people had European backgrounds (73% in T1, 76 in T2, 74% in T3, 72% in T4, 70% in T5, 72% in T6, and 77% in T7) and most of these (over three-quarters or 78% in T7) were Anglophones. The proportion of homeless Francophones has differed somewhat in the various data collection periods, ranging between 11 and 25 percent (see Figure 3).

It is important to note that some individuals identify themselves as both English and French; in T7, 17 homeless persons indicated that they were both French and English. Furthermore, in each study, a number of Aboriginal people have indicated that their language was French (6 in January 2002, 7 in July 2002, 8 in January 2003, and one in July, 2003). Three people from visible minority groups also indicated that they were Francophones in T6 and T7. Thus in total, 16% of the homeless people in T6 and 17% in T7 indicated that they spoke French (the same proportion as in T5 vs. 12% in T4).

As in all of the earlier studies, Native people were greatly over-represented among the homeless population. In T7, 21% of the homeless people were Aboriginals (vs. 26% in T6 and 27% in T5). While Aboriginal people represented a smaller proportion of the total homeless population in T7 than in previous studies (i.e. they have made up approximately a quarter of the homeless population in all of the prior studies), they remained greatly over-represented in comparison with their numbers in the total population in Sudbury. According to Statistics Canada (2003), the 2001 census data have indicated that the visible minority population represented 2% of the total population, and Aboriginal people, including North American Indians and Metis, made up 4.8% of the population in the City of Greater Sudbury, while those of French origins made up 29.6%.

Also consistent with all prior studies, in T7 the number of homeless people who were members of visible minority groups was very small (2% the homeless population in T6 and T7 vs. 3% in T5). This finding reflects the small proportion people from visible minorities in the Sudbury population.



Marital/Family Status

The findings of the T7 study reinforce those of our previous studies indicating that the majority of homeless men and women are single/unattached (see Table 9). The gender difference in marital status in T7 was similar to that found in T1. Homeless and near homeless women in Sudbury are more often married, in common law relationships, divorced or widowed, compared to men. In contrast, a strong majority of homeless men have been single/unattached in all seven studies.

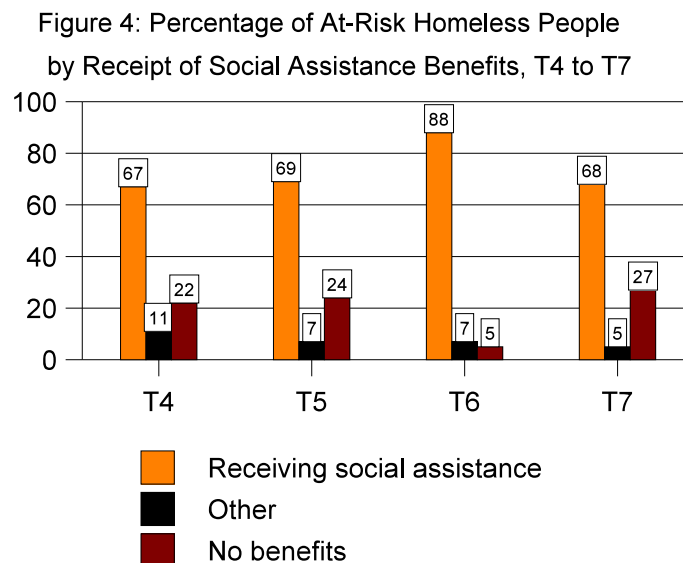
Table 9: Gender and Family Status, T1 to T7

Family Status	July 2000		January 2001		July 2001		January 2002		July 2002		January 2003		July 2003	
	F %	M %	F %	M %	F %	M %	F %	M %	F %	M %	F %	M %	F %	M %
Married/ Common Law	22.8	10.8	17.3	6.8	20.2	14.4	21.9	14.2	23.0	19.9	22.5	12.8	19.8	13.3
Single/ unattached	50.0	66.5	77.4	84.8	65.9	73.1	54.4	73.4	59.7	62.8	55.1	74.0	48.9	70.3
Divorced/ widowed	27.2	22.7	5.3	8.4	13.9	12.5	23.8	12.4	17.3	17.3	22.4	13.3	31.3	16.4

Social Support/Welfare Benefits and Reasons for Homelessness

Receipt of Social Support/Welfare Benefits and Sources of Income

Our previous reports have shown that people absolutely without housing and those at high risk of losing their housing differ in terms of the receipt of social assistance benefits (refer to Table 5 for the results on absolutely homeless people). Figure 4 shows the percentage of near homeless people who were without housing in T7. The overall proportion of near homeless people *not* receiving any government support benefits in T7 was about the same as in T4 and T5—about a quarter. A larger proportion of people who were at high risk of homelessness (versus those who were absolutely homeless) were receiving some type of benefits and income in T4, T5, T6, and T7. The most common source of government support was Ontario Works and Ontario Disabilities Support Plan.



Sources of Income

Table 10 compares the sources of income for absolutely homeless people and those who were at high risk of losing their housing in T3 to T7. As noted above, a key difference between the two categories of homeless people has been that absolutely homeless people have been least likely to have any source of income while most of those who were precariously housed were receiving some type of income support. While there have been some fluctuations in the proportions of homeless people receiving support from government, the patterns have been similar, with about a fifth to a quarter of absolutely homeless people receiving OW benefits and fewer than a sixth (16%) receiving financial support from ODSP. Only a small minority of the homeless people (less than 14% in the last five studies) have reported that they were receiving employment income. In T7, less than a tenth of absolutely homeless and near homeless people reported that they had employment income.

Table 10: Comparison of Sources of Income for Absolutely Homeless People and Those at High Risk of Homelessness, T3 to T7

Sources of Income	July 2001		January 2002		July 2002		January 2003		July 2003	
	Absolutely Homeless %	At-Risk of Homelessness %	Absolutely Homeless %	At-Risk of Homelessness %	Absolutely Homeless %	At-Risk of Homelessness %	Absolutely Homeless %	At-Risk of Homelessness %	Absolutely Homeless %	At-Risk of Homelessness %
No income	51.9	35.8	50.4	22.4	41.6	23.4	48.3	5.0	46.0	26.5
Ontario Works	20.2	26.5	23.6	40.4	21.9	34.1	28.8	50.5	24.3	35.2
ODSP	11.6	12.8	13.0	19.6	16.3	22.7	12.2	26.0	14.9	16.6
EI	5.4	4.4	3.3	2.3	5.1	6.4	2.9	9.0	0.5	2.6
OAS	2.3	1.8	--	0.8	--	--	0.7	0.0	2.0	1.3
CPP	0.8	0.9	2.4	3.1	7.3	5.4	0.7	1.5	1.5	2.5
WSIB	--	0.4	--	0.3	--	--	1.4	0.5	--	0.8
Employment	4.7	13.7	4.9	7.5	5.1	6.4	3.6	6.0	4.5	7.4
Other ^a	3.1	3.7	2.4	3.6	4.5	3.0	1.4	1.5	6.3	7.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

^a Notes: Other sources of income were inheritance, savings, private pension, private insurance, strike pay, alimony, busking or panhandling.

Reasons for Homelessness

Table 11 summarizes the main reasons for homelessness in Sudbury in the T1 to T7 studies. Service providers who participated in the T7 study asked their clients to identify all salient reasons for their homelessness from a list developed from the prior studies. Hence, the same sets of reasons were included in the T7 data collection instrument as had been in the tool used in T1 to T6. In addition, space was provided for open-ended responses so that other categories of reasons could be recorded. However, homeless people in all seven studies have cited the general categories of reasons shown in Table 11.

The relative importance of the reasons has differed somewhat in the seven studies; however, the primary reasons cited by homeless people have been the same in all studies conducted to date. The structural/systemic problems of unemployment, housing problems, and problems with social assistance have accounted for the largest proportion of homelessness (in T7, structural factors, taken together, made up 54% of all responses).

