

# Report on Homelessness in Sudbury

Comparison of Findings  
July 2000 to January 2003

by  
Carol Kauppi, PhD

Project Team:

Social Planning Council of Sudbury  
Janet Gasparini, Executive Director  
Martha Andrews, Research Associate

School of Social Work, Laurentian University  
Jean-Marc Bélanger, PhD  
Cheryle Partridge, MSW

Prepared for the  
City of Greater Sudbury

Prepared by the  
Social Planning Council of Sudbury

April, 2003



**Social Planning Council**  
**Conseil de planification sociale**  
OF SUDBURY DE SUDBURY

TIME 6



People Helping People  
Homelessness Initiative  
Ouvrons nos cœurs  
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 6

## Comparison of Findings: July 2000 to January 2003

by  
**Carol Kauppi, PhD**

### Project Team:

Social Planning Council of Sudbury  
Janet Gasparini, Executive Director  
Martha Andrews, Research Associate  
Stacy DiLendardi, Research Associate

School of Social Work, Laurentian University  
Jean-Marc Bélanger, PhD  
Cheryle Partridge, MSW

April 2003

This study was funded by the City of Greater Sudbury in partnership the Supporting Communities Partnership Initiative and the Regional Research Fund of the National Homelessness Initiative.

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

[spc@cyberbeach.net](mailto:spc@cyberbeach.net)

Director of Research  
Social Planning Council of Sudbury:

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](mailto:ckauppi@laurentian.ca)

## ACKNOWLEDGEMENTS

The contributions of many people are needed to ensure the success of this project. Those who assist us include 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 the Region of Sudbury. The essential contribution of homeless people in Sudbury must be recognized. The current and future studies on homelessness cannot be 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 have 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. A comprehensive enumeration of the homeless population cannot be accomplished without their help.

As in the previous studies, 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 play a key role in the process of reviewing the project results and developing plans to address the findings.

The contributions of Prof. Sheila Hardy, Native Human Services, Laurentian University, Dr. Derek Wilkinson, Department of Sociology, and Gail Elliot, Board, Social Planning Council of Sudbury, and Denise Toner, L'Association des jeunes de la rue, in participating in the ethics review process are particularly appreciated. 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. In addition, the input of members of the Board of Directors of the Social Planning Council is greatly appreciated. We thank also Michèle Lejars for the translation into French of the reports.

In particular, we gratefully acknowledge the helpful comments and assistance of the following people in various phases of the Time 6 study:

- Janet Gasparini, Executive Director, Social Planning Council of Sudbury
- Martha Andrews, Research Associate, Social Planning Council of Sudbury
- Christine Hardy, Research Assistant, Social Planning Council of Sudbury
- Amanda McLeod, Social Planning Council of Sudbury
- Josée Lafleur, Research team member and student, Cambrian College
- Corrine Aguonia, Research team member
- Outreach Workers, L'Association des jeunes de la rue
- Marlene Gorman and Outreach Workers, 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

## TABLE OF CONTENTS

EXECUTIVE SUMMARY .....	i
INTRODUCTION .....	1
The Current Study (Time 6) .....	1
Overview of the Current Report (Time 6) .....	1
METHODOLOGY .....	2
Defining Homelessness .....	2
Approach to the Study .....	2
Phase I: Agency “Count” or Census of the Homeless Population .....	3
The Count .....	3
Phase II: Neighbourhood Survey .....	5
Sampling Strategy .....	5
Procedure .....	6
Phase III: Field Observations .....	7
Phase IV: Survey of Physical and Mental Health Problems among Homeless People .....	7
RESULTS .....	8
Phase I: The Count of Homeless People .....	8
Hidden Homelessness .....	8
Unduplicated Count .....	10
High Risk and Absolute Homelessness .....	11
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 .....	23
Social Support/Welfare Benefits and Reasons for Homelessness .....	23
Receipt of Social Assistance/Welfare Benefits .....	23
Sources of Income .....	24
Reasons for Homelessness .....	26
Reasons for Homelessness by Gender, Age, and Ethnicity .....	28
Phase II: Neighbourhood Survey .....	33
Is Homelessness a Problem .....	33
Perceived Reasons for Homelessness and Factors Related to Homelessness .....	34
Perceived Reasons for Homelessness .....	34
Factors Related to Homelessness .....	34
Comparison of Attitudes Toward Homelessness: Sudbury and Canada .....	37
Differences in Opinions on Homelessness by Income Groups .....	37
Personal Experiences with Homeless People: Unspecified Locations and Sudbury ..	39
Unspecified Locations .....	39

Personal Experiences with Homelessness in Sudbury .....	41
Reasons for Homelessness: Unspecified Locations and Sudbury .....	41
Unspecified Locations .....	41
Sudbury .....	41
Residents' Perceived Solutions to Homelessness .....	43
Phase III: Field Observations .....	45
Phase IV: Health Survey .....	46
Difficulties in Obtaining Necessities .....	46
Self-Reported Physical and Mental Health Problems .....	46
Access to Health Care Services .....	50
CONCLUSIONS .....	52
RECOMMENDATIONS .....	54
REFERENCES .....	60
APPENDIX A: Age Distribution of Homeless Population .....	63

## LIST OF TABLES

Table 1:	Shelters and Agencies Identifying the Homeless Population, July 2000 to January 2003 .....	9
Table 2:	Number of Duplicated, Unduplicated, and Other Cases Identified in the T1 to T6 Studies .....	11
Table 3:	Number of Homeless People Served by Shelters and Agencies Participating in All Data Collection Periods (T1 to T6 Studies) .....	11
Table 4:	Characteristics of Absolutely Homeless People, January 2000 to January 2003 .	13
Table 5:	Sources of Income for Absolutely Homeless People .....	14
Table 6:	Reasons for Absolute Homelessness, July 2001 and January 2003 .....	16
Table 7:	Homeless Population by Age Groups, T1 to T6 .....	18
Table 8:	Percentage of Homeless People by Gender and Age, T1 to T6 .....	20
Table 9:	Gender and Family Status, T1 to T6 .....	23
Table 10:	Comparison of Sources of Income for Absolutely Homeless People and Those At High Risk of Homelessness, July, 2001 to January 2003 .....	25
Table 11:	Main Reasons for Homelessness, T1 to T6 .....	27
Table 12:	Comparison of Residents' and Homeless People's Explanations of Homelessness, T1 to T6 .....	35
Table 13:	Residents' Ratings of Factors Contributing to Homelessness In Sudbury, T1 to T6 .....	36
Table 14:	Attitudes toward Homelessness: Sudbury, T6 and CMHA Sample .....	38
Table 15:	Reasons Given for Homelessness among Individuals in Local Residents' Personal Networks: Unspecified Locations and Sudbury, T3 to T6 .....	42
Table 16:	Residents' Views on Strategies for Addressing Homelessness, T1 to T6 .....	44
Table 17:	Percentage of Participants Reporting Difficulties in Meeting Basic Needs ....	47

Table 18:	Self-Reported Physical, Emotional, and Mental Health .....	48
Table 19:	Self-Reported Physical and Mental Health Problems in the Last Year .....	49
Table 20:	Self-Reported Mental Health Symptoms in the Last Year .....	50
Table 21:	Access to Health Care in the Last Year .....	51

## **LIST OF FIGURES**

Figure 1:	Number of Homeless People T2 to T6 .....	12
Figure 2:	Homeless Population by Gender, T1 to T6 .....	19
Figure 3:	Mean Age by Gender, T1 to T6 .....	21
Figure 4:	Homeless Population by Ethnicity, T1 to T6 .....	22
Figure 5-A:	Percentage of Absolutely Homeless People by Receipt of Social Assistance Benefits, T6 .....	24
Figure 5-B:	Percentage of At-Risk Homeless People by Receipt of Social Assistance Benefits, T6 .....	24
Figure 5-C:	Percentage Receiving Benefits by Age, Absolute Homeless Population, T6 ...	24
Figure 6:	Distribution of Responses for those with Personal Experience of Homeless, T1 to T6 .....	40
Figure 7:	Who was Homeless: T2 to T6 .....	40

## **LIST OF BOXES**

Box 1:	Main Reasons for Homelessness by Gender and Age (Adults), T2 to T6 .....	29
Box 1-A:	Main Reasons for Homelessness by Gender and Age (Adolescents), T2 to T6 .....	30
Box 2:	Main Reasons for Homelessness by Ethnicity (Anglophones and Francophones), T2 to T6 .....	31
Box 2-A:	Main Reasons for Homelessness by Ethnicity (Aboriginal People) T2 to T6 ...	32
Box 3:	Themes from Field Observations, T1 to T6 .....	45

## EXECUTIVE SUMMARY

### Introduction

The Time 6 study (T6) is the sixth in a series of seven studies being conducted on homelessness in Sudbury between July 2000 (T1) and July 2003 (T7). The T6 study repeated the three main phases of all prior studies: the count of homeless people, the neighbourhood survey, and the qualitative field research were conducted. In addition, a survey was conducted in Time 6 in order to gather information about the physical and mental health problems experienced by homeless people as well as their access to health care.

### Defining Homelessness

Like the earlier studies on homelessness in Sudbury, the current project adopted an inclusive definition of homelessness by taking into account people who were vulnerable to becoming homeless in addition to those who were absolutely homeless at the time of the study (i.e. the approach taken by the Mayor's Homelessness Action Task Force, 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. *However, since the T2 study in January 2001, our research has also identified and enumerated those who were absolutely without housing.* 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.

### Research Methodology

To enable comparisons with our five earlier studies, the same mixed-methods design was used in T6. Quantitative and qualitative data were collected in three phases that were ongoing simultaneously during the week of January 22<sup>nd</sup> to 28<sup>th</sup>, 2003. In addition, each study has included a unique component; in T6, the fourth phase involved a survey of the physical and mental health problems and access to health services. The four phases in T6 included:

- 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;
- A face-to-face survey of households in a random sample of neighbourhoods in the city of Sudbury;
- Qualitative field research in settings occupied by homeless people in the downtown core; and
- A health survey.

### Key Findings

#### *Phase I: 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 514 people who had used services during the week of the T6 study.
- The analysis to identify unduplicated cases, indicated that there were **409 different individuals** who were homeless during the week of the study.

- The Elgin Street Mission, Salvation Army Family Services, YWCA Genevra House, and the Salvation Army Shelter identified two-thirds of the total homeless population.

*Absolute homelessness:*

- In T6, absolutely homeless people made up over a third (36%) of the homeless people who used the services of the participating agencies.
- While a majority of those who were absolutely homeless were men in T6, close to half (45% were girls or women).
- Francophones have been consistently under represented in the homeless population in comparison to their numbers in the general population (11% in T6 vs. 29.6% of the total population in the City of Greater Sudbury, according to the 2001 Census). In contrast, Aboriginal people have been greatly over represented among homeless people. They have comprised more than a quarter of the homeless population in each of the T4 to T6 studies.
- The majority of absolutely homeless people were between the ages of 20 and 59 in T6 as in all of our prior studies. A small number of children under age 12 (n=5) and older adults (n=4) were among those absolutely without housing.
- About half of those who were absolutely homeless (48% in T6, 50% in T4, and 52% in T3) indicated that they had no source of income. Problems with income security programs, notably Ontario Works (OW), are directly linked to homelessness. In T6, 28 people were absolutely homeless because they were deemed to be ineligible for social assistance benefits or their benefits were late or cut, or were simply inadequate to live on.
- Domestic violence and other family issues, including divorce or separation have also been important causes of homelessness. When these categories are combined, they accounted for the homelessness of a quarter of those in the Time 6 study (25.4%).
- The inability to pay rent is clearly linked to poverty and low wages; 42 people reported that they were evicted or did not have enough money to pay rent.
- Many homeless people indicated that struggles with substance abuse were related to homelessness. This was identified as a cause of absolute homelessness by 30 individuals.

*Relative homelessness:*

- The total homeless population (high-risk and absolutely homeless) identified in the T6 study (n=409) included 41 infants and children under age 13 (T5=63), 72 adolescents aged 13 to 19 (T5=69), and 9 older adults aged 60 years or more (T5=5). The T1 to T6 studies have indicated that the majority of homeless people are adults in their 20s, 30s, or 40s.
- The proportions of women and men in the homeless population have been relatively stable (around 40/60, respectively) for most of the data collection periods (women represented 44% in T6).
- The proportion of homeless Francophones has varied considerably in the various data collection periods; 16% of the homeless people in T6 indicated that they spoke French.
- As in all of the earlier studies, Aboriginal people were greatly over-represented among the homeless population. In T6, 26% of the homeless people were Aboriginals.
- Nearly twice as many homeless women in T6 were married or in common law relationships



compared to men. Nearly three quarters of the men were single or unattached whereas just over half of the women described themselves as single.

- A key difference between the two categories of homeless people has been that absolutely homeless people have been less likely to have any source of income (48%) while most of those who were precariously housed (near homeless) were receiving some type of income support (95%).
- While the relative importance of the reasons has differed somewhat in the various studies, the central reasons have been the same in all studies conducted to date: taken together, the structural/systemic problems of unemployment, problems with social assistance, and the lack of affordable housing have accounted for the largest proportion of homelessness.
- Fifteen percent of homeless people reported problems with social assistance as the main reason for homelessness and a total of 70 people said they were homeless because of these problems.
- With regard to housing problems in T6, 66 individuals reported that they were unable to pay their rent while another 13 people had been evicted from their homes.
- In T6, the proportion of homeless people mentioning family problems was higher than in all previous studies, at 15%.
- The results in T6 have again reinforced the view that there are more commonalities than differences in the main reasons for homelessness among the various sub-groups. Structural problems have been cited in all prior studies as the main reason for homelessness by all subgroups of homeless people. Without exception, all subgroups based on gender, language/culture, and age cited problems with social assistance and the inability to pay the rent as being among the main reasons for homelessness.

