Time 1 Report on

Homelessness in Sudbury

CAROL KAUPPI, PH.D.

with
Jean-Gilles Lemieux

Prepared for:
Health and Social Services Committee
Regional Municipality of Sudbury

Prepared by:
The Social Planning Council of Sudbury
30 Ste Anne Road, Suite 105
Sudbury, Ontario P3C 5E1
Tel. (705) 675-3894
Fax (705) 675-3253

October, 2000

ACKNOWLEDGEMENTS

Many people contributed to this project including homeless people, service providers and agency personnel, faculty members from Laurentian University, members of the community, and staff of the Regional Municipality of Sudbury as well as the Social Planning Council of the Region of Sudbury. It is important to recognize the vital contribution of homeless people in Sudbury. The project could not have been completed successfully without their participation and willingness to share the personal information upon which the count is based. Also important was the commitment to this project shown by the service providers and agency personnel who gave their time to gather the information for the Phase I count, participate in the survey of service providers, and/or attend a session to discuss the recommendations. The members of the Advisory Committee on Emergency Shelter were instrumental in initiating the study and providing feedback on the draft report.

Special thanks are extended to the management and staff at Foyer Notre Dame House, 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. In addition, the study could not have been conducted without the staff of the Social Planning Council who participated in a wide range of activities including liaison with community agencies, data collection and processing, and desktop publishing.

In particular, I gratefully acknowledge the helpful comments and assistance of the following people:

- Janet Gasparini, Executive Director, Social Planning Council
- Jean-Gilles Lemieux, Research Associate at the Social Planning Council
- Dr. Jennifer Keck, School of Social Work, Laurentian University
- Harold Duff and Penny Earley of the Regional Municipality of Sudbury
- Rod Bazinet, Foyer Notre Dame House
- Marlene Gorman, Sudbury Action Centre for Youth.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF BOXES

EXECUTIVE SUMMARY

Overview

This study has demonstrated that the growing homelessness crisis, documented in Canada's major urban centres, is also a serious problem in Sudbury. This study identified over 400 different homeless men, women, and children using shelters and other services in a one-week period in July, 2000. In addition to the findings of the agency count, a survey conducted in a random sample of neighbourhoods in the city found homeless persons staying temporarily in 4.2% of households. This community has only 68 shelter beds. The need for beds and support programs greatly outstrips the capacity to serve this population. While additional shelters, beds, and services must be established to ease the immediate pressure to support hundreds of homeless people in this community, it must be recognized that these measures will do little to stem the rising tide; the major systemic causes of homelessness include the restrictions and cutbacks in social security programs, a growing gap between rich and poor, and the lack of affordable housing.

Introduction and Background

Homelessness is being described as one of the most pressing social issues affecting communities across the country. In Sudbury, the Advisory Committee on Emergency Shelter (ACES) has worked with local government and community partners to gather information on the extent of the problem, coordinate local services, and address the issues at the local level. ACES and the Regional Municipality of Sudbury requested that the Social Planning Council of the Region of Sudbury conduct a study of homelessness in order to determine the scope and nature of the problem and to identify local solutions.

Defining Homelessness

The current study on homelessness in Sudbury has adopted a similar approach as the Mayor's Homelessness Action Task Force in Toronto 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. The broader perspective on homelessness can allow for a more complete understanding of the issues and enable the community to develop viable solutions leading to the reduction and prevention of the problem. 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 in the street in the immediate future.

Research Methodology

A mixed-methods study was designed to enable the collection of quantitative and qualitative data. The study was conducted in four phases that were ongoing simultaneously during the week of July 17th to 23rd, 2000. The four phases included:

- A count of the homeless population using emergency shelters, social service agencies, and other services supporting this population in Sudbury;
- A survey of service providers in the region;
- A face-to-face survey of households in a random sample of neighbourhoods in the city of Sudbury; and
- Qualitative field research in settings occupied by homeless people in the downtown core.

Key Findings

Phase I: Count of Homeless People

The count of homeless people using shelters and related services between July 17th to July 23rd 2000 identified 455 people who were homeless (some used the services more than once). Sixty nine percent were identified by four agencies; these were the Elgin Street Mission, the Salvation Army Family Services, the Salvation Army Shelter and the YWCA Genevra House. An unduplicated count was determined by examining the first, middle, and last initials, date of birth, and gender. A total of 407 different individuals used the services of the participating agencies during the week (July 17th to 23rd) or were identified in the neighbourhood survey. The results of Phase I are based on the unduplicated count.

- The homeless population included 53 infants and children under age 13 and 61 adolescents aged 13 to 19.
- Over a quarter of the homeless people were children or adolescents (28%).
- Over 60% were between the ages of 20 and 49 and 4.4% were adults 60 years of age or over.
- Over a third (36.9%) were female and 63.1% were male.
- Aboriginal people represented 25.8% of the homeless and 10.7% were francophones.
- Two-thirds of homeless men were single/unattached compared to half of the women.
- Overall, 43.7% of the homeless adults over the age of 20 were not receiving any social support benefits.
- The most frequent cause of homelessness in Sudbury was related to employment, followed by problems with social assistance (in particular, the inadequacy of social support payments), a lack of affordable housing, and domestic violence.

Phase II*: *Survey of Service Providers

The information gathered from service providers focussed on agency services, records and bed use, links between agencies, the needs of homeless people in Sudbury, characteristics of the homeless, factors related to homelessness, and local strategies for addressing homelessness.