In T7, the distribution of responses differed somewhat from the prior studies since respondents were asked to identify all relevant reasons. Homeless people in T7 identified unemployment more often than the participants of all prior studies. While housing problems and problems with social assistance represented a smaller proportion of all responses in the T7 study, the revised data collection tool may provide for a more accurate assessment of the extent to which various factors are linked to homelessness. Since the instrument allowed participants to identify all relevant reasons from a common list, the data provide an indication of the extent to which individuals experienced a range of problems. For example, 192 homeless people stated that they were experiencing housing problems at the end of July 2003 and 190 reported problems with social assistance such as inadequate benefits, being disqualified from benefits, or waiting to receive benefits.

The revised data collection tool also revealed the extent of mental health problems and disabilities to be greater than in prior studies since 198 homeless people cited such problems as the cause of their absolute or relative homelessness. A similar number reported transience or relocation as the reason for homelessness (n=194). It was noted in T6 that the proportion of homeless people mentioning family problems was higher than in all previous studies, at 15%. While the proportion mentioning family problems was slightly lower in T7, the actual number of individuals indicating that family issues or domestic violence were linked to their homelessness was higher in T7 (176 vs. 74 in T6).

Finally, it may be noted that, in T7, substance abuse was identified as a significant cause of homelessness as was release from jail. Again, the proportion of homeless people mentioning these reasons was similar to some of the prior studies but the actual numbers were higher.

Table 11: Main Reasons for Homelessness, T1 to T7

	T1	T2	T3	T4	T5	T6	T7	
Reasons for homelessness^a:	%	%	%	%	%	%	%	N^b
Problems with work: <ul style="list-style-type: none"> • Unemployment • Seeking work • Low wages 	22.7	11.6	18.0	20.8	27.2	10.3	30.2	484
Problems with social assistance: <ul style="list-style-type: none"> • Welfare not adequate/late • Social assistance cut • Waiting for disability pension • Does not qualify for OW • No money 	20.4	17.6	19.1	20.5	14.8	15.2	11.9	190
Problems with housing: <ul style="list-style-type: none"> • Unable to pay rent or mortgage • Evicted or kicked out • Housing not adequate 	14.3	14.1	9.3	15.5	10.0	15.8	12.0	192
Substance abuse	9.4	2.8	10.4	6.4	7.3	9.5	6.4	103
Family Issues/domestic violence <ul style="list-style-type: none"> • Divorce or separation • Family problems (violence, abuse etc.) 	7.1	5.9	9.8	9.5	16.8	19.0	11.0	176
Travelling/transient/ relocated, transferred or moving	6.4	16.2	10.8	8.7	8.7	11.2	12.1	194
Illness or mental illness	2.8	5.2	8.0	8.3	8.6	9.7	12.4	198
Out of jail	2.0	2.8	2.6	2.6	1.9	7.1	3.3	53
Other	3.3	2.1	6.5	1.6	4.7	2.2	0.7	11
TOTAL RESPONSES	100	100	100	100	100	100	100	1601

^a Results are based on multiple responses. Percentages may not sum to 100 due to rounding error.

^b The data collection tool was revised in T7 and thus likely affected the number of responses; however, the same list of reasons was provided in all studies.

PHASE II: NEIGHBOURHOOD SURVEY

A sample of 238 respondents was obtained for the T7 study. As has been noted in the previous neighbourhood surveys, a majority of the participants were women (60%) but the T7 sample contained slightly more men than in prior studies (40% vs. 36%). The participants ranged in age from 16 to 84, with a mean of 44 (the mean age in T2 was 44, T3–43, T4–43, T5–43, T6–46). As in the previous surveys, the sample generally reflects the dominant ethnic composition of the population in Sudbury. Just over two-thirds of the respondents were Anglophones of European origins (67%) while just under a third were Francophones of European origins (30%). The proportion of Aboriginal respondents in the T7 sample was slightly smaller in the T7 study compared with T5 and T6 (9%). As in the prior neighbourhood surveys, people from visible minority groups represented a small proportion of the respondents (1% vs. 2% of the T1 to T5 samples) and they were from Asian, African, or Middle Eastern origins.

An objective of the neighbourhood survey was to locate “hidden homeless” persons; thus we intentionally over-sampled low income neighbourhoods in all seven studies. Consequently, a majority of the respondents in the T1 to T7 surveys reported that their income levels were below average. In T7, 54% of the sample indicated that the family income was below average (vs. 55% in T6, 64% in T5, 55% in T4, 64% in T3, and 67% in T2). A fifth of the T6 participants reported that their household incomes were average for Sudbury (19%), while a fifth (20%) reported above average income. Similarly, 19 percent of the sample indicated that they had obtained some university education or a university degree, while a slightly higher proportion (22%) stated that they had a high school diploma or had not completed high school.

Is Homelessness a Problem?

Like most of the residents who participated in the prior studies, a vast majority of the T7 respondents (86%) held the view that homelessness was a problem in Sudbury (T6=84%, T5=80% and T4=84%). Moreover, given that there has been media coverage of the various reports on homelessness, it may not be surprising that over two-thirds (69%) of the T7 respondents reported that they had been hearing something about homelessness in Sudbury (vs. 51% in T5 and 71% in T6).

Factors Related to Homelessness

The residents in all seven surveys were asked to rate a series of factors with regard to the extent to which they are seen as contributing to homelessness in the City of Greater Sudbury. Table 12 shows the percentage of residents who indicated agreement with each of the factors. As in most of the previous studies, the respondents in the T7 sample saw unemployment, poverty and low wages, and alcohol/substance abuse as the main factors linked to homelessness in Sudbury. These represented a mix of individual and structural factors. The lack of affordable housing and lack of funding for social programs were also viewed, by a majority of the residents, as causes of homelessness. Consistent with the results of prior studies, the factors that were least often seen to be causes of homelessness were excessive rent cost, domestic violence, and divorce/separation.

Table 12: Residents' Ratings of Factors Contributing to Homelessness in Sudbury^a, T1 to T7

Factors	July 2000	January 2001		July 2001		January 2002		July 2002		January 2003		July 2003	
	Agree (%)	Agree (%)	Rank Order ^b	Agree (%)	Rank Order ^b	Agree (%)	Rank Order ^b	Agree (%)	Rank Order	Agree (%)	Rank Order	Agree (%)	Rank Order
Unemployment	80.9	84.6	2	71.4	3	72.9	3	80.5	1	78.2	3	77.7	1
Increased poverty	78.8	83.6	3	71.6	2	72.9	4	75.9	3	78.9	2	68.2	3
Alcohol/substance abuse	77.3	88.1	1	76.6	1	77.0	1	77.9	2	82.9	1	77.4	2
Lack of funding support for social programs	73.7	79.2	7	63.0	5	63.4	6	64.8	5	66	6	58.1	7
Shortage of social assistance	64.9	80.6	5	57.0	7	59.5	7	64.3	6	64.4	8	52.1	8
Mental illness	64.2	82.9	4	66.4	4	74.3	2	69.0	4	70.9	5	59.3	5
Low wages	61.7	75.9	9	57.2	6	65.9	5	62.3	7	63.7	9	60	4
Inadequate welfare	60.1	80.3	6	56.1	8	58.4	8	57.8	8	64.6	7	51.8	9
Lack of affordable housing	56.8	78.4	8	51.1	10	55.8	9	56.4	9	71	4	58.4	6
Excessive rent cost	56.4	72.7	10	51.1	11	53.7	11	55.3	10	61.4	10	47.6	10
Domestic violence	54.5	60.1	11	52.5	9	54.0	10	54.8	11	58.6	11	47	11
Divorce/separation	42.6	49.2	12	38.3	12	46.5	12	40.1	12	43.2	12	37.2	12

^a Note that the issues are listed in order of level of agreement among residents in the T1 to T7 studies by summing the percentages in the categories *Agree* and *Completely Agree*.