### ***Phase II: Neighbourhood Survey***

- Most of the residents who participated in the T4, T5 and the T6 studies reported that, in their opinion, homelessness is a problem (T6=84%, T5=80% and T4=84%). Furthermore, 71% of the T6 respondents reported that they had been hearing something about homelessness in Sudbury.
- The T6 respondents believed that the primary cause of homelessness was unemployment. Also identified were the lack of affordable housing and cutbacks in social assistance and government funding as key reasons for homelessness in Sudbury.
- When the various systemic or structural issues (unemployment, housing, social assistance cuts) are combined, they account for more than half of all responses of the residents (54.6% in T6). Other reasons mentioned by a substantial number of the respondents to the neighbourhood survey pertained to mental illness or health problems, and family problems.
- Overall, the results from the T6 study are similar to those of a national CMHC/Environics public opinion survey on homelessness. Like other Canadians, most people in the neighbourhood survey in Sudbury agreed that homelessness is increasing in Canada, that more young people, women, and children are becoming homeless, that organizations like food banks and shelters are not sufficient solutions to deal with homelessness, and that there is a societal cost, not just an individual cost, to homelessness. A key difference is that only 28% of the CMHC/Environics sample expressed strong agreement with view that governments must do more to combat homelessness compared to 70% of the T6 sample.

- Between 19% and 35 % of the samples in the T1 to T6 studies have reported that they and/or someone they knew have experienced homelessness. The T6 results indicated that just over a quarter of the residents, their family members, or friends had been homeless in the past.
- Among the participants of the T6 study who have had personal experiences with homelessness, just over a quarter stated that they had been homeless in the past and about a third or more reported that a family member has experienced homelessness.
- When asked why they, a family member, or a friend had been homeless, the residents in every study have cited unhealthy family relationships; this finding was reinforced in the T6 study. The residents explained that bad family influences, unhealthy family dynamics, a lack of supportive family members, teenage runaway, or divorce had led to homelessness. In both T5 and T6, other reasons most often given were a lack of affordable housing, substance abuse, and personal failure or lifestyle choice. Mental or physical illness, and experiences of abuse were also mentioned by several individuals, as was unemployment.
- In all six studies, the participants have mentioned the need for more government funding to support homeless people. Government action was mentioned most often in T6. The responses in this category have advocated a range of government actions, including the provision of more government funding for shelters, and funding to provide more and better services for homeless people, the need to pressure governments to act, the need to improve income security by providing more funding through public welfare (social assistance payments), and the need to provide more mental health services.

### ***Phase III: Field Observations***

L'association des jeunes de la rue, the Youth Action Centre Intravenous Drug Unit (IDU), and the Sudbury Regional Police Service assisted with the study by serving as key informants and enabling members of the research team to accompany front-line workers or officers on regular evening/night shifts during the week of the T6 study. The same ten themes were identified in T6 as were observed in the T5 study: mental illness, substance abuse, the routinization of homelessness, supportive relationships among homeless people, accessing services, health issues, daily hassles and stressors, finding a place to sleep, homeless adolescents, and prostitution.

### ***Phase IV: Health Survey***

- A subsample of 227 homeless people who were participants in the T6 agency count of homeless people completed the health survey. This subsample was similar to the total homeless population in terms of gender, age, and ethnicity.
- A third or more of homeless people reported that their emotional, mental, and physical health was poor or very poor. The largest proportion reported problems with their emotional health. When asked whether they had experienced any health problems in the past year, 77 percent reported that they had some difficulty with their health. With regard to specific health problems, over half of the respondents stated that they had experienced pain or depression.

- A quarter or more of the respondents reported having had vision problems, physical injury, arthritis, or dental A strong majority (84%) of the homeless people reported between one and 16 health problems or symptoms. Respondents reported an average of 5 health problems in the last year.
- Over a third (36%) indicated that they had experienced some mental health problems in the last year.
- Three quarters of the respondents stated that they had accessed health services in the last year. Two-thirds of the sample had seen a doctor in the last year and nearly a third stated that they had seen a nurse. Fewer had seen a dentist (23%). It was noted above that 36 percent of the participants reported that they had experienced mental health problems in the last year; however, a smaller proportion had seen a mental health professional (17%).
- The participants were asked about the location in which they had received services. Over half of those who reported that they had accessed health services in the last year stated that they had received these services at a clinic (62%) or an emergency room (57%).
- The participants were also asked if they had a health card; 13% (n=29) reportedly did not have one.

**Recommendations**

Forty-six recommendations were made on the basis of the findings of the T1 to T6 studies. These recommendations should be reviewed and prioritized by the community in order to ensure that the pressing needs of homeless people are met and they are supported effectively in obtaining and retaining housing. The recommendations focus on shelters, services for homeless people, issues related to migration, violence and abuse, cultural issues, racism and social exclusion, people with mental illness, income and food security, public education about homelessness, local research on homelessness, the lack of affordable housing, and developing long-term strategies for addressing homelessness.

## INTRODUCTION

This study is the sixth in a series of seven studies being conducted on homelessness in Sudbury. The research series will be completed by July 2003. The three-year study will identify and track changes in homelessness from July 2000 to July 2003. The use of the same methodology at each data collection point has allowed for the examination of basic trends in homelessness, and by the end of the study, will enable us to describe how patterns of homelessness differ 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 6 Study: January, 2003**

This study repeated the three main phases of all prior studies: the count of homeless people, the neighbourhood survey, and the qualitative field research were conducted. The data enabled a comparison with the findings from the earlier studies in order to examine the consistency of key trends noted in the two other studies conducted during the winter (T2 and T4). Service providers were asked to provide the information on homeless people using their services during a one-week period at the end of January, 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 5 studies but was again 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. In addition, a survey was conducted in Time 6 in order to gather information about the physical and mental health problems experienced by homeless people. Service providers collected this information (using a one-page questionnaire) from clients who consented to provide it.

### ***Overview of the Current Report***

This report describes the following:

- the numbers of people who are absolutely homeless and those at high risk of homelessness;
- breakdowns on background characteristics including children, youth, women, men, cultural groups (i.e. those of Anglo/European origins, Aboriginal people, and francophones);
- reasons for homelessness;
- local residents' personal experiences with homelessness;
- local residents' opinions regarding homelessness and perceived solutions;
- observations of the sites in the city centre where homeless people may be found in the winter with comparisons to earlier studies;
- comparisons with the Time 1 to Time 5 findings; and
- results of the health survey.

## **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 6 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 5 studies, the Time 6 study was conducted in four phases that were ongoing simultaneously during a seven-day period at the end of the month; the Time 6 study took place during the week of January 22<sup>th</sup> to January 28<sup>th</sup> 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 IV was a survey homeless people to determine their physical and mental health problems and access to health care services. Phase IV was conducted in conjunction with Phase I (i.e. the participants of Phase I were asked if they were willing to complete the health survey).

## **PHASE I: AGENCY “COUNT” OR CENSUS 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 6 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 four earlier studies was used and expanded 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. Every provider was 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 Count**

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 6 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 January 22<sup>nd</sup> to 28<sup>th</sup> 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, and 22 in Time 6. The data collection was operationalized by using a data collection chart (slightly revised and expanded and refined from the Time 1 and 2 studies) that would allow us to gather information about each one of the homeless people using the service. 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 that we were a bunch of losers and other names. They wanted to know how much we were getting [paid] and how much our bosses were making for doing this and yelling what we were going to do for them, and as we explained they just got more angry.*

Hence, it is likely that the count represents a conservative estimate 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).

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 6 studies have differentiated between people at high risk of homelessness and those who were absolutely homeless.

## **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. The 11 maps of the city identified 35 sections in the city of Sudbury.<sup>1</sup> In total, over half of these sections have been selected to generate the samples for each of the neighbourhood surveys. Five areas have been 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 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 6 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 January 22<sup>nd</sup> to 28<sup>th</sup>. When sampling a section, the

---

<sup>1</sup> 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” may well exist in the surrounding communities, the homeless population is likely to be more concentrated within the former city of Sudbury.



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 6 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 (i.e. since only two were identified in the Time 4 neighbourhood survey, four in Time 5, and one in Time 6).

## **Procedure**

One member of the team explained the purpose of the survey and outlined ethical considerations (e.g. voluntary participation, withdrawal, confidentiality, anonymity etc.). If the resident agreed to participate in the survey, she or he was given a letter which 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 address and 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 and Time 6, the response rate was somewhat lower, at 55% and 51% respectively. The Time 6 data collection was particularly difficult due to extremely cold weather. It was evident that residents were unwilling to open their doors for the research team due to the cold weather. The weather remained consistently cold throughout the seven days of the data collection. The daily maximum temperatures were between -8 and -20 Celcius and the minimum temperatures ranged from -14° to -31 Celsius. It was difficult for the research team members to work outdoors in these severe weather conditions.

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 6, this pattern 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 (51% refused) compared to women (31% refused).

**PHASE III: FIELD OBSERVATIONS**

The field observations were conducted in partnership with L'Association des jeunes de la rue and the Youth Action Centre Intravenous Drug Unit (IDU). 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. In T6, students taking research courses (SWRK 4105: Applied Research or DEVE 5206: Methodology and Research Techniques in Human Development Studies) conducted the field research component.

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.

The field observation was also conducted in partnership with the Sudbury Regional Police Services. After a background check, this service allowed a researcher to ride along for one night during the week of the study. While this activity did not allow for any direct contact with the homeless population, it enabled the collection of information regarding police knowledge and experience with the homeless population. This activity allowed us to talk with officers who work with people on the streets and to obtain their opinions regarding homelessness in Sudbury as well as pertinent information on hangouts and sleep outs.

**PHASE III: SURVEY OF PHYSICAL AND MENTAL HEALTH PROBLEMS AMONG HOMELESS PEOPLE**

In conjunction with the Phase I count or census of homeless people, service providers were asked to collect information about health and mental health problems and access to health care services among homeless people. In preparation for this phase of the T6 study, two focus groups were held in December 2002 with service providers working in these fields in order to obtain their input into the proposed methodology. The design was modified to take into account their comments. A one-page questionnaire was developed based on the published literature on research focussing on physical and mental health problems among homeless people as well as the views of the service providers in Sudbury regarding appropriate questions and methods.

The survey instrument was distributed along with the Phase I data collection tools. Service providers were asked to administer the questionnaire to each homeless person using their services who was willing to participate in the study. Seventeen of the 21 agencies assisting with the T6 count gathered health information from one or more homeless people.

## RESULTS

### PHASE I: THE 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 514 people who had used services during the week of the Time 6 (T6) study conducted during January 22<sup>nd</sup> to 28<sup>th</sup> 2003 (compared with 567 in the T4 January 2002 study and 580 in the T5 July 2002 study); this number included some duplicate cases. The analysis to identify unduplicated cases, as reported below, indicated that there were **409 different individuals** 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 January 22<sup>nd</sup> to 28<sup>th</sup> 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=21) participated in the T6 study as 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 Genevra House, and the Salvation Army Shelter. In Times 4, 5, and 6 these four agencies identified two-thirds of the total homeless population. A newly established health centre in the urban core, Clinique du coin/Corner Clinic, identified a further seven percent (n=40) of the total homeless population in the T4 study, five percent (n=23) in T5, and six percent (n=29) in T6.

### 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). In T5, four “hidden homeless” people were identified in the neighbourhood survey (i.e. representing 1.4% of the households). In T6, one person was identified as fitting the description of a homeless person (representing less than one percent of the households participating in the T6) survey. However, two additional residents reported that they were “doubling up” by permitting a homeless person to live with them. 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. Thus, these two people were deemed to have a home. Nevertheless, it should be noted that some consider doubling up or “double bunking” to be a type of homelessness.

**Table 1: Shelters and Agencies Identifying the Homeless Population, T1 to T6<sup>a</sup>**

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

Note that this list includes the duplicated cases. Percentages may not sum to 100 due to rounding error. <sup>a</sup>

It is clearly difficult to identify the hidden homeless population. Several factors may be impacting on the attempts to identify the “hidden homeless” in local neighbourhoods. A key factor is the reluctance of low income residents in subsidized housing units to reveal this “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 by the housing authority. Reassurances about the confidentiality of the information provided for the survey may not be sufficient to convince low income people that their living arrangements will not be reported.

### Unduplicated Count

An unduplicated count was obtained 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. A number of 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, they were excluded from the analysis.* The background information enabled us to identify 409 different homeless individuals who used the services of one or more of the agencies during the week of January 22<sup>nd</sup> to 28<sup>th</sup> 2003. The number of unduplicated cases has ranged between 341 (January 2001) and 485 (July 2002) while the average number of individuals identified in all studies is 417.