- A total of 68 beds in shelters are available for homeless people in Sudbury. In addition, the most common services provided are counselling and referral, support services, and advocacy.
- Over half of the service providers (56%) reported that they had experienced times when they were unable to provide help to clients, typically due to service pressures, but two-thirds of these have attempted to accommodate the particular needs of clients by making alternative arrangements such as using extra cots, paying for motel rooms, opening extra hours, or providing blankets.
- In general, the perceptions of the service providers regarding the causes of homelessness were consistent with the reasons for homelessness obtained in the count of homeless people but focussed more on individual rather than structural factors. The service providers believed that low income and poverty, mental illness, and family problems were the main causes of homelessness.
- There was strong agreement among the service providers that more shelters and beds are needed in the short-term, as well as the creation of affordable housing. The providers believed that support services will be essential over the long term and that there will be an on-going need for rent and financial assistance.
- With regard to the link between homelessness and mental illness, over two-thirds of the providers believe that systemic issues are contributing factors to homelessness among people

with mental illness such as the lack of community-based crisis alternatives, resource limitations, a lack of integrated community-based treatment and support services, lack of affordable housing, and inadequate discharge planning for people with mental illness.

Phase III: Neighbourhood Survey

The survey gathered information on public opinions regarding the reasons for homelessness in Sudbury, factors related to homelessness, personal experiences with homeless people and perceived solutions to the problem.

- Homeless people were staying temporarily or periodically in 10 of 236 households surveyed (4.2%).
- Two-thirds or more of the 236 respondents identified the following as factors related to homelessness: increased poverty, unemployment, alcohol/substance abuse, a shortage of social assistance, and the lack of funding for social programs.
- More than a third of the residents (34.6%) reported that a family member or friend had been homeless at some time in the past. A similar proportion of the residents (35.9%) indicated that they personally knew someone in Sudbury who had been homeless.
- Nearly half believed that more funding for social services and programs to support homeless people is needed. Other strategies for addressing homelessness mentioned most often regarded increasing public awareness of homelessness, creating more jobs and job assistance, working to create affordable housing, and establishing more shelters.

Phase IV: Field Observations

Foyer Notre Dame House (Outreach Program), 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 during regular evening/night shifts. Six observational field sessions were conducted between July 18th and July 20th, 2000. Eight issues were identified through the field work, including mental illness, substance abuse, the routinization of homelessness, supportive relationships among homeless people, accessing services, health issues, stressors and hassles, and finding a place to sleep.

Community Indicators/Risk Factors

There are several structural factors that contribute to the high rate of homelessness in Sudbury, including conditions in the rental market, persistent unemployment, and high poverty rates.

- Sudbury is one of five urban centres in Ontario that has a high rate of tenant affordability problems despite a high vacancy rate: 48% of tenants pay 30% or more of their income on housing and 24.1% pay 50% or more of their income on housing.
- Private rental completions have declined dramatically since 1994 and no social housing units have been developed since 1995.
- The average incomes of home owners increased by 6% between 1990 and 1995 while the average incomes of tenants decreased by 8% in this period.
- Average total incomes in Sudbury are lower than the provincial average. In particular, women's incomes are substantially lower than men's incomes in Sudbury and the gender gap in income is larger in Sudbury than it is in the province as a whole.
- Sudbury has one of the highest economic dependency ratios (EDR) in the country, being one of

five census metropolitan areas in Canada with an EDR above 30%.
- There were 15,980 females and 11,945 males in the Regional Municipality of Sudbury who were below the poverty line in 1995.

Recommendations

Seventeen recommendations are based on the study findings. The recommendations focus on five areas:
- Creating affordable housing;
- Enhancing outreach, awareness, and participation in decision-making among the homeless population;
- Increasing the number of shelters and support services;
- Collecting local information on homelessness on an ongoing basis; and
- Developing long-term strategies for addressing the structural causes of homelessness in Sudbury (i.e. poverty/low income, unemployment) including the expansion of government programs to assist the homeless and to prevent homelessness among those at high risk.

A discussion group was held with service providers to present the recommendations and to obtain their input. The service providers prioritized the recommendations in order of importance. The ten priorities are as follows:

1) Provide more funding for shelters and beds for homeless people.
2) Implement measures to ensure that new affordable rental housing is developed and existing low cost, appropriate rental housing is preserved.
3) Develop strategies for addressing the needs of homeless people with mental illness.
4) Provide more support services and financial support to homeless and low income people to assist them in making the transition to stable housing and to reduce the risk of homelessness in the future.
5) Consult with First Nations and francophone organizations in order to develop strategies for addressing the needs of homeless people in these cultural groups.
6) Review the shelter arrangements for women who are not victims of domestic violence and establish beds for women who do not require or are averse to heightened security arrangements.
7) Enhance outreach services to homeless people in Sudbury to connect them with existing community resources.
8) Involve consumers in the development of new services and the enhancement of existing services.
9) Press the federal and provincial governments to implement policy changes that will address the underlying causes of the problem.
10) Provide funding for community-based workers who will engage in follow-up activities with clients and offer ongoing support services to assist clients in making a successful transition into stable housing in the community.

INTRODUCTION

Observing definite increases in homelessness internationally in the cities of both the North and the South, the United Nations has stated that "housing is central to human well-being and fulfilment. Improving housing is therefore a central priority, not an optional extra" (UN Centre for Human Settlements (UNCHS), 1997a). In Canada, homelessness is also being described as one of the most pressing social issues affecting communities across the country. Numerous organizations including the Federation of Canadian Municipalities, the Canadian Council on Social Development, the National Coalition on Housing and Homelessness, the National Housing and Homelessness Network, and the Ontario Coalition Against Poverty, among many others, have pressed for action to address a growing housing crisis that has produced a "homelessness disaster" in Canada.

Recent research on homelessness in major urban centres in Canada has drawn attention to two disturbing trends: 1) there have been steady increases in the number of people who do not have a place to live and while some of these people are visible to the general public because they are on the streets or in hostels others are invisible because they stay in illegal or temporary accommodations; and 2) the nature of the absolute homeless population has been changing in recent years so that women, children, youth, and families now represent a significant proportion of this population (CMHC, 1999; Mayor's Homelessness Action Task Force, Toronto, 1999; Novac, Brown, & Bourbonnais, 1996).