^b Rank order indicates the order of importance.

Comparison of Attitudes Toward Homelessness: Sudbury and Canada

Table 13 compares the results of neighbourhood surveys in Sudbury with a study conducted by the Canada Mortgage and Housing Corporation (CMHC) with Environics. Overall, the results from the T4 to T7 studies have been quite similar and closely resemble those of the national CMHC/Environics public opinion survey. A strong majority of the people in the neighbourhood surveys in Sudbury have agreed that homelessness is increasing in Canada and that more young people, women, and children are becoming homeless, and that governments should spend more on preventing homelessness. In T7, 60% of the local residents strongly agreed with the latter statement compared with just 28% of the 2000 CMHC sample. Two-thirds or more of local residents also expressed the opinions that there is a societal cost, not just an individual cost to homelessness and that people may have income and still be homeless.

Personal Experiences with Homeless People: Unspecified Locations and Sudbury

Local residents have been asked about the extent of personal experiences with homelessness. The questions about these experiences have examined whether the residents, members of their families, or friends had ever been homeless² and whether they or anyone they knew had ever been homeless while living in Sudbury. Figures 5 and 6 show these results. Between 19% and 35 % of the samples in the T1 to T7 studies have reported that they and/or someone they knew have experienced homelessness. The results for T7 have been similar to those of the T5 and T6 studies. Well over a quarter of the residents stated that they, a family member, or a friend had been homeless at some time in the past.

Figure 6 shows the results for the question, “Who was homeless — you, a family member, or a friend?” The results have varied considerably for the samples in the T2 to T7 studies (this question was not asked in T1). Between 15% and 38% of those who stated that they had some type of personal experience with homelessness indicated that they had been homeless at some time in the past. In T7, a quarter of those with some personal experience with homelessness reported that they had been homeless. As in T6, similar proportions, about a third, reported that a family member or a friend had experienced homelessness. Furthermore, five participants of the T7 study indicated that they, as well as family members, or friends had been homeless at some point in time.

Respondents were also asked whether a homeless person was staying in their home at the time of the survey. Eighteen of the residents (8%) stated that they were providing shelter for a homeless person. The prior studies had found that between one and four percent of the local residents were housing a homeless person.

² The question was worded as follows: “Have you, any member of your family, or a friend ever been homeless?”

**Table 13: Attitudes Toward Homelessness:
Sudbury, T4 to T7 and CMHC^a National Sample**

Attitudes	Sudbury T7		Sudbury T6		Sudbury T5		Sudbury T4		CMHC 2000	
	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)
The number of homeless people in Canada is increasing a lot.	72	4	80	4	75	5	82	3	80	14
The homeless population in Canada is changing to include more young people, women, and children than before.	81	6	82	5	79	8	83	3	89	7
Organizations like food banks and temporary shelters are sufficient solutions (good enough solutions) to handle the problem of homelessness.	18	67	23	62	17	71	12	76	20	79
The homeless include people who must “double up” with others because they cannot find accommodation.	55	15	50	25	60	22	63	17	77	21
People may have income and still be homeless	68	16	66	19	66	19	70	14	69	28
Homelessness only really harms the people who are homeless themselves; there is no real cost of homelessness to society.	20	72	16	74	13	79	11	82	13	86
Governments should spend more on preventing homelessness.	77	9	79	5	84	6	79	10	67	30

^a Survey of Canadians' Attitudes Toward Homelessness—1996-2000.

Figure 5: Distribution of Responses for those with Personal Experience of Homelessness, T1-T6

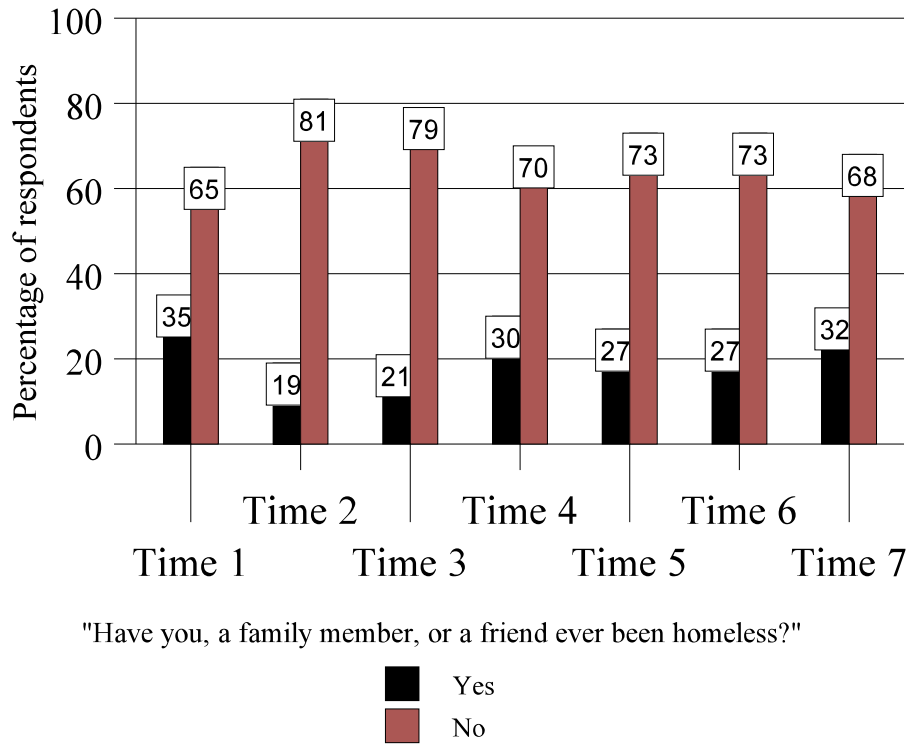
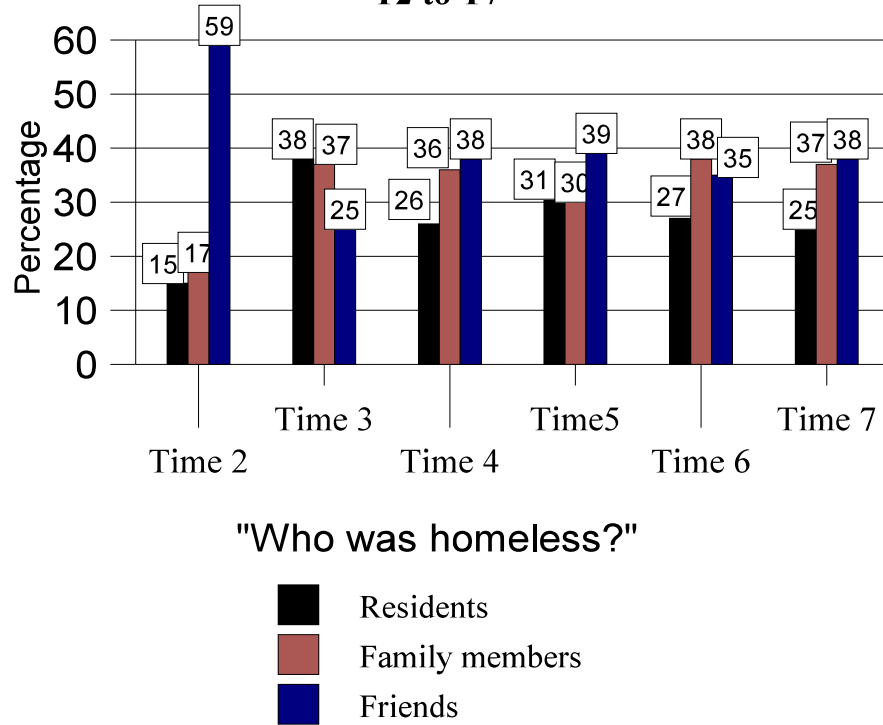


Figure 6: Who was homeless? T2 to T7



Residents' Views on Strategies for Addressing Homelessness in Sudbury

In T7, 80 percent of the respondents expressed an opinion on strategies for dealing with homelessness. As in our prior studies, local residents have favoured two main strategies for addressing homelessness: firstly, they have voiced the opinion that there should be more government funding for health, mental health, and social programs (see Table 14). This was cited by more than a quarter of the participants of the neighbourhood survey.