It is important to note that the variations in the number of homeless people recorded may, in part, stem from differences in the number of participating organizations in each of the six studies. Some organizations that have been participants in the various studies have not participated in one or more of the data collection periods. In addition, some organizations have participated but have not always identified homeless persons. For example, Ontario Works participated in the Time 5 and Time 6 studies but did not identify any homeless people.

Table 2 shows the distribution of all homeless individuals identified in the T1 to T6 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. The number of unduplicated homeless cases observed in 2002 (January and July) was higher than in the previous studies. The results of the Time 6 study are quite similar to those of the Time 1 and Time 3 studies.

Given that the number of agencies participating in the study has varied somewhat across the three studies, Table 3 provides information on the total number of homeless people identified as using the services of the four key agencies that identified two-thirds of the homeless population and participated in all six studies. The findings indicate that these agencies identified roughly the same number of people in July 2000, July 2002, and January 2003. In contrast, the findings for January 2001 and January 2002 indicated that there was more variability in the number of homeless people served by these agencies.

**Table 2: Number of Duplicated, Unduplicated, and Other Cases Identified in the T1 to T6 Studies**

	<b>July 2000</b>	<b>January 2001</b>	<b>July 2001</b>	<b>January 2002</b>	<b>July 2002</b>	<b>January 2003</b>	<b>Row Totals</b>
	<b>N</b>	<b>N</b>	<b>N</b>	<b>N</b>	<b>N</b>	<b>N</b>	<b>N</b>
Duplicate cases	36	89	78	97	91	97	488
Verified unduplicated cases	407	341	399	459	485	409	2500
Unknown	19	34	14	11	4	8	90
<b>TOTAL</b>	<b>462</b>	<b>464</b>	<b>491</b>	<b>567</b>	<b>580</b>	<b>514</b>	<b>3074</b>

**Table 3: Number of Homeless People Served by Key Agencies Participating in all Data Collection Periods (T1 to T6 Studies)<sup>a</sup>**

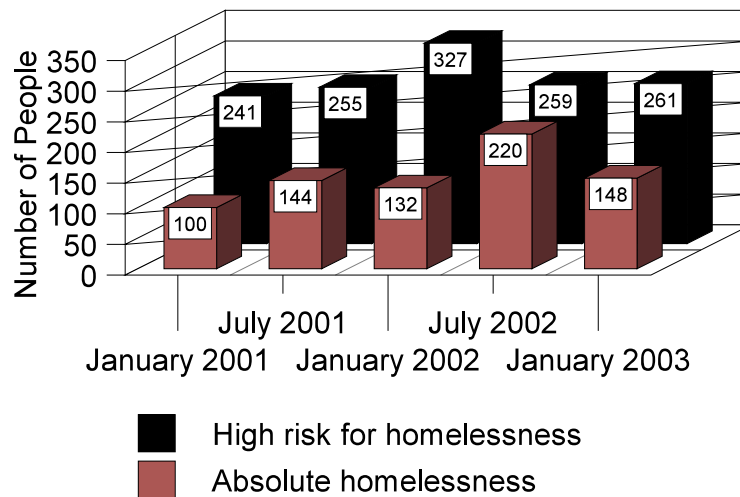
	<b>July 2000</b>	<b>January 2001</b>	<b>July 2001</b>	<b>January 2002</b>	<b>July 2002</b>	<b>January 2003</b>
<b>Agency Name</b>	<b>Number</b>	<b>Number</b>	<b>Number</b>	<b>Number</b>	<b>Number</b>	<b>Number</b>
Elgin Street Mission	103	50	105	48	87	48
Salvation Army Family Services	86	130	125	179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

<sup>a</sup> Note that this list includes the duplicated cases.

### High Risk Versus Absolute Homelessness

The number of absolutely homeless people identified 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 T6, this sub-group made up over a third (36%) of the homeless people identified by the participating agencies (see Figure 1).

Figure 1: Number of Homeless People  
T2 to T6



### ***Absolute Homelessness***

In T6, over three quarters of the participating agencies (76% or 16 of 21) identified at least one client who was absolutely homeless. However, this finding is influenced by the particular agencies participating in the study. In 2002 (T4 and T5) a larger number of agencies provided information on absolutely homeless people (92% or 22 of 24 agencies). In Time 6, several key services for people with addictions issues did not participate and, in prior studies, these services have consistently reported that they serve some homeless people.

Table 4 compares the characteristics of the homeless population who were absolutely without housing in the T2 through T6 studies. The T3 study indicated that more men, Anglophones, and adults were absolutely without housing during the summer of 2001 compared with the winter (T2). In T6, the gender balance was more similar to that in the T2 and T5 studies; while a majority of those who were absolutely homeless were men in T6, close to half (45% were women).

The proportion of Anglophones among absolutely homeless people has been quite similar in the last three studies (between 51 and 57%), as has the the proportion of Francophones. As has been noted in all of our studies, Francophones have been consistently underrepresented in the homeless population in comparison to their numbers in the general population (11% in T6 vs. 29.6% of the total population in the City of Greater Sudbury, according to the 2001 Census). In contrast, Aboriginal people have been greatly overrepresented among homeless people. They have comprised more than a quarter of the homeless population in each of the T4 to T6 studies.

In terms of the age distribution among absolutely homeless people, the proportion of children under age 12 has been consistently below 10% in the T2 to T6 studies. In T6, there were two

infants/toddlers, and three school-age children. In T6, there was a larger number of absolutely homeless adolescents (close to a third of this population) compared with the last three studies. The adolescents included three under the age of 17, seven 17-year olds, twenty 18-year olds, and fifteen who were 19 years old. The majority of homeless people were between the ages of 20 and 59 in T6 as in all of our prior studies. A small number of older adults were among those absolutely without housing (n=4).

Similar to our earlier findings, approximately three-quarters (73%) of those who were absolutely homeless in T6 were single/unattached individuals, while less than 10% were married or in common law relationships (7%) or divorced/separated (9.5%). A few individuals were widowed (n=4). This pattern is remarkably similar to our prior studies and indicates that most homeless people are not in couple or marital relationships.

**Table 4 : Characteristics of Absolutely Homeless People  
T1 to T6**

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

<sup>a</sup> 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. As in our prior studies, about half of those who were absolutely homeless (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 slightly larger proportion of those without housing in T6 (29%) compared with approximately a fifth (22%) in the T5 study. After Ontario Works, the source of income mentioned by the largest number 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 (T6–n=5, T5–n=9, T3 and T4–n=6) or employment insurance benefits (T6–n=4; T5–n=9; T3–n=7 and T4–n=4). Very few absolutely homeless people had other sources of income (T6–n=4 and T5–n=5); these individuals cited sources such as parental support, war veteran's allowance, or child benefit.

**Table 5 : Sources of Income  
for Absolutely Homeless People, T3 to T6<sup>a</sup>**

	<b>July 2000</b>	<b>July 2001</b>	<b>January 2002</b>	<b>July 2002</b>	<b>January 2003</b>
<b>Sources of Income</b>		<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
No income	--	51.9	50.4	41.6	48.2
Ontario Works	--	20.2	23.6	21.9	28.8
ODSP	--	11.6	13	16.9	12.2
EI	--	5.4	3.3	5.1	2.9
Employment	--	4.7	4.9	5.1	3.6
OAS	--	2.3	--	--	0.7
CPP	--	0.8	2.4	7.3	0.7
Other (inheritance, private pension, private insurance, alimony or savings)	--	3.1	2.4	2.8	2.8

<sup>a</sup> 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. These are listed in Table 6. Viewed as a whole, structural problems such as unemployment, lack of access to social assistance, poverty and lack of affordable housing have consistently been cited by homeless people as the primary causes of absolute homelessness in Sudbury. In T6, these structural or systemic issues accounted for 30% of the reasons given by people who were absolutely homeless. While there were slight differences between the various studies in the number and percentage of people citing each reason, taken together, problems associated with poverty and the lack of government assistance have been seen as the primary causes of homelessness in all of our studies.

As we have observed in previous studies, problems with income security programs, notably Ontario Works (OW), are directly linked to homelessness. In T6, 28 people were homeless because they were deemed to be ineligible for social assistance benefits or their benefits were late or cut, or were simply inadequate to live on. However, a smaller number of people cited these problems in T6 compared to T5 (n=48).

Domestic violence and other family issues, including divorce or separation have also been important causes of homelessness. When these categories are combined, they accounted for the homelessness of a quarter of those in the Time 6 study (25.4%).

The 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. However, it is important to mention the number of people who are affected by eviction or inability to pay rent. In T6, 42 people reported that these were the causes of homelessness and this was very similar to the T5 results indicating that 49 people were evicted or did not have enough money to pay rent.

Many homeless people indicated that struggles with substance abuse were related to homelessness. This was identified as a cause of absolute homelessness by 30 individuals in T6. The number of people reporting substance abuse has ranged from 21 to 40 in the various studies. In each study, a similar number of people report transience or relocation as the main reason for becoming absolutely homeless. In T6, 29 individuals were homeless for this reason. Qualitative data from prior studies have shown that many people come to Sudbury from smaller communities of the north in search of work or services. Our studies have indicated that the size of the homeless transient population has remained about the same across data collection points (i.e. between 28 and 35 individuals).

Data on referral patterns were collected. In Time 6, just over a third of the homeless people (36%) were reportedly referred to other service providers in Sudbury to assist with the problems they were experiencing. As in prior studies, the largest numbers of referrals in T6 were made for housing or emergency shelter (including motels), mental or physical health services, addictions, or income/financial assistance.

**Table 6 : Reasons for Absolute Homelessness, T3 to T6<sup>a</sup>**

	<b>July 2001</b>		<b>January 2002</b>		<b>July 2002</b>		<b>January 2003</b>	
<b>Reasons</b>	<b>Cases<sup>b</sup></b>	<b>Responses<sup>b</sup></b>	<b>Cases<sup>b</sup></b>	<b>Responses<sup>b</sup></b>	<b>Cases<sup>b</sup></b>	<b>Responses<sup>b</sup></b>	<b>Cases<sup>b</sup></b>	<b>Responses<sup>b</sup></b>
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Unemployment/seeking work	60	18.2	43	17.4	62	16.8	13	5.1
Substance abuse	40	12.2	21	8.5	31	8.0	30	11.7
Transient	35	10.6	28	11.3	35	9.5	29	11.3
Problems with social assistance	33	9.9	25	10.1	48	13.1	28	10.9
Inability to pay rent or mortgage/low wages/no money	30	9.4	40	16.2	39	10.7	36	14.1
Family issues	26	7.9	27	10.9	45	12.2	46	18.0
Domestic violence	23	7.0	17	6.9	26	7.1	16	6.2
Physical or mental illness	23	7.0	24	9.7	32	8.7	18	7.0
Out of jail	11	3.3	7	2.8	7	1.9	24	9.4
Evicted or kicked out	11	3.3	9	3.6	10	2.7	8	3.1
Divorce or separation	8	2.4	1	0.4	9	2.4	3	1.2
Other	27	8.8	5	2.2	24	6.5	5	2.0

<sup>a</sup> 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).

<sup>b</sup> Based on multiple responses.

***Gender and Reasons for Absolute Homelessness***

In T6, both men and women cited the full range of reasons for homelessness that are listed in Table 6. The primary reasons mentioned by similar proportions of men and women were inability to pay the rent, problems with social assistance, and substance abuse (not shown). Substance abuse was also reported by both men (13%) and women (11%).

In contrast, there was a gender difference in reporting domestic violence as a cause of homelessness; 15 women and one man identified this as the reason for absolute homelessness in T6. However, similar proportions of men and women mentioned that family problems were the cause of homelessness. In contrast, about four times more men mentioned transience or relocation (18%) as the main cause of their homelessness compared to the women (4%).

**Characteristics of the Total Homeless Population*****Age***

The total homeless population (high-risk and absolutely homeless) identified in the T6 study (n=409) included 41 infants and children under age 13 (T5=63), 72 adolescents aged 13 to 19 (T5=69), and 9 older adults aged 60 years or more (T5=5). A more comprehensive age breakdown of the homeless people is shown in Table 7 (see also Tables A-1 to A-3 in Appendix A for the total age distribution).

The number of homeless children has fluctuated somewhat across the data collection periods, between 32 and 63. However, the proportion of children under the age of 13 among the homeless population has remained about the same (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 number of older adults has remained relatively small in all six 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 T6 studies, since it was available for 98% of the homeless individuals studied in T4, 91% in T5, and 98% in T6.

**Table 7: Homeless Population by Age Groups,<sup>a</sup> T1 to T6**

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

<sup>a</sup> Note that, due to missing data, the number of people shown is less than the total homeless population.

### Gender and Age

Figure 2 compares the gender of homeless people in the T1 through T6 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). However, in T5 there was a dramatic shift in the gender ratio among homeless people in Sudbury, with women outnumbering men. The T6 findings are more similar to those in the T2 to T4 studies.