The Mayor's Homelessness Action Task Force in Toronto (1999) identified the main causes of homelessness in Canada as increases in poverty, a lack of affordable housing, deinstitutionalization and a lack of discharge planning for people with mental illness, as well as social factors such as domestic violence, physical and sexual abuse. An important factor that has led to increases in homelessness is the restrictions and cutbacks in income security programs. For example, the Task Force noted that the restrictions imposed under the Employment Insurance program at the federal level and changes to social assistance at the provincial level have exacerbated the problem of poverty. The reductions in social assistance have been dramatic:

> The new Ontario Works legislation has... reduced eligibility and cut benefits. These cuts are in addition to a 21.6 percent cut to social assistance made in 1995. Under Ontario Works, mandatory work for welfare has been introduced for all participants except those medically defined as disabled and single parents of children under the age of six. Medical and drug benefits that were previously available for the working poor have been eliminated, as has the $37-a-month pregnancy allowance (p. 260).

When combined with rising levels of poverty, the increasing gap between the rich and the poor, and a lack of affordable housing, the changes to social security have increased the vulnerability of welfare recipients and the working poor to homelessness during the 1990s.

American research has demonstrated that there is a high rate of turnover among the homeless population, with increasing numbers of people becoming homeless temporarily and then finding housing. Those who escape homelessness are continuously replaced by others who become homeless

due to sudden job loss or long-term unemployment, illness, lack of affordable housing, or domestic abuse (National Coalition for the Homeless, 1999). Shah identified four basic types of homelessness as chronic, periodic, temporary, and relative (OMA committee on Population Health, 1996). Relative homelessness refers to those who live in housing which does not meet the basic standards for a suitable dwelling as described by the United Nations.

Popular conceptions of homeless people have tended to see them as transients and drifters. As Lindquist, Lagory, & Ritchey (1999) noted, the transient poor have historically been viewed as social outcasts to be expelled from the community, incarcerated, or institutionalized. In contrast, mainstream migrants have been seen as making positive efforts to resolve personal problems through migration. Irrespective of the category of migrant, though, homeless people have often been treated as undesirables and threatening to the community. This view persists into the present and a strategy for dealing with homelessness has been to remove homeless people from the downtown streets in major cities in the US and Canada in order to hide the problem (Hess, 2000; McCann, 1999; Onstad, 1998).

Despite the traditional notion of homeless people as transients, recent research has demonstrated two patterns that contradict the stereotyped images:

> First, many homeless have strong social ties with "homed" as well as homeless family and friends, although these ties may not function in a manner similar to the homed population. Second, many recent homeless are not migrants but rather native to the area or long-term residents (Lindquist et al.,1999).

Research comparing homeless migrants with non-migrants has found that these two groups are very similar in terms of background characteristics, the psychological and social resources available to them, stressor levels, and depressive symptomatology. In short, the negative consequences and impacts of homelessness are equally devastating for both groups (Lindquist et al., 1999). Moreover, the negative health impacts of homelessness include higher rates of accidents, injuries, physical and sexual assault, poor mental health, sexually transmitted diseases (Ontario Medical Association (OMA) Committee on Population Health, 1996), and infectious diseases such as tuberculosis, hepatitis, and HIV (Barnes, 1999; LoBue et al., 1999; Power et al., 1999).

The Government of Canada has acknowledged that homelessness is an issue affecting large urban centres as well as many smaller communities across the country. As a result, it has announced funding of $305 million through the *Supporting Communities Partnership Initiative* to develop local strategies for reducing and preventing homelessness. Eighty percent of the funding has been targeted for the ten largest cities in Canada that are most affected, with the remaining funding to be distributed to communities that can demonstrate the presence of a significant absolute homeless population.

In Sudbury, the Advisory Committee on Emergency Shelter (ACES) has worked with local government and community partners to gather information on the extent of the problem, coordinate local services, and address the issue at the local level. ACES comprises members who reflect the

communities of the Region of Sudbury including current providers of emergency shelter services, consumers, community advocates, providers of service to those with special needs including relevant provincial and federal ministries, and all regional departments involved in providing emergency and social housing. The general purpose of the committee is

- to act as a consultative community resource to assist in the planning and co-ordination for the provision of emergency housing in the Region of Sudbury; and
- to be accountable to the Health and Social Services Committee of the Region of Sudbury.

It has specific responsibilities to develop and sustain communication and co-ordination strategies between existing emergency housing services within the Sudbury Region, to review, evaluate and advise the Region on the provision of emergency shelter needs and issues as they arise, and to identify priority emergency shelter needs and issues as they arise (ACES Interim Terms of Reference).

In 1995, ACES conducted a review of the factors contributing to homelessness as well as examining existing emergency shelter services within the District of Sudbury (Mayer, 1995). Seven contributing factors were identified including economic problems, abuse, addictions, mental illness, crises for youth, physical disabilities, and lack of awareness of services. Annual statistics on homelessness were gathered from shelters and other agencies serving this population. A total of 2018 individuals and an additional 330 households were identified as having been served by 11 agencies in the District of Sudbury during 1993-1994[1]. ACES Final Report (1995) made 15 recommendations for addressing the needs of homeless people in Sudbury. These recommendations focused on improving service co-ordination, maintaining existing services, enhancing services/developing new services (e.g. establishing more emergency shelters and a Safe House/Stabilization Unit for people with serious mental illness), social policy recommendations regarding raising awareness of public responsibility (at all levels of government) for the provision of emergency shelter, and developing flexible strategies for enabling providers to accommodate the needs of homeless people.

In the Spring of 2000, ACES and the Regional Municipality of Sudbury requested that the Social Planning Council of the Region of Sudbury conduct a study of homelessness in order to determine the scope and nature of the problem in Sudbury, obtain current statistics on homelessness, and identify local solutions.

[1] This was not an unduplicated count since some of the agencies may have served the same individuals.

Definition of Homelessness

The Mayor's Homelessness Action Task Force in Toronto has produced the most comprehensive study of homelessness conducted in Canada. Its report *Taking Responsibility for Homelessness* (1999) underscores the importance of adopting a definition of homelessness that enables a community to adopt a preventative approach to dealing with homelessness rather than simply reacting to the problem of homeless people living on the street or in shelters. The definition of homelessness used by the Mayor's Homelessness Action Task Force in Toronto 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 in the street in the immediate future" (1999, p. 246).