In T7, a second strategy that was mentioned most often centred on job creation, job assistance, and support for education. Thirdly, nearly a fifth of the T7 residents (and a similar proportion of the respondents in prior studies) commented that more shelters should be established. Some in this group believed that abandoned buildings should be converted for use by homeless people.

Affordable housing was mentioned by nearly a fifth of the residents who voiced an opinion about how to deal with homelessness. Other strategies mentioned involved increasing public awareness of homelessness and conducting further research. A few respondents (4%) believed that the appropriate approach would be to reduce government spending and to introduce tougher regulations on welfare.

Table 14: Residents' Views on Strategies for Addressing Homelessness, T1 to T7

	T1	T2	T3	T4	T5	T6	T7
Strategies	% of Responses	% of Responses	% of Responses	% of Responses	% of Responses	% of Responses	% of Responses
More government funding for welfare, social services, and mental health services	44.8	35.5	37.0	22.2	27.5	36.9	28.8
Increase public awareness of the issue	14.1	1.7	7.3	16.2	7.3	13.3	11.2
Create more/better jobs and job assistance	12.4	10.7	17.0	14.4	23.9	12.7	20.8
Affordable housing	11.4	13.2	13.5	17.4	13.0	10.5	13.6
Establish more shelters	9.4	20.5	14.8	21.0	18.5	20.8	18.0
Community should provide donations	4.0	0.9	2.4	7.2	2.0	2.9	1.6
Change the provincial government	3.0	3.4	2.4	--	--	--	--
Conduct more research on homelessness locally	1.0	7.3	2.6	--	3.2	2.9	2.4
Reduce government spending/introduce tougher regulations on welfare	--	--	3.0	1.8	0.4	0.6	3.6

PHASE III: FIELD OBSERVATIONS

In each of the T1 to T7 studies, a qualitative field component has been conducted. This phase of each study has involved observations of locations in which homeless people stay in the downtown core. This phase was conducted simultaneously with the Phase I and Phase II research activities during the T7 study (July 23rd to 29th 2003). The main objective of this phase of the study was to record the circumstances of homeless people through fieldwork. The members of the research team accompanied outreach workers who were offering services to homeless people. In the first six studies, members of the research team also participated in a “ride-along” program with officers of the Sudbury Regional Police Service during night shifts; however, this program was not available in T7.

Most of the same themes were identified in the field observations in Times 1 through 7 studies (see Box 1. An obvious exception is that the observations conducted in July (T1, T3, T5, and T7) did not record difficulties with staying warm (given the differences related to cold weather in January versus July). In T7, the field researchers did not record field notes about “regular folks” experiencing homelessness or the daily stressors of finding and keeping food, clothing or accessing washroom facilities. However, all of the remaining aspects of homelessness shown in Box 1 were observed.

Box 3: Themes from Field Observations, T1 to T7

Themes	T1	T2	T3	T4	T5	T6	T7
	July 2000	Jan. 2001	July 2001	Jan. 2002	July 2002	Jan. 2003	July 2003
Mental illness	✓	✓	✓	✓	✓	✓	✓
Substance abuse	✓	✓	✓	✓	✓	✓	✓
Homelessness among “regular folks”	✓	✓	✓	✓	✓	✓	--
Supportive relationships among homeless people	✓	✓	✓	✓	✓	✓	✓
Accessing support services	✓	✓	✓	✓	✓	✓	✓
Health issues	✓	✓	✓	✓	✓	✓	✓
Daily hassles/stressors (e.g. carrying bags)	✓	--	✓	✓	✓	✓	--
Finding a place to sleep	✓	--	✓	✓	✓	✓	✓
Finding a place to keep warm	--	✓	--	✓	--	✓	--
Homeless adolescents	✓	✓	✓	✓	✓	✓	✓
Prostitution	--	--	✓	✓	✓	✓	✓

Note: ✓ indicates that the issue/theme was observed directly and recorded in field notes.

CONCLUSIONS

This three-year study has clearly shown that the main causes of homelessness have been related to the systemic issues of poverty, a lack of government support through income support programs and affordable housing programs, unemployment, and domestic violence. While in all seven studies, many homeless people have identified seemingly personal issues such as transience and substance abuse as leading to the loss of housing, these problems may be seen as stemming from the larger structural problems. For example, in the qualitative interviews, many homeless people described transience as their response to poverty and unemployment. They described how they had migrated to other locations in search of opportunities and supportive services. Furthermore, the literature on substance abuse indicates that migration is often a response to the difficult circumstances of homelessness, rather than being a factor leading to homelessness. It is also important to recognize that racism and discrimination are contributing to homelessness for Aboriginal people, and for other minority groups including Francophones who represent a linguistic minority group. Finally, people who acknowledged that mental illness is a key factor leading to homelessness tended to identify the same systemic factors as other homeless people.

From the perspective of service providers, the fundamental causes of homelessness were seen to be two-fold. First, systemic and structural factors of poverty, unemployment, discrimination, and inadequacies in the social safety net for vulnerable groups such as people suffering from physical or mental illnesses or domestic violence were identified as key contributing causes. Second, individual problems were also understood to contribute to homelessness, most notably in the area of addictions and limited life skills.

Based on a cross analysis of data from the survey of service providers, which focussed in part on the perceived causes of homelessness for particular subgroups of homeless people, the results suggested that addictions treatment is a primary area for attention. But it is also clear that service providers believed that the problem of homelessness must be tackled by dealing with the fundamental structural problems that affect most client groups. These problems include (1) the lack of affordable, subsidized housing, (2) high unemployment and low educational attainment, (3) the lack of services and supported housing for people with mental illness, and more generally (4) the persistent problems of poverty. Influencing the latter are factors such as the high cost of living, and meagre income support payments from Ontario Works and the Ontario Disabilities Support Program.

Findings on Homelessness among Aboriginal People

The study has documented the over-representation of Aboriginal people among the homeless population, at approximately a fifth to a quarter of homeless people in all seven studies. However, we must acknowledge that it may be more difficult to enumerate the Aboriginal homeless population compared to other subgroups given the possibility that significant numbers of Aboriginal homeless people do not access mainstream resources. In interviews, some mentioned that Aboriginal people do not use these services for various reasons such as a lack of cultural appropriateness, racism, or,

for older Aboriginal people, aspects of service delivery that remind them of the residential school system such as religious symbolism.

The Magnitude of the Aboriginal Homeless Population Expressed on a Relative Basis

Most of our studies have shown that Aboriginal people make up approximately twenty five percent (25%) of the homeless population of Sudbury; however, the gravity of the problem among Aboriginal people may be better realized when comparing the relative number of homeless people within each ethnic group. Considering the study findings on the number of homeless people within the three main cultural groups in Sudbury (Aboriginal, Francophone and Anglophone) in relation to their overall numbers in the total population may provide a rough estimate of the prevalence of homelessness for these groups. This analysis shows that the Aboriginal homeless have represented 1.3% of the total Aboriginal population of Sudbury, compared to .14% among Anglophones, and .04% among Francophones. These findings suggest that Aboriginals in Sudbury may have approximately five times greater probability of being homeless than an Anglophone and ten times more probability than a Francophone.