Figure 2: Homeless Population By Gender

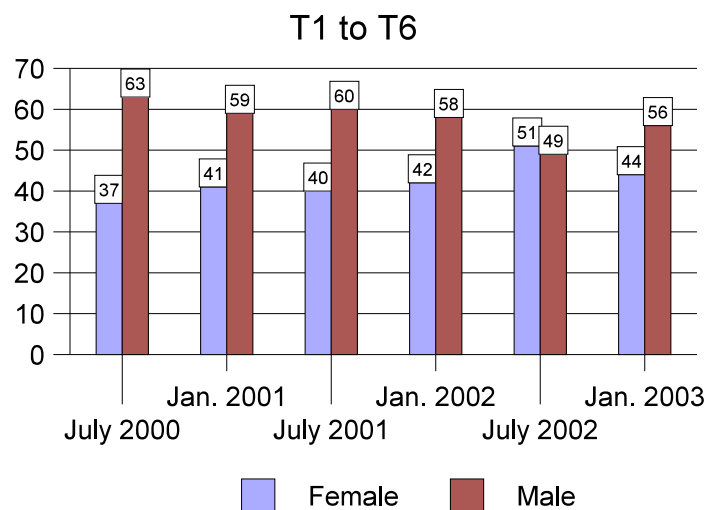


Table 8 shows the proportions of homeless males and females in the various age groups. There have been considerable fluctuations in the gender ratio in many age categories. For example, in some studies, males have predominated while in others women have been the majority among adolescents, young adults, older adults, and seniors. Since the number of seniors is always small, these statistics are not reliable. In the T6 study, the majority of homeless adults were women while the gender ratio was reversed among young children and adolescents.

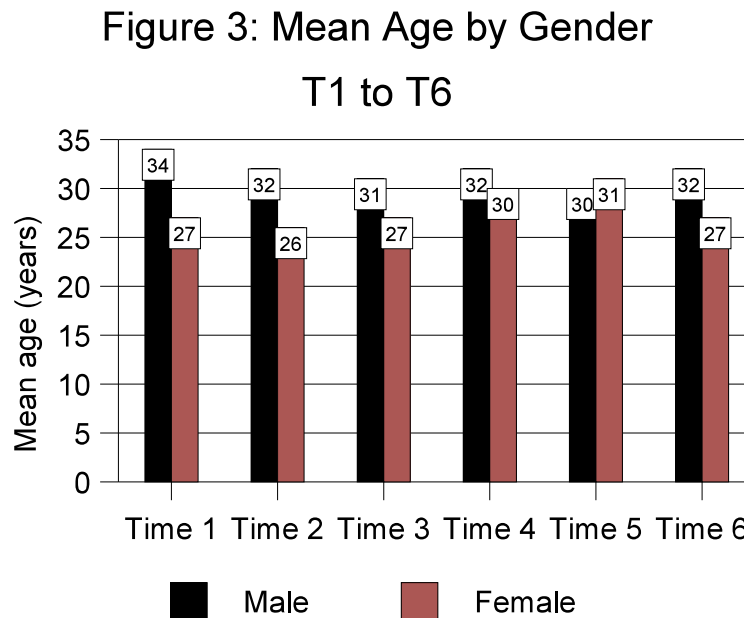
Several of the studies have shown that the gender split was wider among the older age groups, with males predominating among homeless adults. An examination of the average age of homeless men and women indicated that there has been a consistent and significant gender difference<sup>2</sup> in the (mean) age of homeless people in all of the T1 to T4 and the T6 studies (see Figure 3). The average age of women has been consistently lower compared to men. This gap was smaller in the T4 study and non-significant in T5; however, the T6 results are similar to those from T1 to T3.

---

<sup>2</sup>  $p < .0001$

**Table 8: Percentage of Homeless People by Gender and Age, T1 to T6**

	<b>July 2000</b>		<b>January 2001</b>		<b>July 2001</b>		<b>January 2002</b>		<b>July 2002</b>		<b>January 2003</b>	
	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
6-12	39	61	50	50	40	60	54	46	50	50	50	50
13-19	54	46	39	61	40	60	65	39	52	48	57	43
20-35	61	39	60	40	64	36	52	48	45	55	41	59
36-59	70	30	70	30	77	23	64	36	52	48	36	64
60+	94	6	75	25	57	43	46	54	80	20	33	67



### ***Ethnicity***

The findings on culture and language have been consistent in all six studies conducted to date. As in all prior studies, the majority of homeless people in the T6 study had European backgrounds (73% in T1, 76 in T2, 74% in T3, 72% in T4, 70% in T5, and 72% in T6) and most of these (over three-quarters or 82%) were Anglophones. The proportion of homeless Francophones has varied considerably in the various data collection periods (see Figure 4).

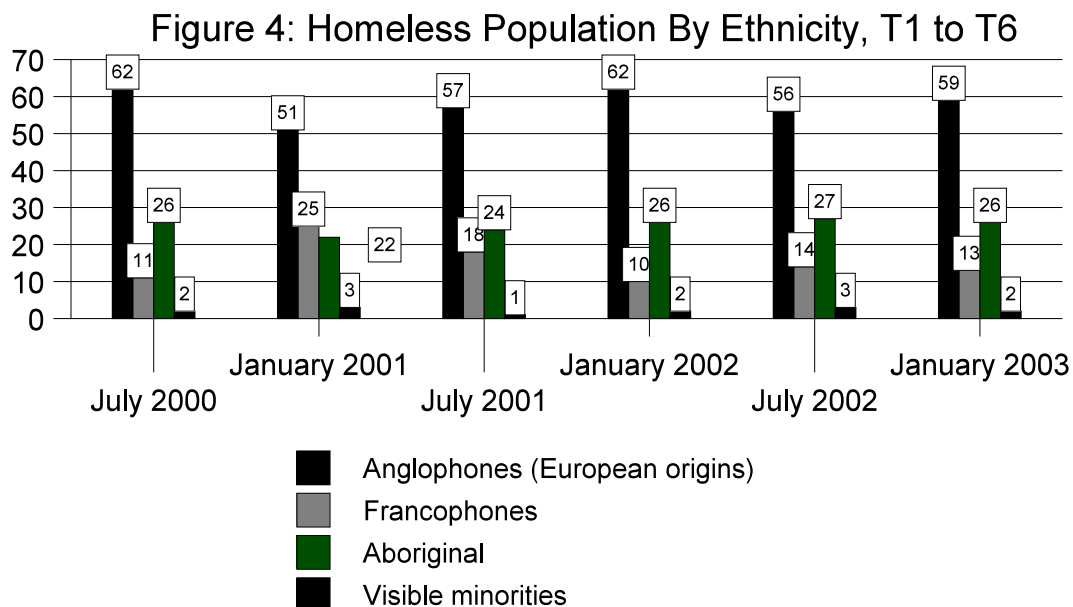
It is important to note that some individuals identify themselves as both English and French and, in each study, a number of Aboriginal people have indicated that their language was French (6 in January 2002, 7 in July 2002, and 8 in January 2003). Three people of colour also indicated that they were Francophones. Thus in total, 16% of the homeless people in T6 indicated that they spoke French (the same proportion as in T5 vs. 12% in T4). Francophones have represented between 11% and 24% of the homeless population in the six studies conducted to date.

It is notable that there have been substantial differences between agencies in terms of useage by linguistic/cultural groups. In T5, Francophones used the Elgin Street Mission (37% of clients) and the Clinique du coin/Corner (48% of clients) more often than other agencies. In T6, the Clinique du coin/Corner Clinic was the agency that the Francophones used the most (33% of the clients).



As in all of the earlier studies, Native people were greatly over-represented among the homeless population. In T6, 26% of the homeless people were Aboriginals (vs. 27% in T5). They have made up approximately a quarter of the homeless population in all of the studies conducted to date (refer to Figure 4).

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



***Marital/Family Status***

The findings of the T6 study reinforce those of our previous studies indicating that the majority of homeless men and women are single/unattached (see Table 9). While the gender difference in marital status was considerably smaller in T5 than in any of the other studies, the T6 results were similar to the earlier studies. Nearly twice as many homeless women in T6 were married or in common law relationships compared to men. Nearly three quarters of the men were single or unattached whereas just over half of the women described themselves as single. The proportion of single individuals has varied somewhat in each of the data collection periods, and the highest numbers of homeless, single men and women have so far been observed in July, 2002.

**Table 9: Gender and Family Status, T1 to T6**

	<b>July 2000</b>		<b>January 2001</b>		<b>July 2001</b>		<b>January 2002</b>		<b>July 2002</b>		<b>January 2003</b>	
<b>Family Status</b>	<b>F %</b>	<b>M %</b>	<b>F %</b>	<b>M %</b>	<b>F %</b>	<b>M %</b>	<b>F %</b>	<b>M %</b>	<b>F %</b>	<b>M %</b>	<b>F %</b>	<b>M %</b>
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
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
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

***Social Support/Welfare Benefits and Reasons for Homelessness*****Receipt of Social Support/Welfare Benefits and Sources of Income**

The overall proportion of absolutely homeless people *not* receiving any government support benefits in T6 was about the same as in T4—about half (49% in T6 and 50% in T4). In T5 this proportion had been slightly lower, at 42% (see Figure 5-A). The main source of financial support from government was Ontario Works (OW) benefits (29% of absolutely homeless people indicated that they were receiving OW benefits in T6 compared to 22% in T5). In contrast, as Figure 5-B shows, 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, and T6 (also see Table 10). As was reported in our prior studies, youth were least likely to be receiving support from governments. In T6, 83% of absolutely homeless teens were not receiving any form of income support (vs. 97% in T5). As Figure 5-C shows, the proportion of absolutely homeless people who were receiving benefits was larger in the older age categories.

Figure 5-A: Percentage of Absolutely Homeless People by Receipt of Social Assistance Benefits, T4 to T6

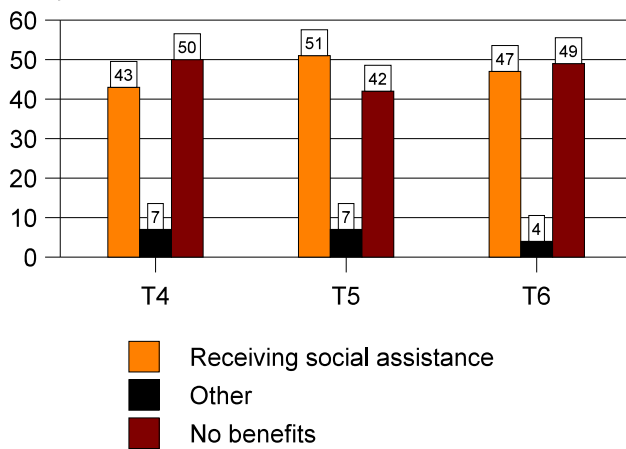
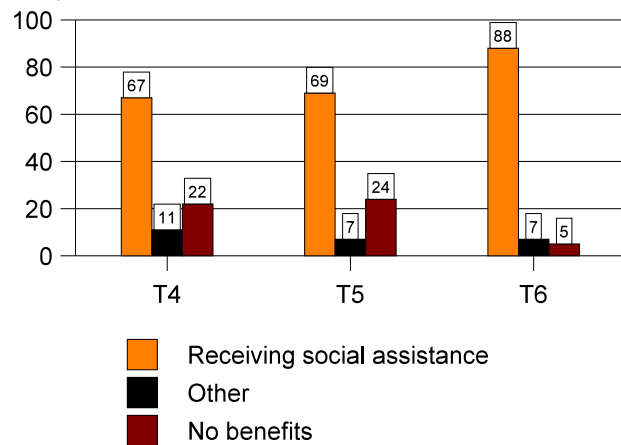


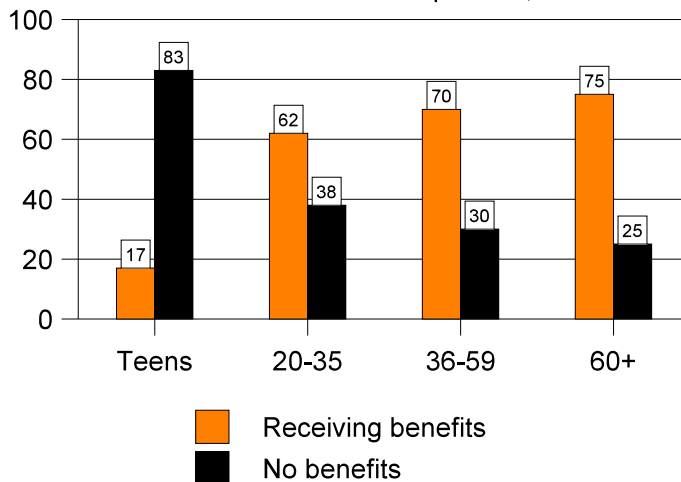
Figure 5-B: Percentage of At-Risk Homeless People by Receipt of Social Assistance Benefits, T4 to T6



### 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 T6. 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 four studies) have reported that they were receiving employment income.

Figure 5-C: Percentage Receiving Benefits by Age Absolute Homeless Population, T6



**Table 10: Comparison of Sources of Income for Absolutely Homeless People  
and Those at High Risk of Homelessness, T3 to T6**

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

<sup>a</sup> Notes: Other sources of income were inheritance, savings, private pension, or private insurance.

### ***Reasons for Homelessness***

Table 11 summarizes the main reasons for homelessness in Sudbury in the T1 to T6 studies. Service providers were asked to enable their clients to identify up to seven reasons for homelessness in the last two studies compared to a maximum of three reasons in the prior studies. At all data collection points, the same sets of reasons have been given, although the data collection tool provided for both open and closed ended responses.

While the relative importance of the reasons has differed somewhat in the various studies, the central reasons have been the same in all studies conducted to date: taken together, the structural/systemic problems of unemployment, problems with social assistance, and the lack of affordable housing have accounted for the largest proportion of homelessness. In T6, the distribution of responses differed somewhat from the T5 study, in that a smaller proportion of people cited problems with work and a larger proportion mentioned that housing problems were the causes of homelessness (although the absolute number of people mentioning housing was about the same in T5 and T6).