The current study on homelessness in Sudbury has adopted a similar approach 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. The broader perspective on homelessness can allow for a more complete understanding of the issues and enable the community to develop viable solutions leading to the reduction and prevention of the problem.

METHODOLOGY

Given the inherent difficulty of studying this population, a mixed-methods study was designed to enable the collection of quantitative and qualitative data. The study was conducted in four phases that were ongoing simultaneously during the week of July 17th to 23rd, 2000. 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 Region of Sudbury as well as gathering information on their characteristics and reasons for homelessness. Phase II consisted of a survey of service providers in the region. Phase III 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. Finally, Phase IV 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. The methodology for each of these phases is described below.

Survey of Service Providers and Agency Count of the Homeless Population

In order to obtain a complete count of homeless people, it was essential to obtain full participation from the majority of the service providers in the Region of Sudbury. A list of all providers was composed using existing directories and service providers were consulted to ensure that the list was complete (see Appendix A). A letter explaining the objectives of the study and the need for participation from all providers was faxed to the agencies along with a copy of the chart 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 instruments consisted of a form for collecting information on each homeless person (see explanation in the section below on The Count) and a questionnaire to be completed by senior management (Appendix B). The questionnaire for service providers was developed to gather specific information regarding agency services, records, and bed use, links between agencies, the needs of homeless people in Sudbury, characteristics of the homeless in Sudbury, factors related to homelessness and strategies for addressing homelessness in Sudbury. The response rate to the survey of service providers was 79%. All but one of the service providers who were approached provided information for the count. Instructions for data collection were given to all service providers in individual face-to-face meetings. A brief follow-up questionnaire following the survey suggested that the week of July 17th to 23rd was a typical week in terms of the demand for service (based on responses from seven of ten service providers).

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 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 only 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 undercoverage and limitations of services 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 having the count conducted by providers who are experts in the field we were eliminating any chance of violating confidentiality of the clients and intruding on the services offered by the providers.

The service-based method used in this study was designed to obtain an unduplicated count of the homeless population in Sudbury. In order to accomplish this, the week of July 17th to July 23rd was identified as the time period in which the count would take place. The timing of the study was planned so that the data collection would not be conducted during the first two weeks of the month since homelessness has been found to increase during the second half of each month (Peressini et al., 1996). Counts conducted during the first two weeks therefore underestimate the number of homeless people. The count was conducted by 19 emergency shelters or support agencies and operationalized by using an information chart (see Appendix C) that would allow us to gather information about each one of the homeless people using the service. A few of the agencies contacted did not participate for various reasons. Hence, it is likely that the count represents a

conservative estimate of the extent of homelessness in Sudbury; however it is possible that, for example, many of the same people will utilize the services of the Catholic Charities Soup Kitchen (non-participant) and the Elgin Street Mission (participant).

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).

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 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.[2] In total, eighteen of these sections were selected in generating the sample for the neighbourhood survey. Included in this number were five areas that were predetermined for inclusion in the study because of their low income housing status. Low income neighbourhoods were oversampled 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 study in order to provide a representative sample of neighbourhoods in the city. Ten research assistants were trained to gather data and the neighbourhood survey was conducted between July 17th and July 23rd. When sampling a section, the researchers were paired together to form teams of two. The teams selected every third street and knocked at every fifth door on the street. Each team remained in a section for approximately three hours.

---

[2] The survey was limited to the city of Sudbury because the absolute homeless population is likely to remain within 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 city.

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 was then conducted (see Appendix D) by one team member while the other recorded the address and gathered demographic information about the participant. As part of the survey, respondents were asked if there was anyone living with them who fit the definition of homeless. 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 survey was 62%. Women were more likely to answer the door and to agree to participate than were men. Nearly two-thirds of the respondents were women (64%).

Field Observations

The field observations were conducted in partnership with the Foyer Notre Dame House Outreach Program 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. This allowed us to conduct the field observations.

One member of the research team accompanied the Foyer Notre Dame House Outreach Program worker and a second accompanied the Youth Action Centre IDU Outreach Program worker. These team members were students at Laurentian University's School of Social Work. The researchers were instructed by the outreach workers to comply with the regulations of their 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 the officers who work with people on the streets. The ride involved two officers who offered opinions regarding homelessness in Sudbury and pertinent information on hangouts and sleep outs.

RESULTS

Phase I: The Count of Homeless People

The count of homeless people, conducted by the shelters and other service providers, identified 455 people who had used services during the week of the study. The service providers understood that the primary purpose of the count was to obtain an unduplicated count of homeless individuals. Hence, a number of the service providers did not provide information on the total number of times each individual used their services but rather recorded only once the background information for these individuals and reasons for homelessness. The list of service providers is shown in Table 1. It is important to note that Table 1 does not indicate the total number of people served by these agencies during the week of July 17th to 23rd since some people were served by the same agencies more than once.

It will be noted that the Elgin Street Mission, Salvation Army Family Services, the Salvation Army Shelter, and YWCA Genevra House identified 69% of the homeless population. The neighbourhood survey identified an additional ten people who were homeless and staying temporarily in the home of the survey respondent; these ten individuals were included in the count. A small number of individuals did not provide all of the information on their first, middle, or last initials, or the data on date of birth, gender, or marital status was incomplete. For example, two individuals did not provide first and last initials and 19 people did not provide full information on their date of birth. 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 treated as the same person and the duplicated information was eliminated from the final database. Since we could not determine whether the 19 people with missing data were included in the count from other agencies, they were excluded from the analysis. The background information enabled us to identify 407 different homeless individuals who used the services of one or more of the agencies during the week of July 17th to the 23rd or were staying temporarily less than five nights per week in the homes of participants of the neighbourhood survey.