Reasons for the Over-representation of Aboriginal People among the Homeless

While this study showed that there were more commonalities than differences amongst the homeless populations of the three main cultural groups (i.e. Aboriginals, Francophones, and Anglophones), the relative probability and frequency of reasons accounting for homelessness within the various cultural groups was found to differ. A greater understanding of the phenomenon of homelessness within the Aboriginal population can lead to the development of more effective strategies to alleviate it. The interview data from this study confirmed findings from the quantitative phase of the study regarding the primary reasons for homelessness among Aboriginal people: a lack of education, employment, poverty, discrimination, and the lack of affordable housing were interconnected reasons for homelessness.

The study findings supported the known links between education and employment opportunities on-reserve. Aboriginal communities, for the most part, do not have enough jobs to sustain their membership. As a result, many Aboriginal people leave their reserves and go to urban centers seeking employment and education. Generally speaking, Aboriginal people do not have the education or training to compete in the job market. Also, there is an inherent pride in Aboriginal people; they do not want their families 'back home' to know they are homeless. Hence, many homeless Aboriginal people may remain socially isolated and disconnected from existing services where they may be identified.

The study has also suggested that there is a strong link between homelessness and dysfunctional or absent family relationships. There is a considerable extant literature on the effects on Aboriginal people of removal from their homes because of government policies on child welfare (i.e. such as the policies on residential schools and the "sixties scoop"). Prior research has shown that a goal of these policies was to assimilate Aboriginal people into the dominant culture (Hodgson, 1992). The

consequences for individuals were often devastating and have been linked to the social and economic problems of Aboriginal people. Thus it is not surprising to find that, among the stated causes of homelessness, economic reasons including relocation are primary, followed by personal challenges and, then illness and release from jail. It is notable that, during the period of this study, the federal government has closed the Newbury House which did so much to alleviate potential homelessness for a vulnerable population (despite the documented risk of homelessness upon release from jail).

Lack of education among Aboriginal people is linked to economic viability in urban centres and sometimes leads to alcohol and drug addiction. Substance abuse among Aboriginal people has its roots in the residential school system, where Aboriginal students were mentally, emotionally, and spiritually abused in order to assimilate them. The residential school syndrome effects people to this day intergenerationally.

Hodgen (1992) and other Aboriginal writers have examined the links between the policies and practices of colonialism in Canada and the current situation of Aboriginal people. The cumulative impacts of multi-generational experiences with residential schooling, policies of assimilation, loss of culture and traditional economic activity, loss of autonomy, subordination to the Department of Indian Affairs, poverty, and unemployment have profoundly affected Aboriginal communities. First Nation communities have launched programs of healing and cultural regeneration. However, due to the lack of educational and employment opportunities, there is considerable movement between First Nation communities and urban centers. Unfortunately, the transition can be difficult for many Aboriginal people, and homelessness is not an uncommon experience for those who move to urban centers.

Directions for Future Change in Services for Homeless Aboriginal People

The series of seven studies has found that at, any one time, there are in excess of 100 Aboriginal homeless people in Sudbury, and this is known to be an underestimate. Moreover, the study results have indicated that Aboriginal people and Francophones are not being supported in culturally appropriate ways. Even though a large proportion of the homeless population is Aboriginal, there are relatively few agencies serving the homeless population (e.g. emergency food services and shelters) that are identified as offering culturally appropriate services for Native people. The study findings have noted that the Clinique du Coin, a service that is clearly identified as serving people in the French language, has been well used by homeless Francophones. This finding suggests that it is important to provide culturally sensitive services to the homeless community.

A summary of the initiatives that have been launched by the Task Force on Emergency Shelters and Homelessness in Sudbury shows that a number of concrete projects have been initiated or implemented (e.g. Elizabeth Fry Transition House, Overcomers of Sudbury Support Group, Inner Sight Educational Homes, Samaritan Centre, among others). These represent a good beginning and serve the general population. Unfortunately, in terms of concrete Aboriginal-specific services, no service has yet been established. The only initiative launched to date is the project by the Anishnaabeg Shelter Council that was established to develop a proposal for an emergency shelter and support services required for aboriginal women and their children who are victims of domestic

abuse. While this group has conducted important planning and development work, as yet, there is no Aboriginal shelter. Furthermore, there is little in the way of linguistically and culturally appropriate agencies or other services for Aboriginal people; yet these are required to assist this group in creating an autonomous lifestyle. For the most part, homeless shelters and services agencies are mainstream – catering to Anglophones. Native peoples are strangers in these environments especially during vulnerable periods of their lives characterized by events such as personal loss or illness, relocation, and unemployment.

Considerations regarding Culturally Appropriate Services for Aboriginal People

What is known as the “*inner fire*” burns brightly within Aboriginal people wherever they may be, whether it is in the bush, on the reserve or on the streets of urban communities. Spirituality is connected to most facets of the needs and effective strategies for serving the Aboriginal homeless. Therefore, homeless services must address key aspects of spirituality. First they must include spiritual ceremonies such as smudging, praying, sweat lodge ceremonies and healing ceremonies. Second, services must have provisions to deal with historical events such as the “sixties scoop” when a whole generation of Aboriginal children was removed from their homes on reserve and placed in non-Aboriginal homes. This has caused identity problems and detachment from their culture. Third, services must encourage and support the sense of identity, pride and self-esteem among Aboriginal people that is rooted in spiritual principles; in particular, such services must recognize that homeless Aboriginal people are actively seeking elders and spiritual advisors to guide them.

On principle, it should be Aboriginal organizations that remedy the problem of homelessness among their people. But most of these organizations are under-funded and working on insurmountable priorities. It is easier said than done for First Nation organizations to pull a homeless shelter, other services, jobs, training and affordable housing out of the proverbial magic hat. Moreover, it must be recognized that this study has not differentiated between subgroups of Aboriginal people. For example, the project has not considered the differing needs of the Metis versus status Indians. Further research is required to examine this issue.

What can be done to develop concrete services and remedies within a realistic time frame? We propose that a special task force be convened to address the issue of Aboriginal homelessness in Sudbury. This “*Joint First Nation – Metis – City of Greater Sudbury – local MPPs and MPs Aboriginal Task Force*” (with majority representation by Aboriginal people) should be mandated to develop proposals and acquire the necessary funding to implement holistic strategies aimed at preventing homelessness and providing services to those who are homeless. The task force can examine ways to use a holistic approach in order to address immediate needs for low income housing, timely social assistance payments, and emergency shelters as well as meeting the ultimate goal of achieving a quality of life equal to other Sudburians. The range of Aboriginal needs must be considered, including education and training, health care, substance substitution, counseling and healing, short-term needs, among others. Another vital issue that could be addressed by this task force is the provision of incentives to local employers to train and employ Aboriginal people.

Sudbury could become a model community for embracing Aboriginal people in their pursuit of something that all people want – a high quality standard of living. We know that Sudbury has many challenges and that the city is dealing with the down-loading of many other services from the provincial and federal governments. But a strong response is required since the alternative could invite even greater problems in the future, as the Aboriginal population grows and moves into urban centers.

Findings on Homelessness among Francophones

The magnitude of the problem among Francophones

The study sought to understand similarities and differences in the prevalence of homelessness and its effects on people in various linguistic and cultural groups in Sudbury; thus each study has compared Francophones, Anglophones and Aboriginal people. The findings of the first survey were surprising since, in July 2000, Francophone homeless or near homeless people made up about 11% of the total sample. In view of the fact that the Francophone population represents from 25 to 30% of the population of the Sudbury region, and that the national census puts the figure at 29.6%, the question arose whether Francophones were under-represented in the homeless population or whether they were simply being counted among the Anglophones. The research tools were revised in an attempt to enable bilingual Francophones to identify themselves as Francophone and to avoid their classification as Anglophones.