The total number of people reporting, in January 2003, that they were having problems with social assistance payments was smaller than in July 2002, but the proportion of responses in this category was approximately the same in the T5 and T6 studies (i.e. 14.8 in T5 and 15.2 in T6). The largest number of people citing problems with social assistance mentioned that they did not qualify for benefits (n=29), or said that the welfare payments were inadequate to live on (n=22). Others stated that their cheques were late (n=6) or their benefits had been cut (n=13).

With regard to housing problems in T6, 66 individuals reported that they were unable to pay their rent while another 13 people had been evicted from their homes. A few simply stated that they were having problems with the landlord or with roommates (n=4).

It was noted in T5 that the *frequency* with which people mentioned family problems was substantially higher than has been noted in the prior studies but the proportion of responses accounted for by these causes of homelessness was about the same as in earlier studies. In T6, the proportion of homeless people mentioning family problems was higher than in all previous studies, at 15%. In most cases a general response citing “family issues” was given. A few individuals reported that divorce or separation were directly linked to their homelessness. In the last four studies (T3 to T6), the proportion citing domestic violence as a cause of homelessness has remained about the same (about 5%).

Similarly, illness or mental illness has been reported by close to a tenth of the homeless people in the last four studies. In T6, the number of people citing transience, relocation, or moving as a reason for homelessness was lower than in T5 but the proportion citing this reason was slightly higher than in T5. Finally, it may be noted that, in T6, a larger number and a larger proportion of homeless people mentioned release from jail as a reason for homelessness compared with all earlier studies.

**Table 11: Main Reasons for Homelessness, T1 to T6**

	<b>July 2000</b>		<b>Jan. 2001</b>		<b>July 2001</b>		<b>Jan. 2002</b>		<b>July 2002</b>		<b>Jan. 2003</b>	
<b>Reasons for homelessness<sup>a</sup>:</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
Problems with work: <ul style="list-style-type: none"> <li>• Unemployment</li> <li>• Seeking work</li> <li>• Low wages</li> </ul>	89	22.7	34	11.6	83	18.0	120	20.8	225	27.2	52	10.3
Problems with social assistance: <ul style="list-style-type: none"> <li>• Welfare not adequate/late</li> <li>• Social assistance cut</li> <li>• Waiting for disability pension</li> <li>• Does not qualify for OW</li> <li>• No money</li> </ul>	80	20.4	51	17.6	88	19.1	118	20.5	122	14.8	77	15.2
Problems with housing: <ul style="list-style-type: none"> <li>• Unable to pay rent or mortgage</li> <li>• Evicted or kicked out</li> <li>• Housing not adequate</li> </ul>	56	14.3	41	14.1	43	9.3	89	15.5	83	10.0	80	15.8
Domestic violence	45	11.5	65	22.4	25	5.4	35	6.1	41	5.0	23	4.5
Substance abuse	37	9.4	8	2.8	48	10.4	37	6.4	60	7.3	48	9.5
Family Issues <ul style="list-style-type: none"> <li>• Divorce or separation</li> <li>• Family problems (violence, abuse etc.)</li> </ul>	28	7.1	17	5.9	45	9.8	55	9.5	98	11.9	74	14.6
Travelling/transient/ relocated, transferred or moving	25	6.4	47	16.2	50	10.8	50	8.7	72	8.7	57	11.2
Illness or mental illness	11	2.8	15	5.2	37	8.0	48	8.3	71	8.6	49	9.7
Out of jail	8	2.0	8	2.8	12	2.6	15	2.6	16	1.9	36	7.1
Other	13	3.3	6	2.1	30	6.5	9	1.6	39	4.7	11	2.2
<b>TOTAL RESPONSES</b>	<b>392</b>	<b>100</b>	<b>290</b>	<b>100</b>	<b>461</b>	<b>100</b>	<b>576</b>	<b>100</b>	<b>827</b>	<b>100</b>	<b>507</b>	<b>100</b>

<sup>a</sup> Results are based on multiple responses. Percentages may not sum to 100 due to rounding error.

***Reasons for Homelessness by Gender, Age, and Ethnicity***

Boxes 1 and 2 list the main reasons for homelessness among various sub-groups based on gender, age, and ethnicity, in order of importance. The results in T6 have again reinforced the view that there are more commonalities than differences in the main reasons for homelessness among the various sub-groups. Structural problems have been cited in all prior studies as the main reason for homelessness by all subgroups of homeless people. Without exception, all of these subgroups cited problems with social assistance and the inability to pay the rent as being among the main reasons for homelessness.

With regard to the problems with social assistance, unlike the previous studies, all sub-groups reported that the main issue was that they were not able to obtain any benefits (i.e. deemed ineligible). In prior studies, this problem had more often affected adolescents, especially males while adult females had more often reported that welfare benefits were inadequate to cover basic needs. The lack of access to welfare benefits appeared to have been a more severe problem linked to homelessness in T6. The inadequacies in income security programs are mentioned as a key factor related to homelessness for all groups of homeless people. This was also observed above in the section on sources of income; a significant proportion of absolutely homeless people reported that they had no income.

We noted in the T1 through T4 studies that transience and relocation were important factors related to homelessness, especially among males, Anglophones, and Aboriginal people. In T6, this was cited as a factor less often than in July 2002. In contrast, substance abuse was mentioned more often in the T6 study; it was one of the main factors for all of the subgroups shown in Boxes 1 and 2.

Domestic violence has been one of the main factors related to homelessness among women in all of the prior studies and it was identified in T6 as a primary reason for homelessness among both adult and adolescent women. Illness, and especially mental illness, was cited more often in T5 and in T6 compared with the previous studies. In T6, it was reported to be a key factor in the homelessness of adult females as well as Anglophones and Francophones. The continued participation of Northeast Mental Health Centre in the T6 study may account for the greater frequency of mention for mental illness compared to the earlier studies (i.e. T1 to T3).

Family issues/conflict or divorce were another set of factors that appeared more often as a cause of homelessness in the T5 and T6 studies. Such factors were identified as key reasons for homelessness among all groups in T6, without exception. The Time 3 interviews with homeless people showed that, in face-to-face interviews, women and adolescents often explained the nature of family problems as stemming from domestic violence.

Finally, incarceration and release from jail were cited as key factors related to homelessness among adolescent males and Aboriginal people. This may not reflect an increase in release from incarceration as a cause of homelessness but rather may stem from more frequent reporting of this issue.

**Box 1: Main Reasons for Homelessness by Gender and Age (Adults), T2 to T6**

January 2001		July 2001		January 2002		July 2002		January 2003	
Adult Males	Adult Females	Adult Males	Adult Females	Adult Males	Adult Females	Adult Males	Adult Females	Adult Males	Adult Females
Relocated/ transient	Domestic violence	Problems with welfare	Problems with welfare	Problems with welfare	Problems with welfare	Unemploy- ment/ seeking work	Unemploy- ment/seeking work	Inability to pay rent or mortgage	Problems with welfare
Unemploy- ment/ Seeking work	Problems with welfare	Unemploy- ment/ seeking work	Unemploy- ment/seeking work	Unemploy- ment/ seeking work	Unemploy- ment/seeking work	Transience/ relocated	Mental or physical illness	Problems with welfare	Inability to pay rent or mortgage
Inability to pay rent or mortgage	Relocated/ transient	Transience	Mental or physical illness	Inability to pay rent or mortgage	Domestic violence	Inability to pay rent or mortgage	Domestic violence	Transience/ relocated	Family issues/ divorce/ separation
Problems with welfare	Unemploy- ment/seeking work	Substance abuse	Domestic violence	Transience/ relocated	Inability to pay rent/mortgage	Family issues/ divorce/ separation	Problems with welfare	Family issues/ divorce/ separation	Mental or physical illness
Mental or physical illness	Inability to pay rent or mortgage	Inability to pay rent or mortgage	Inability to pay rent or mortgage	Mental illness or illness	Family issues/ divorce/	Problems with welfare	Substance abuse	Substance abuse	Substance abuse
Family issues/ divorce/ separation	Divorce/ separation	Mental or physical illness	Substance abuse	Substance abuse	Mental or physical illness	Substance abuse	Inability to pay rent or mortgage	Unemploy- ment/seeking work	Domestic violence



**Box 1a: Main Reasons for Homelessness by Gender and Age (Adolescents), T2 to T6**

January 2001 (T2)		July 2001 (T3)		January 2002 (T4)		July 2002		January 2003 (T6)	
Adolescent Males	Adolescent Females	Adolescent Males	Adolescent Females	Adolescent Males	Adolescent Females	Adolescent Males	Adolescent Females	Adolescent Males	Adolescent Females
Domestic violence	Problems with welfare	Family issues	Family issues	Family issues	Unemployment/seeking work	Problems with welfare	Unemployment/seeking work	Family issues	Problems with welfare
Inability to pay rent	Family issues	Unemployment/seeking work	Problems with welfare	Unemployment/seeking work	Family issues	Family issues	Problems with welfare	Substance abuse	Family issues
Unemployment/ seeking work	Domestic violence	Transience/ relocating	Inability to pay rent	Inability to pay rent	Problems with welfare	Unemployment/seeking work	Family issues	Inability to pay rent	Inability to pay rent
Family issues	Unemployment/ seeking work	Problems with welfare	Unemployment/ seeking work	Transience/ relocating	Transience/ relocating	Inability to pay rent	Mental illness/illness	Problems with welfare	Substance abuse
Problems with welfare	Inability to pay rent	Substance abuse	Divorce or separation	Mental illness	Inability to pay rent	Transience/ relocating	Domestic violence	Incarceration/ release from jail	Domestic violence

**Box 2: Main Reasons for Homelessness by Ethnicity (Anglophones and Francophones), T2 to T6**

January 2001 (T2)		July 2001 (T3)		January 2002 (T4)		July 2002 (T5)		January 2003 (T6)	
Anglophones	Francophones	Anglophones	Francophones	Anglophones	Francophones	Anglophones	Francophones	Anglophones	Francophones
Relocated/ transient	Domestic violence	Unemploy- ment/ seeking work	Family issues/ divorce	Problems with welfare	Unemploy- ment/ seeking work	Unemploy- ment/ seeking work	Unemploy- ment/ seeking work	Inability to pay rent/mortgage	Mental or physical illness
Domestic violence	Problems with welfare	Substance abuse	Unemploy- ment/ seeking work	Unemploy- ment/ seeking work	Problems with welfare	Problems with welfare	Problems with welfare	Transient/ relocating	Family issues/divorce
Unemploy- ment/ seeking work	Inability to pay rent/mortgage	Inability to pay rent/mortgage	Transient	Inability to pay rent/mortgage	Inability to pay rent/mortgage	Family issues/ divorce	Family issues/ divorce	Family issues/ divorce	Inability to pay rent or mortgage
Inability to pay rent or mortgage	Unemploy- ment/ seeking work	Transient	Domestic violence	Transient/ relocating	Domestic violence	Transient/ relocating	Mental or physical illness	Problems with welfare	Substance abuse
Problems with welfare	Relocated/ transient	Problems with welfare	Problems with welfare	Family issues/ divorce	Mental or physical illness	Mental or physical illness	Inability to pay rent/mortgage	Mental or physical illness	Problems with welfare
Family issues/ divorce	Mental illness/illness	Family issues/ divorce	Substance abuse	Mental or physical illness	Family issues/ divorce	Substance abuse	Substance abuse	Substance abuse	Unemploy- ment/ seeking work

**Box 2a: Main Reasons for Homelessness by Ethnicity (Aboriginal People), T2 to T6**

<b>January 2001 (T2)</b>	<b>July 2001 (T3)</b>	<b>January 2002 (T4)</b>	<b>July 2002 (T5)</b>	<b>January 2003 (T6)</b>
Domestic violence	Unemployment/ seeking work	Unemployment/ seeking work	Unemployment/ seeking work	Problems with welfare
Unemployment/ seeking work	Inability to pay rent or mortgage	Problems with welfare	Family issues/divorce	Family issues/divorce
Relocated/transient	Substance abuse	Inability to pay rent or mortgage	Relocated/transient	Substance abuse
Substance abuse	Problems with welfare	Domestic violence	Substance abuse	Unemployment/seeking work
Problems with welfare	Relocated/transient	Relocated/transient	Inability to pay rent or mortgage	Inability to pay rent or mortgage
Inability to pay rent or mortgage	Illness or mental illness	Family issues/divorce	Problems with welfare	Incarceration/release from jail

## **PHASE II: NEIGHBOURHOOD SURVEY**

The sample sizes in the neighbourhood survey have differed in the summer and winter since the weather conditions and daylight hours are more conducive to conducting a door-to-door survey during the summer. The response rate had been consistent in the T1 to T4 studies, at approximately 63%. However, in T5, the participation rate was slightly lower, at 55% among the households in which the residents opened the door for the researchers and where the potential respondent was 16 years of age or over and living in Sudbury. In T6, the response rate was similar to that observed in the T5 study (51.4%). The severe weather conditions appeared to have contributed to this situation since residents were more hesitant to open their doors for the research team members.