Extrapolation from the Neighbourhood Survey

Since it is too costly to conduct a survey of all private households to determine the number of homeless people who are staying temporarily with friends or family members on an irregular basis, a component of the Neighbourhood Survey was designed to collect information regarding the "hidden homeless" (Mayor's Homelessness Action Task Force, 1999). In this component of the survey, respondents were informed that the study was using the following definition of homelessness adapted from the DC*MADS survey of homeless people (Dennis,1993):

> A homeless person does not have a place that he or she considers to be home or a place where he or she sleeps regularly. Someone is homeless if
> - he or she has no place to call home OR
> - his or her home is neither a room, an apartment, nor a house, OR
> - his or her room, apartment, or house is not his or her own, OR

- he or she either stays there four days a week or less, OR
- he or she has no arrangement to sleep there regularly.

Based on the sample of neighbourhoods in Sudbury selected for the study (see Methods section above), 236 households participated in the Neighbourhood Survey. Ten of the respondents reported that a person was staying in the household that fit the above definition of homelessness representing 4.2% of the homes. These individuals lived in low income or middle class areas. The areas of the city in which the homeless persons were staying were as follows:

- New Sudbury – the Maley Drive/Springdale area and the area north of the New Sudbury Shopping Centre at Lasalle Boulevard/Barry Downe Road;
- the Flour Mill area;
- Rumball Terrace; and
- Minnow Lake.

As noted above, the neighbourhood sample over-represented low income neighbourhoods due to the greater risk of homelessness in these areas.

Extrapolating the rate of homeless people in low income households from the Neighbourhood Survey to all the low income households based on the 1996 census data for the Region and the City of Sudbury provides estimates of the hidden homeless population. These calculations suggest that the hidden homeless population in the City of Sudbury would be 177 based on the 4,225 low income households in the 1996 census[3] while the corresponding figure for the Region of Sudbury would be 273 based on 6,500 low income households. This calculation represents a conservative estimation of the number of homeless people in Sudbury since it is known that the homeless population includes individuals from middle and upper income families (OMA Committee on Population Health, 1996).

The background characteristics of the homeless people identified in the neighbourhood survey were similar to those identified by service providers in terms of gender and age—a slight majority were male, most were anglophones of European backgrounds, and they ranged in age from 17 to 45. The reasons given for their homelessness were unemployment, divorce, substance abuse, or poverty.

The DC*MADS study of Washington DC (1993) reported that the rate of homelessness determined from a street survey, using a similar methodology to that employed in the current study, was between 5 and 15% (Dennis, 1993). Other American studies from the early 1990s have shown that approximately 3% of the populations of large cities such as New York City and Philadelphia have used the public shelter system (National Coalition for the Homeless, 1999). It must be recognized that the latter prevalence studies do not include the "hidden" homeless population. Comparing the results of the neighbourhood survey with the American prevalence rates suggests that Sudbury's rate of 4.2% is similar to that for American cities but lower than those found within urban ghettos such as areas of Washington DC.

---

[3] A special tablulation of the 1996 census data showing low income families that was purchased by the Child Poverty Network provided the number of low income households in the City and Region of Sudbury.

Table 1: Shelters and Agencies Identifying the Homeless Population[a]

Agency Name	Number of People	Percentage of Total
Elgin Street Mission	103	22.3
Salvation Army Family Services	86	18.6
Salvation Army Shelter	79	17.1
YWCA Genevra House	51	11
YMCA Employment and Career Services	20	4.3
Ontario Works	18	3.9
Foyer Notre Dame House	15	3.2
Pinegate Men's	14	3
Canadian Mental Health Association	11	2.4
Sudbury Action Centre for Youth	10	2.2
Sudbury Regional Police Services	10	2.2
Rockhaven	9	1.9
Elizabeth Fry Society	8	1.7
Canadian Red Cross Sudbury Branch/ Housing Registry Program	7	1.5
Crisis Intervention Program	4	0.9
N'Swakamok Native Friendship Centre	4	0.9
Inner City Home of Sudbury	3	0.6
Pinegate Women's	2	0.4
Participation Project	1	0.2

[a] Note that this list includes the duplicated cases.

Characteristics of Homeless People

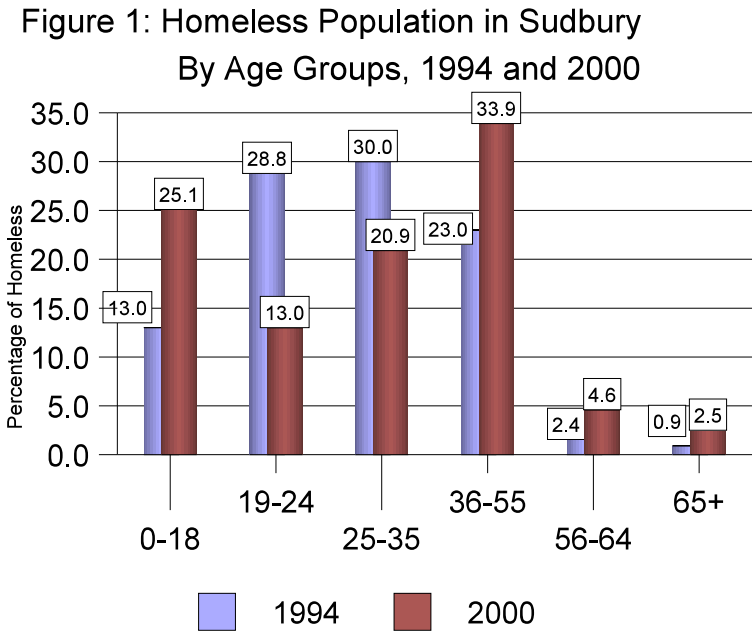
Age

The 407 people identified in the homeless count included 53 infants and children under age 13, 61 adolescents aged 13 to 19, and nine seniors over the age of 65. The age breakdown of the homeless people is shown in Table 2. While over 60% were between the ages of 20 and 49, a substantial proportion (28%) were children or adolescents. A small proportion of homeless people were older adults 60 years of age or older (4.4%).