In the second survey conducted in January 2001, homeless Francophones represented approximately a quarter of all homeless people (24.2%); this was the highest proportion found in all seven of the studies conducted between July 2000 and July 2003. The percentage of Francophones recorded among the homeless population has varied considerably between 10% and 24% in the seven data collection periods: 18% in July 2001, 10% in January 2002, 14% in July 2002, 13% in January 2003, and 17% in July 2003. Despite this variation, it appears that Francophone homeless people have been consistently under-represented compared to the general Francophone population. It must also be recognized that, despite revisions to the methodology, some Francophones were included among other cultural subgroups. For example, a small number of Francophones have been included among the Aboriginal and visible minority populations. In addition, the research instrument was not designed to identify those who have undergone a degree of assimilation and who identify themselves as Anglophone; however, individuals in each study who described their cultural/ethnic origins as both Francophone and Anglophone were classified as Francophone.

Causes of Homelessness

The study also focussed on an examination of the key problems faced by the Francophone homeless, and made comparisons with Anglophones and Aboriginal people. The results showed that there were more similarities than differences in reasons given for homelessness by Francophones and Anglophones. The greatest problems stemmed from the lack of affordable housing, poverty, unemployment, and problems with social assistance.

Difficulties in obtaining affordable housing were noted in every study and the housing problem is directly linked to poverty and low income. As social policy analysts have observed, a central underlying cause of the homelessness problem is related to changes to government policies in a number of areas; in particular, the phenomenon of rising homelessness has coincided with the drastic reductions in the production of social housing at both provincial and federal levels. There is simply not a sufficient reserve of low income and affordable housing to satisfy the demand.

Access to employment and difficulties with the welfare system were other common concerns cited. The Ontario Works program was reported to be the cause of homelessness for many people in each of the seven studies. Homeless people mentioned problems with having their benefits cut, being deemed ineligible for benefits, finding that deductions had been made unexpectedly to their welfare cheques, welfare payments being delayed, or being unable to make ends meet on welfare benefits. The studies consistently found that welfare payments cover rent only, with practically nothing left over. Persons trying to qualify for welfare benefits have to follow a lengthy process, beginning with proof of identity or the provision of other documentation. Without identity papers homeless persons cannot receive aid. As one of the participants put it, “You don’t exist .”

Services in French

We wanted to know whether the Francophone homeless had encountered any language-related difficulties. Some insisted they did everything possible to get service in French. One put it this way:

... if I ask to be served in French, I'll be served in French. . But I have to ask for service in French. There's a little sign that says so and you're going to get a French [-speaking] employee who's going to give you better service in French. The services are there if you ask for them. If you don't ask, well then, no; you're going to be served in English.

Most however expressed themselves in English to get faster service, or to go along with what they perceived was expected of them by the system, as shown in the two examples which follow.

I am bilingual and it doesn't matter to me whether I get service in French or in English because I understand both languages. It's often like that. But I very much like being served in French.

If they ask me if I'm bilingual, even if I am fond of the French language, I'm going to speak in English just to please the others.

In spite of the observation that homeless Francophones quickly yield to the language demands of providers of services in English, our data showed that they are proud of their language and wish to be served in French. Indeed, the inability of some service providers to read and speak French was found to be a barrier when attempting to access services. Homeless persons whose documents were in French stated that they were denied services when Anglophone service providers could not read their documents to verify eligibility.

Moreover, Francophones feel respected when they are served in French. Being able to communicate in the mother tongue provides a measure of comfort and security for those who are in desperate circumstances.

Perspectives of Service Providers

We found similarities between the perspectives of service providers and homeless people with regard to the causes of homelessness; housing, low income, and restricted access to the labour market were seen as the primary structural problems. But in contrast to the homeless, the service providers reported that the problems of mental health are predominant in this population and that community resources to deal with these problems are very limited.

With regard to services in French, those providing programs and services to homeless people described the dearth of services in French in the Sudbury as deplorable, especially for unilingual Francophones. While the point was raised that some Francophones are reluctant to ask for service in French, it was also noted that organizations that are mandated to serve Francophones often experience difficulties in satisfying the demand. For example, because there are not enough services provided in French, Francophone providers have had to accompany their clients in accessing unilingual English services in order to ensure that they could obtain the necessary housing, food or other services.

As an organization mandated to be Francophone, we end up as factotum to the whole community, that is to say, doing part of the work that should be provided by other organizations. Because they don't have services in French, we find ourselves accompanying persons in search of housing, food etc. In sticky situations, we come to be regarded as a resource. This puts an enormous amount of strain on us and our staff, for it means we have to be doing ten things instead of the one thing that we are supposed to be doing.

Since the homeless study was initiated in July 2000, some services for Francophones have been established in the community. The Corner Clinic has a Francophone mandate and, though they also serve Anglophones, any new person walking through the door is addressed in French. According to the Francophone homeless, this experience is valuable, for they know that they can feel free to speak French at the agency.

It becomes important therefore for Francophone organizations to encourage other service providers in the community to hire bilingual staff. This would provide a means whereby the Francophone agencies and services could better serve their clientele by dispensing the services they are supposed to provide. But in dealing with the homeless population, it is first and foremost the basic, essential services that must be provided.

For the service providers, one important, indeed essential, element in helping people who are homeless or at risk of becoming homeless, is creating a commitment, on the part of agencies, not to abandon the homeless person as soon as housing has been found. That is the time when case management and inter-agency coordination is required, so as to maintain in place the resources the

person needs in order become stabilized and fully integrated into the community. These services should be provided in both English and French.

Directions for Future Change in Services for Homeless Francophones

Although the Francophone homeless appeared to be under-represented as compared to other groups, our research has shown that there are nevertheless a considerable number of Francophones in this situation. The experience at the Corner Clinic suggests that when people are addressed in French, they answer in French. Some bilingual Francophones in search of a particular service routinely ask for help in English because it is the dominant language. When opportunities for obtaining services in French are provided, they are eagerly embraced. Therefore, it is vital to ensure that services showing respect for culture and language, such as the Corner Clinic, continue to be provided to the Francophone homeless. The means should also be sought whereby other service providers are enabled to offer services in French. Funds should be allocated to allow current service providers to hire skilled staff having a knowledge of the culture and language of Francophone homeless clients. Furthermore, a process should be established for addressing the concerns of the Francophone homeless. Given that a number of Francophone homeless have stated that the services were not meeting their needs, the process necessarily must include Francophone homeless or formerly homeless people in the development of new services or in the improvement of existing services, with a view to ensuring that such services are both efficient and sensitive to their needs.

CONSIDERATIONS IN IMPLEMENTING RECOMMENDATIONS FOR CHANGE

The data from seven studies have indicated that structural factors are perceived by homeless people and service providers to be the main causes of homelessness; this general finding was consistent for various subgroups of the population. Thus, in order to prevent homelessness, changes in social policies are required in order to provide better access to education, income security, and affordable housing. However, the importance of adequate front-line services to address the immediate needs for food, shelter, and clothing must not be overlooked. In addition, homeless people must be supported appropriately in becoming linked to key services, such as income support, that can assist them in acquiring stable housing. The data have suggested that programs and services can play an important role in preventing homelessness for some groups, such as battered women, people with mental illness, youth, and Aboriginal people. The expansion and enhancement of services to ensure that they are sensitive to the needs of various groups of the homeless can ensure that the homeless are supported in effective ways to retain their housing (e.g. prevent evictions) or to be assisted by shelter or program staff to obtain housing.