The lower response rate also affected the sample size in T6. It was substantially lower, at 149 compared to 278 in T5 (236 in T1, 195 in T2, 377 in T3, and 184 in T4). However, this was expected since the surveys conducted in January have produced consistently lower sample sizes than the those conducted in July due to the cold weather in the winter and the danger of chill and frostbite for the members of the research team conducting the door-to-door surveys.

It has been noted in the previous neighbourhood surveys that approximately two thirds of the participants were women. This proportion was slightly higher in T6, with 69% of those consenting to participate in the survey being women. The participants ranged in age from 16 to 88, with a mean of 46 (the mean age in T2 was 44, T3–43, and T5–43). As in the previous surveys, the sample generally reflects the dominant ethnic composition of the population in Sudbury. Nearly half of the respondents were Anglophones of European origins (48%) while just over a third were Francophones of European origins (35%). The proportion of Aboriginal respondents in the T6 sample was the same as in T5—9%. Whereas people from visible minority groups had represented only 2% of the T1 to T5 samples, in T6 slightly more, 8% of the sample, were from Asian, African, or Middle Eastern origins.

Given that one of the objectives of the neighbourhood survey is to interview formerly homeless people and locate “hidden homeless” persons, we have intentionally over-sampled low income neighbourhoods. Thus, a majority of the respondents in the T1 to T5 surveys have reported their income levels as below average. In T6, 55% of the sample indicated that the family income was below average (64% in T5, 55% in T4, 64% in T3, and 67% in T2). A third of the T6 participants reported that their household incomes were average for Sudbury (32%), while 13% reported above average income.

### **Is Homelessness a Problem?**

Most of the residents who participated in the T4, T5 and the T6 studies reported that, in their opinion, homelessness is a problem (T6=84%, T5=80% and T4=84%). In T4, extensive coverage of homelessness had appeared in a local newspaper during the week of the study. Hence, not surprisingly, just over two-thirds (67%) of the respondents stated that they have been hearing something about homelessness in Sudbury. In T5, the proportion was lower at 51% but 71% of the T6 respondents reported that they had been hearing something about homelessness in Sudbury.

## **Perceived Reasons for Homelessness and Factors Related to Homelessness**

### ***Perceived Reasons for Homelessness***

The participants were asked a general question, “In your opinion, why are there homeless people in Sudbury.” This question has generated a very similar set of responses in all studies. Table 12 compares the responses of the residents with the explanations given by homeless people in all six studies.

As in T4 and T5, the T6 respondents identified the primary cause of homelessness as unemployment. The T6 participants also identified the lack of affordable housing and cutbacks in social assistance and government funding as key reasons for homelessness in Sudbury. In contrast to T5, fewer people cited personal failure and lifestyle choice as the primary causes of homelessness. The results in Table 12 also show that the proportion of residents mentioning welfare cut backs or lack of social assistance has been declining since T2 (January 2001). When the various systemic or structural issues (unemployment, housing, social assistance cuts) are combined, they account for more than half of all responses of the residents (54.6% in T6 and 50.1% in T5). In contrast, 41% of the homeless people cited these structural/systemic factors as the main reasons for homelessness.

Other reasons mentioned by a substantial number of the respondents to the neighbourhood survey pertained to mental illness or health problems, and family problems. As has been found in all prior studies, there was little awareness among the residents of Sudbury of the prevalence of domestic violence and abuse as causes of homelessness.

### ***Factors Related to Homelessness***

In addition to the open-ended question on reasons for homelessness, the residents in all six neighbourhood surveys were asked to rate a series of factors in terms of the extent to which they are seen as contributing to homelessness in the City of Greater Sudbury. Table 13 shows the percentage of residents who indicated agreement with each of the factors.

The respondents in the T6 sample viewed a mix of individual and structural factors as contributing to the problem of homelessness in Sudbury. As in the T2, T3, and T4 surveys, alcohol and substance abuse were rated by the largest proportion of residents as a cause of homelessness. However, poverty, unemployment, a lack of affordable housing, and a lack of funding for social programs were also rated by two-thirds or more as key factors related to homelessness in Sudbury.

Similar to the results of all previous studies, there was less agreement about whether excessive rent costs, domestic violence and divorce are factors contributing to homelessness in Sudbury. These have been identified as contributing factors by the smallest proportion of respondents in several of the studies (T1, T2, T4, and T5).

**Table 12: Comparison of Residents' and Homeless People's  
Explanations of Homelessness in Sudbury, T1 to T6**

	Residents						Homeless People					
Reasons	Percentage of Responses <sup>a</sup>						Percentage of Responses <sup>a</sup>					
	T1	T2	T3	T4	T5	T6	T1	T2	T3	T4	T5	T6
Unemployment/Lack of education & qualifications	30.3	23.7	25.8	28.4	27.8	23.8	22.7	11.6	18.0	20.8	27.2	10.3
Lack of affordable housing/High costs of living & rent/low income or poverty	21.6	8.6	14.3	14.2	12.3	17.6	14.3	14.1	9.3	15.5	10.0	15.8
Welfare cut backs or lack of social assistance <ul style="list-style-type: none"> <li>Government policies and lack of funding/too few services; Eligibility requirements for welfare; "Mike Harris" <sup>b</sup></li> </ul>	20.1	25.8	19.8	16.4	10.0	13.2	20.4	17.6	19.1	20.5	14.8	15.2
Personal failure/life style choice <ul style="list-style-type: none"> <li>Lazy people; Bankruptcy or poor money management; People who do not want help</li> </ul>	9.3	10.8	15.1	7.6	16.7	9.8	--	--	--	--	--	--
Unhealthy family relationship <ul style="list-style-type: none"> <li>Lack of family support; Kicked out; Family cycle; Youth who left home/teen runaway; Divorce</li> </ul>	5.3	8.1	5.9	2.2	6.3	6.8	7.1	5.9	9.8	9.5	11.9	14.6
Need for support or information/people with no where to go/transient or relocated	4.6	8.3	2.9	1.8	4.7	4.3	6.4	16.2	10.8	8.7	8.7	11.2
Mental illness/health problems	3.4	8.1	6.7	14.7	10.5	11.2	2.8	5.2	8.0	8.3	8.6	9.7
Substance abuse	1.9	2.2	3.4	6.2	4.9	2.0	9.4	2.8	10.4	6.4	7.3	9.5
Selfish community	1.6	0.8	1.0	--	1.6	1.5	--	--	--	--	--	--
Lost hope	1.6	0.3	2.1	1.0	--	1.0	--	--	--	--	--	--
Abuse, sexual abuse, or domestic violence	--	2.2	1.4	1.3	0.5	2.0	11.5	22.4	5.4	6.1	5.0	4.5
Release from jail	--	--	0.3	--	--	--	2.0	2.8	2.6	2.6	1.9	7.1
Other	--	0.3		6.2	4.7	6.8	--	2.1	6.5	1.6	4.7	2.2
<b>TOTAL RESPONSES</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

<sup>a</sup> Results are based on the multiple responses of the participants, therefore the number of responses is greater than the number of participants.

<sup>b</sup> Mike Harris was specifically mentioned by residents in all studies except T5 and T6.

**Table 13: Residents' Ratings of Factors Contributing to Homelessness in Sudbury<sup>a</sup>, T1 to T5**

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

<sup>a</sup> Note that the issues are listed in order of level of agreement among residents in the T1 study by summing the percentages in the categories *Agree* and *Completely Agree*.

<sup>b</sup> Rank order indicates the order of importance.

### **Comparison of Attitudes Toward Homelessness: Sudbury and Canada**

In T4, a set of questions was added to the questionnaire in order to enable a comparison of local opinions on homelessness with those of a national sample of Canadians based on a study conducted by the Canada Mortgage and Housing Corporation (CMHC) with Environics. Table 14 shows the results of this analysis.

Overall, the results from the T4 to T6 studies have been quite similar to those of the national CMHC/Environics public opinion survey. Like other Canadians, most people in neighbourhood surveys in Sudbury have agreed that homelessness is increasing in Canada, that more young people, women, and children are becoming homeless, that organizations like food banks and shelters are not sufficient solutions to deal with homelessness, and that there is a societal cost, not just an individual cost to homelessness.

A key difference between our study and the CMHC/Environics study has been in the proportions of the T4, T5, and T6 Sudbury residents who expressed the view that governments should spend more on preventing homelessness. The results of the Sudbury and CMHC studies differ in two respects:

- First, there has been a higher level of general agreement with this perspective in Sudbury compared with the original CMHC/Environics sample (i.e. a larger proportion of individuals agreeing that governments should spend more on preventing homelessness);
- Second, the percentage of respondents in the Sudbury samples indicating strong agreement with the statement has been substantially larger than the CMHC/Environics sample. In T5, 71% of the sample expressed strong agreement with view that governments must do more to combat homelessness to only 28% of the CMHC/Environics sample. Similarly, 70% of the T6 sample indicated complete agreement with the statement.

### **Differences in Opinions on Homelessness by Income Groups**

Since we over-sample low income neighbourhoods in completing the survey, an analysis was conducted to examine differences in the opinions of respondents who reported that their incomes were average or above average compared to those reporting low income. The results showed that nearly all low income people completely agreed (T5=73%, T4=71%) or agreed (T5=11%, T4=14%) that governments should do more to prevent homelessness. Thus, there were no significant differences between low, middle, and high income groups; rather, respondents in various income groups generally held the opinion that there should be more government intervention on this issue.



**Table 14: Attitudes Toward Homelessness:  
Sudbury, T4 to T6 and CMHC<sup>a</sup> National Sample**

	<b>Sudbury T6</b>		<b>Sudbury T5</b>		<b>Sudbury T4</b>		<b>CMHC 2000</b>	
<b>Attitudes</b>	<b>Agree (%)</b>	<b>Disagree (%)</b>	<b>Agree (%)</b>	<b>Disagree (%)</b>	<b>Agree (%)</b>	<b>Disagree (%)</b>	<b>Agree (%)</b>	<b>Disagree (%)</b>
The number of homeless people in Canada is increasing a lot.	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.	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.	23	62	17	71	12	76	20	79
The homeless include people who must “double up” with others because they cannot find accommodation.	50	25	60	22	63	17	77	21
People may have income and still be homeless	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.	16	74	13	79	11	82	13	86
Governments should spend more on preventing homelessness.	79	5	84	6	79	10	67	30

<sup>a</sup> Survey of Canadians’ Attitudes Toward Homelessness—1996-2000.

## **Personal Experiences with Homeless People: Unspecified Locations and Sudbury**

### ***Unspecified Locations***

The survey has included questions on personal experiences with homelessness in order to determine whether the residents, members of their families, or friends had ever been homeless<sup>3</sup> (i.e. in any part of Canada) and whether they or anyone they knew had ever been homeless while living in Sudbury.

The results are shown in Figures 6 and 7. Between 19% and 35 % of the samples in the T1 to T6 studies have reported that they and/or someone they knew have experienced homelessness. The T5 and T6 results were similar to those noted in T4, with just over a quarter of the residents reporting that they, a family member, or a friend of theirs had been homeless.

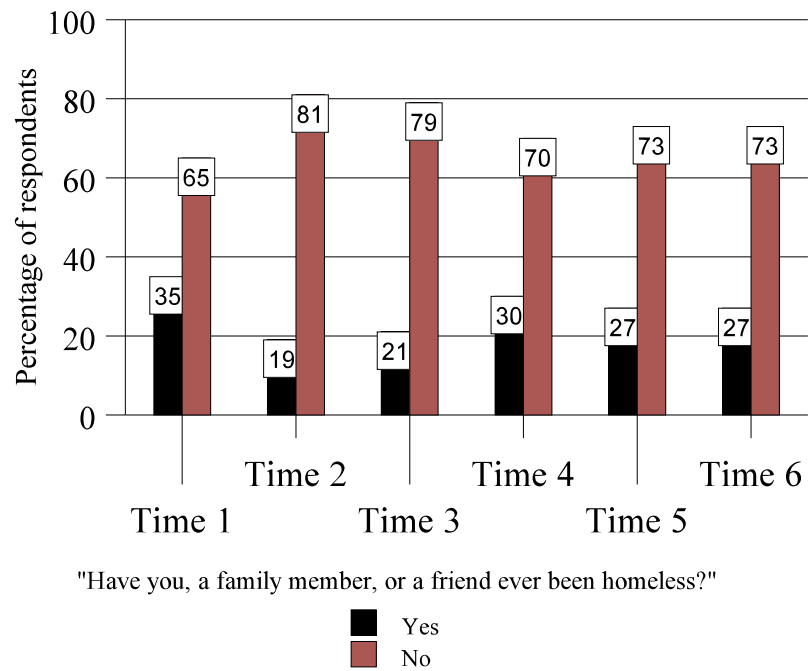
Figure 7 compares responses to the question, “Who was homeless — you, a family member, or a friend?” The results have varied considerably for the samples in the T2 to T6 studies (this question was not asked in T1). Between 15% and 38% of those who affirmed that they had some personal experience with homelessness stated that they had been homeless at some time in the past. In T4 and T6, just over a quarter of the respondents with such personal experiences stated that they had been homeless in the past. In contrast, close to a third of the residents stated that they had been homeless in the past in T5.

Among the participants of the T4 to T6 studies who have had personal experiences with homelessness, about a third or more reported that a family member has experienced homelessness. Several individuals in each of the T4 (n=7), T5 (n=12), and T6 (n=4) studies have indicated that they, in addition to family members, or friends had been homeless at some point in time.