Figure 1 shows a comparison of the age groups of homeless people in the current study with an earlier study of the homeless population conducted by ACES in 1995. It is important to note that the methodologies used in the two studies were different. The 1994 statistics were based on the clients of a housing registry operated by Crisis Housing Liaison. Three hundred and thirty people on the registry for the full year in 1994 were homeless. The results shown in Figure 1 suggest that the homeless population in 2000 included nearly twice as many children, more adults aged 36 to 55, and more older adults. In contrast, there were fewer young adults in 2000 compared with 1994. However, the differing results may simply be an artifact of the differing methodologies used to measure homelessness. It is possible that the 1994 study was based on a different sub-population of the homeless population than was the current study.

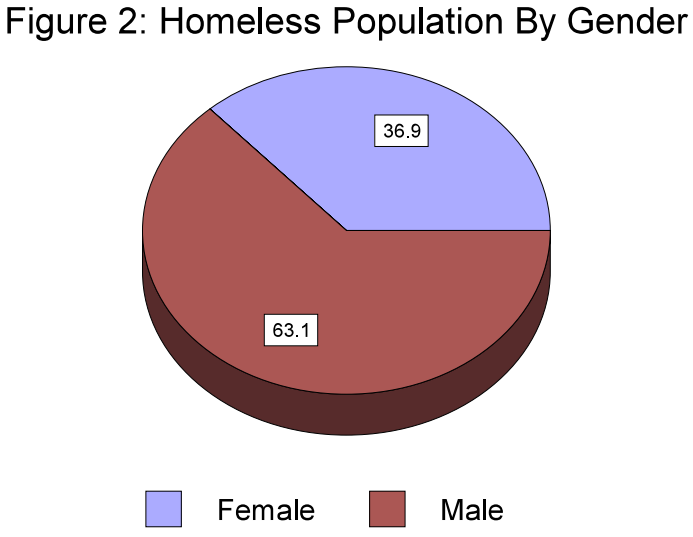
Table 2: Homeless Population by Age Groups

Age Groups	Number	Percentage
0 - 5	30	7.4
6 - 12	23	5.6
13 - 19	61	15
20 - 29	79	19.4
30 - 39	87	21.4
40 - 49	82	20.1
50 - 59	27	6.7
60 - 69	13	3.2
70+	5	1.2



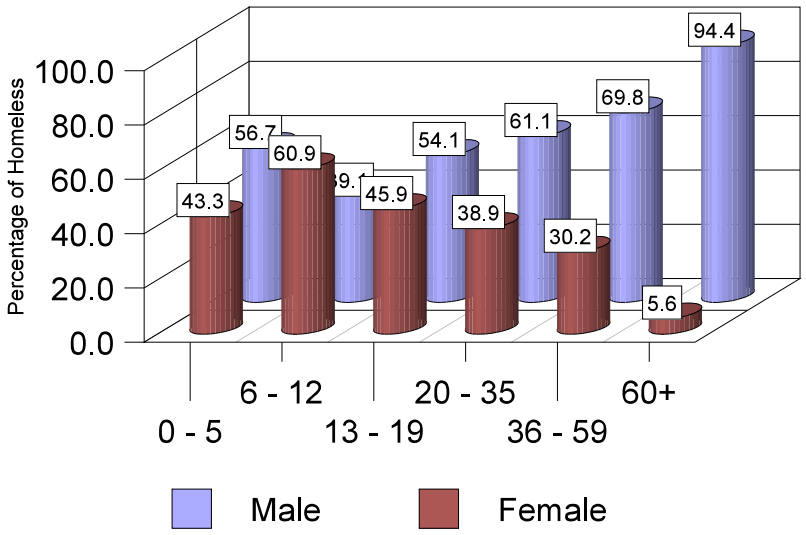
Age and Gender

As Figure 2 shows, more than one-third of the homeless people were women. While males represented a majority of the homeless overall, Figure 3 indicates that the proportions of homeless males and females are more similar at younger ages. Females were the majority among six-to-twelve year old homeless children. The gender split widens among older age groups, with male homelessness increasing with each age category.



Female	150.0
Male	257.0

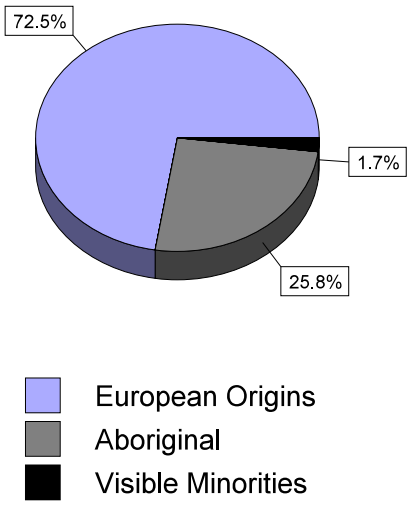
Figure 3: Homeless Population By Age and Gender



Ethnicity

The majority of homeless people were of European backgrounds (72.5%) with the vast majority of these being anglophones (85.2%). Native people were greatly over-represented among the homeless population (see Figure 4) while Francophones appeared to be under-represented. Only 43 of the 403 homeless people for whom linguistic group was identified were French speaking (10.7%). The percentage of homeless people who were members of a visible minority group was similar to their proportion in the Sudbury population. According to Statistics Canada (1996), the 1996 census data indicated that Aboriginal people made up 1.3% of the population (n=2000) in the Census Metropolitan Area (CMA) of Sudbury while the visible minority population represented 1.8% of the total population (n=2,840) and those of French origins made up 26.3%.