The provision of employment supports is also required. Appropriate programs to assist vulnerable and marginalized persons to achieve their goals in areas of education and employment are needed to provide homeless people with some hope for the future and a means to become engaged with the life of the community in a productive and fulfilling way. The restrictive and mandatory aspects of programs such as Ontario Works are not designed in ways that respond to the needs of homeless persons. Developing appropriate and responsive programs for homeless persons, who have often been traumatized by forms of violence or suffer from physical or mental disabilities, should be seen as an investment in the long-term economic and social well-being of the community and indeed the country. Work is increasingly knowledge- and technology-based. Therefore, educational and employment programs must recognize that homeless

persons may require specialized educational programs that include the relevant social supports, offered in a way that is culturally and linguistically appropriate.

In short, individuals who are affected by numerous stressors or life changes, those who have been severely traumatized by experiences of abuse, or those with addictions or mental health disorders may become vulnerable to homelessness under unique sets of circumstances. It is vital for governments to develop a comprehensive social safety net in order to reduce and prevent homelessness. Taylor Gaubatz (2001) has outlined the requirements of comprehensive housing and service programs for homeless people. These include the provision of clean, safe housing, professional counselling, housing support services, medical care and mental health services, income support, literacy and job skills training, job placement, education, day care and respite care, and drug and alcohol treatment. Furthermore, a focus on prevention programs should become a priority to ensure that individuals do not lose their housing. Given the human costs of homelessness and the expenses associated with providing temporary food and shelter as well as front-line services for homeless people, it makes sense to attack the problem on all fronts: economic, social, political, and personal (Taylor Gaubatz, 2001).

RECOMMENDATIONS

The studies on homelessness in Sudbury have generated a number of recommendations. Some of these have been implemented by the Task Force on Emergency Shelters and Homelessness in Sudbury. Moreover, the recommendations have been reviewed and prioritized by the community and the Task Force has developed a workplan to address homelessness at the local level. Given that the workplans have not been fully implemented, the following recommendations reflect the findings of the T1 to T7 studies. It is recommended that the community review, prioritize, and act on these recommendations in order to ensure that the pressing problem of homelessness is dealt with at the local, provincial, and federal levels.

Shelters

1. Provide more funding for shelters and beds for homeless people to ensure that there are adequate numbers of shelter beds available.
2. Develop an evaluation tool that can be used by shelters to conduct an internal review of services and to suggest strategies for providing responsive, appropriate emergency shelter beds and services for sub-groups of people affected by service gaps such as homeless women (i.e. those who are not fleeing abusive relationships), couples, families, gay/lesbian couples and families, Aboriginal people, and Francophones.
3. Establish standards for emergency shelters (e.g. in an evaluation tool) to ensure that homeless people are not exposed to further stress from over-crowding in shelters, or overly rigid shelter regulations.
4. Extend the length of time that clients may stay in shelters to provide sufficient time for homeless people to become connected to services and housing support systems.

Services

5. Redesign the system of emergency services to reflect the characteristics of the homeless populations using them (e.g. more women, children, Aboriginal people etc).
6. Examine how services can be made more responsive to the needs of adolescents. Homeless youth are among those who are least well served by community agencies and most often do not have access to income support from government programs.
7. Implement strategies to facilitate inter-agency collaboration and the coordination of services of services for people who are periodically or chronically homeless to ensure that local solutions are found that meet the needs of the individual (e.g. adopt a holistic approach).

8. Provide homeless people with free access to counselling services in the settings they inhabit (e.g. shelters, soup kitchens, and other emergency services). There must be more acknowledgement of the experiences of abuse among homeless people.
9. Provide funding support for programs that assist people being released from incarceration to ensure that their basic needs of food, shelter, and clothing are met quickly.
10. Develop training materials documenting effective strategies for working with the most marginalized groups of people (e.g. people with addictions and serious mental illness) and ensure that these groups are not barred from access to services.
11. Establish a planning process to enable service providers to deal with peak periods in demand for services, thereby ensuring that homeless people are not turned away from services.
12. Provide sufficient funding to agencies serving homeless people to ensure that adequate staffing is available to meet the needs of clients.
13. Provide resources to shelters and soup kitchens to enable the provision of comprehensive services and to work with individual clients in order to coordinate services. Taylor Gaubatz (2001) has outlined the requirements of comprehensive housing and service programs for homeless people. These include the provision of clean, safe housing, professional counselling, housing support services, medical care and mental health services, income support, literacy and job skills training, job placement, education, day care and respite care, and drug and alcohol treatment.
14. Utilize practices from the literature on the integration and coordination of services in order to improve inter-agency collaboration and the coordination of services to homeless people.
15. Develop the service system for the provision of services addressing the basic needs of food, shelter, clothing, and medical care for homeless people so that there are enough services to meet the needs.
16. Enhance services in the areas of greatest need:
 - housing and income security
 - counselling
 - health care, mental health services, and dental care
 - life skills
 - employment services
 - transportation
 - addictions
17. Develop a program and materials drawing on the national and international literature on proven strategies for addressing the needs of various subgroups of homeless people through the application of best practice models of service delivery.

18. Involve homeless people or formerly homeless people in the development of new services and the enhancement of existing services to ensure that services are sensitive to and effective in meeting the needs of various subgroups of homeless people. Many clients were concerned about the ways in which services were not responsive to their needs. A process must be developed to ensure that clients' concerns are addressed.
19. Establish more outreach services to homeless people in Sudbury to connect them with existing community resources.

Migration

20. Various levels of government must recognize the medium-sized urban centres that are destination points for people leaving small, rural, and remote communities in search of work or services. The emergency service systems must be enhanced to deal with the needs of those who become homeless as a result of relocation.

Violence and Abuse

21. Given the primacy of domestic violence as a cause of homelessness, provide more funding support for services to address trauma.
22. Programs must be developed so that they address trauma and reduce further exposure to abuse and violence on the streets.
23. Increase funding for outreach and prevention programs to address domestic violence and abuse among all age groups, including seniors.

Cultural Issues, Racism, and Social Exclusion

24. Take steps to address racism as a cause of homelessness to ensure that Aboriginal people can obtain rental housing and gain access to services.
25. Develop programs that can address the social exclusion of homeless people. Many homeless people do not have access to family or friends who can assist and support them. People overcoming addictions often need to form new networks of friends in order to avoid relapse. Programs that strengthen ties between homeless people and others in the community must be designed to prevent marginalization and social exclusion.
26. Develop linguistically and culturally appropriate emergency services for Aboriginals and Francophones.

27. Work with Aboriginal communities to develop strategies for supporting Aboriginals who move from their First Nations communities into urban centres. Culturally appropriate services must be developed to assist with basic needs, education, and employment.
28. Develop strategies for ensuring that Aboriginal people moving to urban communities can be connected to emergency services.

People with Mental Illness

29. Provide more community-based services to people with mental illness in order to prevent periodic or chronic homelessness.

Income Security

30. Review and revise the provincial and federal income security programs for groups such as battered women and families, seniors, Aboriginal people, youth, and people with mental illness to provide these groups with sufficient income to meet basic expenses.
31. Identify the barriers to the receipt of welfare benefits at the local and provincial levels in order to prevent homelessness among people who are denied benefits or are disentitled.
32. Establish income and housing supports that can prevent individuals and families from losing their housing and their possessions. For example, provide funding for an emergency fund for rent arrears, storage, and moving supports.

Public Education

33. Develop materials to educate service providers and the general public about the complex individual and structural causes of homelessness, including the high prevalence of victimization and trauma among homeless people.

Food Security

34. Develop standards around food security to ensure that near homeless and absolutely homeless people have access to nutritious food supplies. For example, the needs for food security are not met when clients can only access food banks once per month and when homeless people are not permitted to use food banks due to the requirement to produce proof of residence.