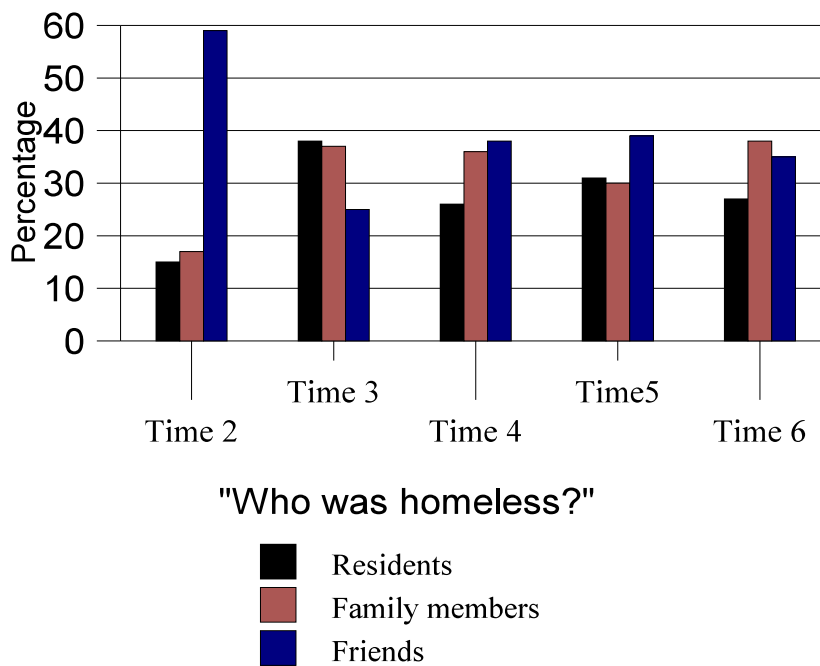
---

<sup>3</sup> The question was worded as follows: “Have you, any member of your family, or a friend ever been homeless?”

**Figure 6: Distribution of Responses for those with Personal Experience of Homelessness, T1-T6**



**Figure 7: Who was homeless?  
T2 to T6**



### ***Personal Experiences with Homelessness in Sudbury***

As a follow-up to the general question on experiences of homelessness within the residents' personal networks, the residents were asked whether they personally knew someone who had been homeless *in Sudbury*.<sup>4</sup> The results to this question have generally been similar to the question on personal experiences with homelessness (i.e. those shown in Figure 6). Between 22 percent and 37 percent of the respondents in the T1 to T6 studies have reported that they have known someone in Sudbury who was homeless (32% in T6).

### **Reasons for Homelessness: Unspecified Locations and Sudbury**

#### ***Unspecified Locations***

Residents were asked about the main reason for the homelessness experienced by themselves, their friends/acquaintances, or family members. These are shown in Table 15. The primary reason that has been given by residents in every study has focussed on unhealthy family relationships, and this was reinforced in the T6 study. The residents explained that bad family influences, unhealthy family dynamics, a lack of supportive family members, teenage runaway, or divorce had led to homelessness. In both T5 and T6, other reasons most often given were a lack of affordable housing, substance abuse, and personal failure or lifestyle choice ("Wanted to be free," "Didn't want to go on welfare," or "rebellious"). Mental or physical illness, and experiences of abuse were also mentioned by several individuals, as was unemployment.

#### ***Sudbury***

In both T5 and T6, the most common explanations for homelessness among people the residents knew in Sudbury (see Table 15) differed somewhat from those given in response to the more general question (for unspecified locations). The three main reasons for homelessness among people they knew in Sudbury were a lack of affordable housing and unemployment, as well as unhealthy family relationships. In T6, substance abuse and mental illness were also mentioned by more than 10% of the respondents. Overall, the patterns emerging in the T5 and T6 results were quite similar for this question.

---

<sup>4</sup> The question was worded as follows: "Have you ever personally known anyone in Sudbury who was homeless?"

**Table 15: Reasons Given for Homelessness among Individuals in  
Local Residents' Personal Networks: Unspecified Locations and Sudbury, T3 to T5**

	Unspecified Locations								Sudbury					
	T3		T4		T5		T6		T4		T5		T6	
Reasons	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Unhealthy family relationship (lack of family support, kicked out, family cycle, youth who left home/teenage runaway, divorce)	38	35	13	27	26	26	12	23	18	25	12	11	7	16
Substance abuse	14	13	6	13	14	14	7	13	11	16	15	13	6	13
Abuse, sexual abuse, or domestic violence	12	11	3	6	3	3	4	8	6	9	3	3	3	7
Welfare cut backs or lack of social assistance	9	8	1	2	8	8	1	2	2	3	7	6	2	4
Unemployment/Lack of education & qualifications	8	8	4	8	8	8	6	12	10	14	15	14	7	16
Mental illness/health problems	8	8	6	13	6	6	5	10	9	13	17	15	6	13
Lack of affordable housing/High costs of living and rent/low income or poverty	7	7	5	10	12	12	8	15	8	11	22	20	8	18
Need for support or information/people with nowhere to go/transient or relocated	4	4	8	17	9	9	1	2	1	1	7	6	4	9
Release from jail	2	2	--	--	--	--	--	--	--	--	1	1	--	--
Lost hope/no confidence	1	1	--	--	1	1	--	--	--	--	--	--	--	--
Personal failure/life style/choice of life style	1	1	2	4	10	10	7	13	6	9	9	8	1	2
Other	3	3	--	--	6	6	1	2	--	--	3	3	1	2
<b>TOTAL RESPONSES</b>	<b>107</b>	<b>100</b>	<b>42</b>	<b>100</b>	<b>103</b>	<b>100</b>	<b>52</b>	<b>100</b>	<b>71</b>	<b>100</b>	<b>111</b>	<b>100</b>	<b>45</b>	<b>100</b>

<sup>a</sup> Results are based on the multiple responses of the participants, therefore the number of responses is greater than the number of people who answered this question. May not sum to 100 due to rounding error.

**Residents' Perceived Solutions to Homelessness**

In all six studies, respondents have been asked an open-ended question about the solutions to homelessness. Table 16 compares the T6 residents' views on how to address homelessness in Sudbury with the responses to the five earlier neighbourhood surveys (T1 to T5).

In all six studies, the participants have mentioned the need for more government funding to support homeless people. Government action was mentioned most often in T6. The responses in this category have advocated a range of government actions, including the provision of more government funding to address homelessness (in general) and funding to provide more and better services for homeless people, the need to pressure governments to act, the need to improve income security by providing more funding through public welfare (social assistance payments), and the need to provide more mental health services.

The second set of suggestions dealt with the provision of shelters and shelter beds. Many people believed that more shelters should be established. Some participants suggested that empty schools and abandoned buildings should be used to provide shelter for homeless people. A third solution that was identified by more than 10% of the participants was to increase public awareness of the issue. These residents believed that the general public must be educated and sensitized to the problem of homelessness in order to generate the political will to address it. Fourth, many people (13%) believed that appropriate approaches should focus on the long-term, systemic issues of poverty, lack of education and employment. The comments in this area centred on job creation, the provision of education and training opportunities, and addressing the problem of low wages. A similar proportion (11%) identified a need for strategies to create affordable housing. It was noted that various levels of government must become involved in this. In each of the T1 to T6 studies, a few individuals have stated that the local community must do more to assist homeless people through volunteerism and financial contributions. Finally, a few respondents mentioned that more local research should be conducted.

**Table 16: Residents' Views on Strategies for Addressing Homelessness, T1 to T6**

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

**PHASE III: FIELD OBSERVATIONS**

As an integral part of the study, a qualitative field component involving observations of locations inhabited by homeless people in Sudbury was conducted simultaneously with the Phase I and Phase II research activities during the T6 study (January 22<sup>nd</sup> to January 28<sup>th</sup> 2002). The goal of this phase of the study was to understand the circumstances of homeless people and to enable a comparison with the previous data collection periods. The members of the research team accompanied outreach workers providing services to homeless people as well as officers of the Sudbury Regional Police Service during night shifts. Interviews were also conducted with key informants in these and other agencies serving the homeless population.

Many of the same themes that have been identified from the field observations in Times 1 through 6 studies, as is shown in Box 3 (except for the obvious differences related to the weather in January and July). In T6, despite the severe cold, contacts were made with some individuals who stated that they intended to stay outdoors. Thus the field researchers made field notes about all of the themes shown in Box 3.

<b>Box 3: Themes from Field Observations, T1 to T6</b>						
<b>Themes</b>	<b>T1 July 2000</b>	<b>T2 Jan. 2001</b>	<b>T3 July 2001</b>	<b>T4 Jan. 2002</b>	<b>T5 July 2002</b>	<b>T6 Jan. 2003</b>
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	--	--	✓	✓	✓	✓
<b>Note:</b> ✓ indicates that the issue/theme was observed directly and recorded in field notes.						



**PHASE IV: HEALTH SURVEY**

Seventeen of the 21 agencies assisting with the T6 count gathered health information from one or more homeless people. A subsample of 227 homeless people who were participants in the T6 agency count or census of homeless people also completed the health survey. This subsample was similar to the total homeless population in terms of gender, age, and ethnicity: 39% were female and members of the main cultural groups were represented (58% were Anglophones, 16% were Francophones, 23% were Aboriginal, and 3% were members of a visible minority group). The age range of the participants was 17 to 81 and the average age was 35. Two-thirds of the participants had been absolutely homeless in the past and 46% had been absolutely homeless in the preceding year; nearly all of this group were identified as being absolutely homeless at the time of the study (43% of the 227 participants). A third of the participants reported that they had slept outdoors because they had nowhere to go.

**Difficulties in Obtaining Necessities**

While most of the respondents indicated that they never or seldom had difficulties in getting their basic needs met, a substantial proportion reported that there were times when they encountered problems in obtaining shelter, food, clothing, washroom facilities, and health care services (see Table 17). The greatest difficulty was reportedly food; just half of the respondents stated that they never or seldom had difficulty getting enough food to eat. Clothing, health care services, and shelter were other areas in which a third of the respondents sometimes or often had problems. An examination of responses regarding the ability to get all basic needs met indicates that 58% of absolutely homeless people had experienced difficulty in getting one or more needs met and 14% reported that they had experienced difficulty in all six areas during the previous year. Over half of those who were absolutely homeless also reported that they had difficulty obtaining the basic necessities of food, shelter, clothing, and healthcare (58%).

**Self-Reported Physical and Mental Health Problems**

As Table 18 shows, a third or more of homeless people reported that their emotional, mental, and physical health was poor or very poor. The largest proportion reported problems with their emotional health. A larger proportion of those who were absolutely homeless rated their emotional and mental health as poor or very poor in comparison with the near homeless group (emotional health— 52% vs 39% and mental health—45% vs. 33%). These findings on mental illness are similar to those reported by Hwang (2001); in Toronto, Hwang reports a prevalence rate of 6% for schizophrenia and 20 to 40% for affective disorders among the homeless population.

When asked whether they had experienced any health problems in the past year, 77 percent reported that they had some difficulty with their health (79% of those who were absolutely homeless). With

regard to specific health problems, over half of the respondents stated that they had experienced pain or depression (see Table 19). A third of the homeless people had contracted a flu or virus or had problems with addictions.

A quarter or more of the respondents reported having had vision problems, physical injury, arthritis, or dental problems. Approximately a fifth had experienced respiratory or foot problems. Similar rates for vision, dental, and respiratory problems were reported among homeless people in Ottawa were reported by the Ottawa Inner City Health Project in 1998. Finally, problems with circulation were noted by a sixth of the homeless people and a similar proportion had experienced physical abuse in the last year (18%). The remaining health issues listed in Table 19 were reported by smaller proportions of the respondents. Respondents reported an average of 5 health problems overall. A strong majority (84%) of the homeless people reported between one and 16 health problems or symptoms.

**Table 17: Percentage of Participants Reporting Difficulties  
in Meeting Basic Needs**

	<b>Never/ Seldom</b>	<b>Sometimes</b>	<b>Often/ Very Often</b>
<b>Needs</b>	<b>Percentage</b>	<b>Percentage</b>	<b>Percentage</b>
A place to use the bathroom	75.2	11.1	13.7
A place to wash	73.5	12.8	13.7
Finding shelter	65.9	15.5	18.6
Health care services	63.7	14.6	21.7
Clothing	62.8	16.0	21.2
Enough food to eat	50.3	22.7	27.0

**Table 18: Self-Reported Physical, Emotional and Mental Health**

	<b>Poor/ Very Poor</b>	<b>Neither Good nor Poor</b>	<b>Good or Excellent</b>
<b>Aspect of well-being</b>	<b>Percentage</b>	<b>Percentage</b>	<b>Percentage</b>
Emotional health	43.2	23.5	33.3
Mental health	37.0	22.6	40.4
Physical health	35.9	25.2	38.9

Seven individuals stated that they suffered from schizophrenia, and over a third (36%) indicated that they had experienced some mental health problems in the last year. However, about half of the near homeless and absolutely homeless people reported that they had experienced depression in the last year (Table 19). Table 20 shows the percentage of respondents who reported that they had specific symptoms of mental illness. Hallucinations (12%) or hearing voices (12%) were most often reported. It is possible, however, that some of these were side effects of drugs or medications.