Figure 4: Homeless Population By Ethnicity



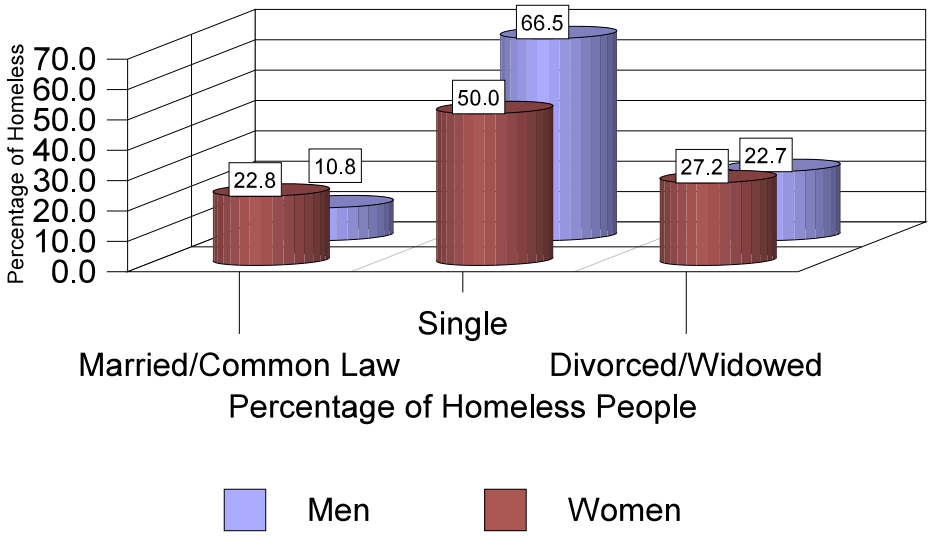
Marital Status

The majority of both men and women who were homeless were single/unattached. However there were significant differences between women and men in their marital status, with homeless women being more likely to be married or living common law than men and less likely to be single[4] (see Figure 5). Homeless women were also more likely than men to have a child or children.[5] Over a quarter of the women over the age of 19 had one or more children (26.3%) compared to 6.1% of the men.

The characteristics of homeless adults with children were as follows:

- 67% were women
- 78% were of European origins while 19% were Aboriginal
- 89% were anglophones
- 58% were married/common law while 5.6% were divorced or separated
- 83% were receiving welfare or other benefits while the remainder were not receiving any benefits
- 76% were clients of Salvation Army Family Service while 13.5% were clients of Genevra House. Other services used by homeless parents were the Canadian Red Cross Sudbury Branch/ Housing Registry Program and the Elgin Street Mission.

Figure 5: Homeless Population By Gender and Marital Status



[4] χ^2 (2, n = 286) =9.4, $p < .01$

[5] χ^2 (1, n = 293) =23.9, $p < .001$

Welfare Status and Reasons for Homelessness

Receipt of Social Support

Overall, 43.7% of the adults over the age of 20 were not receiving any social support benefits. There was substantial variation among various subgroups of the homeless population in regard to the receipt of social support. As Table 3 shows, the groups that were least likely to be receiving welfare benefits were males, adolescents, single people, those with no children, and francophones. These groups were also less likely to be receiving any social support benefits. In particular, it should be noted that 69% of adolescents who were not accompanied by a parent were receiving no benefits.

Table 3: Percentage of Homeless People Receiving Social Support by Gender, Age, Presence of Children, Marital Status, Ethnicity and Linguistic Groups

Background Characteristics	Welfare Benefits	Other Benefits	No Benefits
Gender			
Female	55.1	10.1	34.8
Male	37.6	14.4	48.1
Age			
13 to 19	26.5	4.1	69.4
20 to 35	47.8	7.8	44.3
36 to 60	42	16.7	41.3
60+	23.5	17.6	58.8
Presence of Children			
No Children	37.6	14.5	47.9
Children	80.6	2.8	16.7
Marital Status			
Married/Common Law	61	12.2	26.8
Single	39.4	9.4	51.3
Divorced/Separated/Widowed	42	21.7	36.2
Ethnicity[a]			
European Origins	42.1	14.2	43.7
Aboriginal	47.8	10.1	42
Linguistic Groups			
Anglophones	46.5	11.7	41.7
Francophones	22.6	22.6	54.8

[a] The number of visible minority homeless people was very small. Figures are not shown for this group.

Reasons for Homelessness

Table 4 summarizes the main reasons for homelessness in Sudbury and demonstrates that homelessness is a complex problem stemming from a range of social and economic factors including changes in social policies, the labour market, the housing market, and deinstitutionalization, as well as social issues such as domestic violence. The most frequent cause of homelessness in Sudbury, based on the reasons given by homeless people, was related to employment. Either people were experiencing difficulty in obtaining employment or their low wages placed them at risk of homelessness. This is consistent with the findings from the study of homelessness in Toronto where changes in the structure of the labour market were cited as a cause of homelessness (Mayor's Homelessness Action Task Force, 1999). Another major cause of homelessness in Sudbury was linked to problems with social assistance. The levels of social support (welfare) are inadequate and result in homelessness for some. Others were homeless because they were waiting for support or had been disqualified from receiving social assistance. Moving also places vulnerable people at risk of homelessness if they have no place to stay while they become established, obtain social assistance, or secure employment.

Housing problems, the third major set of causes of homelessness in Sudbury, are linked to the first two sets of factors. People lost their housing when they were unable to pay rent (or mortgage). Despite a high vacancy rate for rental units in Sudbury, a significant proportion of the homeless people in Sudbury are unable to find accommodation that they can afford.

Social and health problems such as domestic violence, family issues, illness, mental illness, and substance abuse are also key issues contributing to homelessness in Sudbury, as in other urban centres. Finally, people released from jail are also at risk for homelessness.

Boxes 1 and 2 list the main reasons for homelessness among various sub-groups in order of importance. The results show that there are many commonalities; however, there are also differences in the relative importance of the reasons for the various subgroups of homeless people. For example, domestic violence was the most important factor for women and the second most common reason given by male and female adolescents as well as francophones. Family issues were cited only by adolescents and represented the primary reason for homelessness among teens. Female teenagers were alone in citing divorce or separation as a cause of their homelessness.