Collecting Local Information on Homelessness on an Ongoing Basis

35. Sustain local working relationships between the university, local planning bodies, and local agencies to ensure that there is an ongoing process for the ongoing collection of data on people who are homeless.

36. Seek additional funding to sustain the research activities, and develop a process for ensuring that Sudbury's Community Plan on Homelessness is implemented in a timely and effective manner.
37. Provide funding to community agencies in order to implement a standardized system for gathering consistent information on homeless people (i.e Homeless Individuals and Families Information System, or HIFIS) in order to facilitate the monitoring of the extent and nature of homelessness locally and to be more proactive in meeting the needs of subgroups of this population.

Addressing the Lack of Affordable Housing

38. Develop new public housing initiatives (i.e. the creation of subsidized housing units).
39. Educate landlords in order to reduce discrimination against key groups (e.g. people with mental illness, battered women, and Aboriginal people).
40. Increase the Ontario Works shelter allowance and provide/enhance government moving allowances.
41. Study the local housing market and develop strategies to create more safe, decent, and affordable private housing, including room and board accommodation.
42. Provide more supportive housing services in order to reduce the risk of repeated or chronic homelessness.
43. Develop policies to prevent evictions from private and public housing.

Developing Long-Term Strategies for Addressing Homelessness

44. Conduct a series of community forums to ensure that service providers and other community partners have opportunities to meet, exchange information about needs and local services, and resolve conflicting program requirements. For example, Ontario and Children's Aid Society have conflicting policies for women who are attempting to regain custody of their children (i.e. OW benefits are provided for a single person while the CAS requires women to demonstrate that they can provide adequate food and shelter for their children).
45. Develop local, provincial, and national initiatives to address the structural problems of lack of access to education, unemployment, lack of jobs, and low wages for vulnerable groups.
46. Provide enhanced funding for community-based prevention programs for youth with a focus on family violence, abuse, sexual assault, bullying) in order to reduce youth homelessness.

REFERENCES

- Begin, P., Casavant, L., Miller Chenier, N., Dupuis, J. (1999). *Homelessness*. Parliamentary Research Branch. Ottawa: Library of Parliament.
- Canada Mortgage and Housing Corporation. (2000). *Public Opinion Survey of Canadians' Attitudes Toward Homelessness*. http://www.cmhc-schl.gc.ca/rd-dr/en/hmls-snsbri/e_public.html
- Caputo, T., Wiler, R., & Anderson, J. (1997). *The Street Lifestyle Study*. Minister of Public Works and Government Services Canada. Cat. No. H39-382/1997E
- Casavant, L. (1999). *Counting the Homeless*. Political and Social Affairs Division, Parliamentary Research Branch, Government of Canada. <http://dsp-psd.pwgsc.gc.ca/dsp-psd/Pilot...ules/prb99-1-homelessness/counting-e.htn>
- City of Toronto (2001). *Toronto Report Card on Homelessness 2001*. <http://www.city.toronto.on.ca/housing/index.htm>
- Cox, G., Walker, D., Freng, S., Short, B., Meijer, L., & Gilchrist, L. (1998). Outcome of a Controlled Trial of the Effectiveness of Intensive Case Management for Chronic Public Inebriates. *Journal of Studies on Alcohol*. Vol. 59 (5) p. 523-533.
- Culhans, D. (1992). Ending Homelessness Among Women with Severe Mental Illness: A Model Program from Philadelphia. *Psychosocial Rehabilitation Journal*, Vol. 16 (1), p. 63.
- Echenberg, H. (1998). *Income Security and Support for Persons with Disabilities: Future Directions*. Research Paper no. 14. Ottawa: Canadian Labour Congress.
- Gaetz, S., O'Grady, B., & Vaillancourt, B. (1999). *Making Money: The Shout Clinic Report on Homeless Youth and Unemployment*. Toronto: Central Toronto Community Health Clinics.
- Golden, S. (1992). *The Women Outside: Meanings and Myths of Homelessness*. Berkeley: University of California Press.
- Hagan, J. & McCarthy, B. (1998). *Mean Streets: Youth Crime and Homelessness*. Cambridge: Cambridge University Press.
- Hodgson, M. (1992). Rebuilding Community after the Residential School Experience. In Engelstad, D., & Bird, J. (eds.), *Nation to Nation: Aboriginal Sovereignty and the Future of Canada*. Toronto: Irwin Publishing.
- Human Resources Development Canada (2001). *Labour Market Review: Sudbury and Manitoulin*. <http://www.on.hrdc-drhc.gc.ca/sudbury/lmi/reports/newsletters/aug01.htm>
- Hulchanski, D. (2000). *Did the Weather Cause Canada's Mass Homelessness? Homeless Making Processes and Homeless Makers*. Toronto Disaster Relief Committee. <http://www.tao.ca/~tdrc/>
- Hwang, S. (2001). Homelessness and Health. *Canadian Medical Association Journal*, Vol. 164 (2), p. 229-233.

- Maclean's. (2002). *Homelessness: Down and Out in Toronto and Vancouver*. October 7, 2002, p. 14.
- Novac, S., Brown, J., & Bourbonnais, C. (1996). *No Room of Her Own: A Literature Review on Women and Homelessness*. Ottawa: Canadian Mortgage and Housing Corporation.
- Novac, S., Brown, J., & Gallant, G. (1999). *Women on the Rough Edge: A Decade of Change for Long-term Homeless Women*. Ottawa: Canadian Mortgage and Housing Corporation.
- Novac, S., Serve, L., Eberle, M., & Brown, J. (2002). *On Her Own: Young Women and Homelessness in Canada*. Ottawa: Research Directorate, Status of Women Canada.
- Ontario Weather Page. (2001). *Weather Archives Database for Sudbury Airport*, January, 2001. www.ontarioweather.com/analysis/ontarioresults.asp
- Ontario Works. (2001). *Calculating Assistance: Directive 29.0*. Ministry of Community and Social Services. <http://www.gov.on.ca:80/CSS/page/brochure/policy/policy.html>
- O'Reilly-Fleming, T. (1993). *Down and Out in Canada: Homeless Canadians*. Toronto: Canadian Scholars' Press.
- Ottawa Inner City Health Project. (2001). *Research on Homelessness and Health*. <http://www.travel-net.com/~billr/stmore/hospice.html>
- Peressini, T., McDonald, L., & Hulchanski, D. (1996). *Estimating Homelessness: Towards a Methodology for Counting the Homeless in Canada*. Canada Mortgage and Housing Corporation. Ottawa, Ontario.
- Public Health Research, Education & Development Program (2000). *Report on the Health Status of the Residents of Ontario*. <http://www.opha.on.ca/specialreports/>
- Statistics Canada (2003). Aboriginal Identity Population, 2001 Counts, for Canada, Provinces, Territories, Census Metropolitan Areas, and Census Agglomerations - 20% Sample Data. <http://www12.statcan.ca/english.cens...artRec=1&Sort=2&B1=Counts01&B2=Total>
- Statistics Canada (2003). Mother Tongue, 2001 Counts for Both Sexes, for Canada, Provinces, Territories, Census Metropolitan Areas, and Census Agglomerations - 20% Sample Data <http://www12.statcan.ca/english.cens...&StartRec=1&Sort=2&B1=Counts01&B2=Both>
- Toronto Disaster Relief Committee. (2000). *State of the Disaster: Winter 2000, A Report on Homelessness in the City of Toronto*. <http://www.tao.ca/~tdrc/press/stateofdisaster.htm>
- United Nations. (2001). Commission on Human Rights Adopts Resolutions on Right to Food, Unilateral Coercive Measures, Foreign Debt, Adequate Housing, Education, and Economic, Social, and Cultural Rights. Press Release. Commission on Human Rights, 57th session, 20 April 2001. www.unhchr.ch/huricane/hurica...CD8A618C1256A38002743AE?opendocument