It is worth noting that homeless people suffering from mental illness most often do not view their illness as causing homelessness. As the results shown earlier in Tables 6 and 11 indicated, less than 10% of the near homeless and absolutely homeless people in the T1 to T6 studies have cited illness (physical or mental) as a reason for their homelessness. For most people, it is the structural problems of unemployment, problems with social assistance, and poverty that lead to homelessness. Nevertheless, the findings of the T6 health survey on self-reported mental illness (36% to 51%) are similar to the prevalence rates for mental illness among homeless people reported in the published literature (Hwang, 2001).

**Table 19: Self-Reported Physical and Mental Health Problems in the Last Year**

<b>Health Problems</b>	<b>Number</b>	<b>Percentage</b>
Pain	119	52.4
Depression	117	51.5
Flu/virus	83	36.6
Addictions	79	34.8
Vision problems	66	29.1
Physical injury	66	29.1
Arthritis	64	28.2
Dental problems	60	26.4
Foot problems	47	20.7
Respiratory problems	44	19.3
Physical abuse	40	17.6
Circulation	38	16.7
Physical disability	36	15.9
Skin problems	32	14.1
Heart	28	12.3
Hepatitis	22	9.7
Liver	20	8.8
Frostbite	19	8.4
Diabetes	10	4.4
Hypothermia	8	3.5
Schizophrenia	7	3.1
Tuberculosis	2	0.8
Cancer	1	0.4
HIV	1	0.4

**Table 20: Self-Reported Mental Health Symptoms  
in the Last Year**

<b>Mental Health Symptoms</b>	<b>Number</b>	<b>Percentage</b>
Hearing voices	27	11.9
Hallucinations	26	11.5
Thoughts that you have special powers	16	7.0
Thoughts of someone hearing your thoughts	13	5.7
Thoughts of someone reading your mind	12	5.3

### **Access to Health Care Services**

Three quarters of the respondents stated that they had accessed health services in the last year. Table 21 shows the results for the types of health care services used by homeless people. An overnight stay in a detoxification program or a hospital was reported by over a fifth of those who answered this question. A smaller proportion, 13 percent, indicated that they had been hospitalized for a mental health problem.

Two-thirds of the sample had seen a doctor in the last year and nearly a third stated that they had seen a nurse. Fewer had seen a dentist (23%). It was noted above that 36 percent of the participants stated that they had experienced mental health problems in the last year; however, a smaller proportion had seen a mental health professional (17%).

The participants were asked about the location in which they had received services. Over half of those who reported that they had accessed health services in the last year stated that they had received these services at a clinic (62%) or an emergency room (57%) while just under half (46%) indicated that they had received health services in the practitioner's office (46%). The participants were also asked if they had a health card; 13% (n=29) reportedly did not have one.

**Table 21: Access to Health Care  
in the Last Year**

<b>Type of Health Care</b>	<b>Number</b>	<b>Percentage</b>
Stayed overnight in a hospital for a physical health problem	52	22.8
Stayed overnight at a detoxification, alcohol or drug treatment program	51	23.1
Stayed overnight in a hospital for a mental health problem	29	12.7
<i><b>In the last year, saw a:</b></i>		
Doctor	155	68.3
Nurse	66	29.1
Dentist	53	23.3
Mental health therapist	39	17.2
Other	20	8.8

## CONCLUSIONS

The project on homelessness in Sudbury and the reinforcement of the working relationships between the Social Planning Council, Laurentian University, the City of Greater Sudbury and community agencies serving homeless people has created a momentum for change locally. The study findings have been used to support applications for funding from the federal government. A process has been followed in which community agencies and the Task Force on Emergency Shelters and Homelessness have prioritized the recommendations from each of the Time 1 to Time 5 reports. The top priorities have been implemented following each study in order to enhance services for homeless people.

Key changes to the system of services for homeless people have focussed on shelter beds, day programs, social and health services, consultation, communications, and the coordination of services, community discussion of policy issues, and efforts to gain recognition of local issues by the provincial and federal governments. Through the Task Force on Emergency Shelters and Homelessness, the system of services for homeless people has been further developed through several concrete initiatives:

- establishing more shelter beds (Elizabeth Fry Transition House and Inner Sight Educational Homes), creating a room for a homeless teen mother, and extending the length of stay for the occupant of this room (Foyer Notre Dame House),
- establishing a new program to provide drop-in services during the day-time to ensure that homeless people will have a place to go between the hours of operation of shelters and soup kitchens (Mission to End Homelessness),
- establishing a health service for homeless people located near shelters and soup kitchens (Clinique du coin/Corner Clinic),
- supporting the Anishnaabeg Shelter Council for Aboriginal people and consulting with Francophone service providers (e.g. Centre de santé communautaire) to provide more culturally sensitive programs and services to these populations,
- improving communications with the housing sector in order to better coordinate services, reduce the number of evictions, and make available more low income housing (Housing Services Section and partnerships with the Credit Union),
- holding policy forums in the community to facilitate discussion of local issues and raise public awareness of homelessness,
- encouraging the public to support homeless people through donations; for example, a blanket drive, *Warmth from the Heart*, was organized and conducted by Laurentian University students in conjunction with Nim Disposals and Lewis Cleaners in the winter of 2003 in order to gather and distribute blankets to homeless people,
- developing a policy on homelessness for the City of Greater Sudbury that was passed by the city council, providing extended funding for local emergency services,
- participating in federal government initiatives to draw attention to the extent of the problem in Sudbury (workshops and round table discussions in Ottawa),

- providing training for Ontario Works staff to develop a heightened awareness of the issues faced by Ontario Works clients.

The study has also drawn further attention to the needs of people with serious mental illness. The Canadian Mental Health Association has received additional funding to establish new housing units and hire more housing support workers.

The strong partnerships between the key organizations involved in the research on homelessness in Sudbury have resulted in additional benefits to community members. For example, local residents (some of whom were homeless or near homeless people) and students from the colleges and university in Sudbury have been working on the project, providing first-hand experience in working with homeless people and the organizations serving them. Community awareness of homelessness has also been enhanced by holding the press conferences and issuing media advisories for the release of each study.

Ongoing efforts are also underway to continue research into homelessness in Sudbury. The Social Planning Council of Sudbury and the School of Social Work at Laurentian University received a research grant from the Regional Research Fund of the National Homelessness Initiative to examine the structural factors contributing to homelessness. This study has been completed.

We have also submitted a letter of intent to the Social Sciences and Humanities Research Council for a five-year project to examine in greater depth the relationship between individual and systemic issues for various sub-groups of homeless people. A development grant was received to facilitate the development of a full proposal. If successful, this project will involve a comparative study with Kelowna, British Columbia in order to examine how differences in the local and regional contexts may impact on trends in homelessness.

Overall the research project has been successful in forming new relationships and strengthening existing collaborative links between the Social Planning Council of Sudbury, Laurentian University, local government, federal government funders, and the network of service providers in Sudbury. The collaborative process that has been developed in Sudbury has been recognized by the federal government's Supporting Communities Partnership Initiative. Furthermore, the dissemination of the project findings has drawn attention to the strategy used in Sudbury of using research to inform the planning process around homelessness, and other communities have expressed a willingness to learn from and replicate this process.



## **RECOMMENDATIONS**

Numerous recommendations have been developed in previous reports. These have been reviewed and prioritized by the community. The following recommendations reflect the findings of the T1 to T6 studies, as well as the reports that have been prepared for the National Homelessness Initiative, Regional Research Fund. Several of the recommendations listed below have been made in our earlier studies in Sudbury and action has been taken to implement some of them. It must be recognized that, through the Task Force on Emergency Shelters and Homelessness, there will be an ongoing process in which new recommendations are examined in light of the ongoing improvements in the service system, additional areas for change are identified, recommendations are prioritized, and the top priorities are implemented.

The following recommendations should be reviewed and prioritized by the community in order to ensure that the pressing needs of homeless people are met and they are supported effectively in obtaining and retaining housing.

### **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](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.htm>
- 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](http://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, 57<sup>th</sup> session, 20 April 2001. [www.unhchr.ch/huricane/hurica...CD8A618C1256A38002743AE?opendocument](http://www.unhchr.ch/huricane/hurica...CD8A618C1256A38002743AE?opendocument)
- United Nations. (1998). Committee on Economic, Social and Cultural Rights Concludes Fall Session. Press Release. Commission on Human Rights, HR/ESC/98/46. [www.unhchr.ch/huricane/hurica...8EC3B02802566D300364295?opendocument](http://www.unhchr.ch/huricane/hurica...8EC3B02802566D300364295?opendocument)
- Wilhelm, T. (2001). Job Growth in Sudbury Stalls in September. *The Sudbury Star*, 10-06-2001.
- Wrate, R, & Blair, C. (1999). Homeless adolescents. In *Homeless Children: Problems and Needs*. Panos Vostanis and Stuart Cumella (eds.) London: Jessica Kingsley Publishers.

**APPENDIX A**  
**Age Distribution of Total and Absolutely Homeless Population**

**Table A-1: Age Distribution of  
Total Homeless Population**

Age of Participants	Frequency	Percentage
1	11	2.7
2	2	.5
3	3	.7
4	5	1.2
5	2	.5
6	1	.2
7	6	1.5
8	1	.2
9	4	1
10	1	0.2
11	3	0.7
12	2	0.5
13	2	0.5
14	3	0.7
15	2	0.5
16	4	1
17	12	3
18	24	6
19	25	6.2
20	21	5.2
21	11	2.7
22	10	2.5
23	11	2.7
24	5	1.2
25	13	3.2
26	9	2.2
27	9	2.2
28	4	1
29	6	1.5
30	4	1
31	6	1.5
32	4	1
33	8	2.0
34	6	1.5
35	5	1.2
36	6	1.5

**Table A-1: Age Distribution of  
Total Homeless Population (cont'd)**

Age of Participants	Frequency	Percentage
37	11	2.7
38	7	1.7
39	13	3.2
40	12	3.0
41	7	1.7
42	7	1.7
43	3	0.7
44	15	3.7
45	12	3
46	3	.7
47	9	2.2
48	3	.7
49	7	1.7
50	3	.7
51	7	1.7
52	4	1.0
53	3	.7
54	5	1.2
55	2	.5
56	2	.5
57	2	.5
58	2	.5
59	2	.5
61	2	.5
63	1	0.2
64	2	0.5
65	2	.5
67	1	.2
81	1	.2
Total	401	100.0
Missing values	8	
	409	

**Table A-2: Age Distribution of  
Absolutely Homeless Population**

Age of Participants	Frequency	Percentage
1	1	0.7
2	1	.7
7	2	1.4
12	1	.7
14	1	.7
15	1	.7
16	1	.7
17	7	4.8
18	20	13.7
19	15	10.3
20	10	6.8
21	4	2.7
22	1	.7
23	2	1.4
24	3	2.1
25	4	2.7
26	3	2.1
27	5	3.4
28	1	.7
30	3	2.1
31	3	2.1
32	3	2.1
33	4	2.7
34	2	1.4
35	3	2.1
36	3	2.1
37	4	2.7
38	1	.7
39	2	1.4
40	4	2.7
41	2	1.4
42	3	2.1
44	4	2.7

**Table A-2: Age Distribution of  
Absolutely Homeless Population (cont'd)**

Age of Participants	Frequency	Percentage
45	3	2.1
46	1	.7
47	3	2.1
49	1	.7
51	1	.7
52	4	2.7
53	1	.7
54	1	.7
57	1	.7
58	1	.7
59	1	.7
64	1	.7
65	1	.7
67	1	.7
81	1	.7
Total	146	100.0
Missing values	2	
	148	

<b>Table A-3: Age Distribution of Females in the Absolutely Homeless Population</b>		
<b>Age of Females</b>	<b>Number</b>	<b>Percentage</b>
2	1	1.5
12	1	1.5
15	1	1.5
16	1	1.5
17	6	9.1
18	7	10.6
19	9	13.6
20	4	6.1
21	3	4.5
22	1	1.5
26	1	1.5
27	2	3.0
30	2	3.0
31	2	3.0
32	1	1.5
33	4	6.1
34	1	1.5
35	2	3.0
36	3	4.5
37	1	1.5
39	1	1.5
40	2	3.0
41	2	3.0
42	2	3.0
44	1	1.5
46	1	1.5
52	3	4.5
65	1	1.5
Total	66	100.0

<b>Table A-4: Age Distribution of Males in the Absolutely Homeless Population</b>		
<b>Age of Males</b>	<b>Number</b>	<b>Percentage</b>
1	1	1.2
7	2	2.5
14	1	1.2
17	1	1.2
18	13	16.0
19	6	7.4
20	6	7.4
21	1	1.2
23	2	2.5
24	3	3.7
25	4	4.9
26	2	2.5
27	3	3.7
28	1	1.2
30	1	1.2
31	1	1.2
32	2	2.5
34	1	1.2
35	1	1.2
37	2	2.5
38	1	1.2
39	1	1.2
40	2	2.5
42	1	1.2
44	3	3.7
45	3	3.7
47	3	3.7
49	1	1.2
51	1	1.2
52	1	1.2
53	1	1.2
54	1	1.2
57	1	1.2
58	1	1.2
59	1	1.2
64	1	1.2
67	1	1.2
81	1	1.2
Total	79	97.5
Missing values	2	2.5
	81	100.0