Substance abuse was the major reason for homelessness among adult males and Aboriginal people. However, it should be noted that substance abuse was also given as a reason by adult females and francophones. Furthermore, substance abuse is closely linked to structural issues of poverty and unemployment. This was reinforced by the finding that financial factors were among the main causes of homelessness given by all sub-categories of homeless people. The inadequacy of welfare payments was the most common reason for homelessness among anglophones and this was also noted as a main cause of homelessness by all other groups except for francophones and adolescent males. Similarly, an inability to pay the rent or mortgage was cited by all groups except for adolescent males. Unemployment and seeking work are related causes, except that some individuals may be unemployed but not seeking employment for various reasons (e.g. children or family

responsibilities, lack of a stable home base from which to undertake job seeking activities, discouraged job seekers etc.). Finally, travelling, relocation, or transfer were primary causes of homelessness among francophones. Relocation and transfer were also reasons identified by women and adolescent males.

Table 4: Main Reasons for Homelessness

Reasons for homelessness:	**Number of Responses**	**Percentage of Responses**
Problems with work: • Unemployment • Seeking work • Low wages	89	22.7
Problems with social assistance: • Welfare not adequate/late • Social assistance cut • Waiting for disability pension • Does not qualify for welfare • No money	80	20.4
Problems with housing: • Unable to pay rent or mortgage • Evicted or kicked out • Housing not adequate	56	14.3
Domestic violence	45	11.5
Substance abuse	37	9.4
Family Issues • Divorce or separation • Family problems (violence, abuse etc.)	28	7.1
Travelling/transient	13	3.3
Relocated, transferred, or moving	12	3.1
Illness or mental illness	11	2.8
Out of jail	8	2
Other	13	3.3
TOTAL RESPONSES	**392**	**100**

Box 1: Main Reasons for Homelessness by Gender and Age

Adult Males	Adult Females	Adolescent Males	Adolescent Females
• Substance abuse	• Domestic violence	• Family issues	• Family issues
• Seeking work	• Welfare not adequate	• Domestic violence	• Domestic violence
• Unemployment	• Unable to pay rent or mortgage	• Seeking work	• Welfare not adequate
• Unable to pay rent or mortgage	• Substance abuse	• Unemployment	• Unable to pay rent or mortgage
• Welfare not adequate	• Relocated or transferred	• Relocated or transferred	• Divorce or separation
• Divorce or separation	• Illness	• Travelling	• Unemployment

Box 2: Main Reasons for Homelessness by Ethnicity

Anglophones	Francophones	Aboriginals
• Welfare not adequate	• Travelling	• Substance abuse
• Unable to pay rent or mortgage	• Domestic violence	• Welfare not adequate
• Seeking work	• Unable to pay rent or mortgage	• Seeking work
• Domestic violence	• Seeking work	• Unemployment
• Substance abuse	• Substance abuse	• Unable to pay rent or mortgage
• Unemployment	• Relocated or transferred	• Domestic violence

Service Utilization by the Homeless Population

Four agencies provided services to 69% of the homeless population in Sudbury (the Elgin Street Mission, Salvation Army Family Services, the Salvation Army Shelter, and YWCA Genevra House, see Table 1, presented above). However, it must be recognized that the study was conducted over the course of one week in July. The results presented a brief snapshot that does not reflect the full scope of services utilized by the homeless population.

The main patterns of service utilization by subgroups of homeless people based on age and cultural group who were identified in the study are shown in Boxes 3 and 4. This reflects the agencies used most by these groups. As may be expected, the major shelters and services for homeless people in Sudbury were used by all subgroups (i.e. the Salvation Army Shelter, the Elgin Street Mission, and Salvation Army Family Services) with the exception that Salvation Army Family Services was used less often by francophones. The YWCA Genevra House shelter for women was the main service for women, and was used by all cultural groups.

Over a third of the homeless people used the services for less than a day (an hour or hours) and nearly a quarter (24%) used the services for one or two days during the week of the study (see Table 5). A small proportion (10%) used the service for the entire week of the data collection period.

Box 3: Shelters and Agencies Used Most by Homeless Men, Women, and Adolescents

Adult Men	Adult Women	Adolescents
• Salvation Army Shelter	• YWCA Genevra House	• Foyer Notre Dame House
• Elgin Street Mission	• Salvation Army Family Services	• Salvation Army Family Services
• Salvation Army Family Services	• Elgin Street Mission	• Elgin Street Mission
• Ontario Works	• Salvation Army Shelter	• Salvation Army Shelter
• Pinegate Addiction Service — Men's	• Elizabeth Fry Society	• YMCA Employment and Career Services

Box 4: Shelters and Agencies Used Most by the Anglophones, Francophones, and Aboriginal People

Anglophones	Francophones	Aboriginals
• Salvation Army Shelter	• Elgin Street Mission	• Elgin Street Mission
• Elgin Street Mission	• YWCA Genevra House	• Salvation Army Shelter
• Salvation Army Family Services	• Salvation Army Shelter	• Salvation Army Family Services
• YWCA Genevra House	• YMCA Employment and Career Services	• Pinegate Addiction Service — Men's
• Ontario Works	• Sudbury Action Centre for Youth	• YWCA Genevra House

Most of the service providers indicated that they also referred the homeless clients to other agencies in the community as well as to professional or private sector services. However, referrals were noted for less than 10% of the homeless people. Table 6 shows the referral patterns for the homeless people in the study and indicates that they were referred to a range of services.

Table 5: Length of Time Served by Agencies

Length of Time	Number	Percentage
Minutes or hours	169	38.2
One day	67	15.2
Two days	39	8.8
Three days	31	7
Four days	27	6.1
Five days	53	12
Six days	12	2.7
All week	44	10

Table 6: Referral Patterns for Homeless People
July 17 - 23, 2000

Agency or Service	Percentage
Sudbury Housing	12.2
Ontario Works	9.8
Foyer Notre Dame	7.3
N'Swakamok Native Friendship Centre	7.3
Local Motels	7.3
Legal Clinic	7.3
Sudbury Regional Police Services	4.9
Local lawyers	4.9
Hostel	4.9
Canadian Mental Health Association	4.9
YWCA Genevra House	2.4
Salvation Army Shelter	2.4
Pinegate Addiction Service	2.4
Health and housing services	2.4
Other	19.5

[a] Note that referrals were recorded for less than 10% of the homeless people in the study.

Phase II: Survey of Service Providers

Characteristics of Sample and Respondents

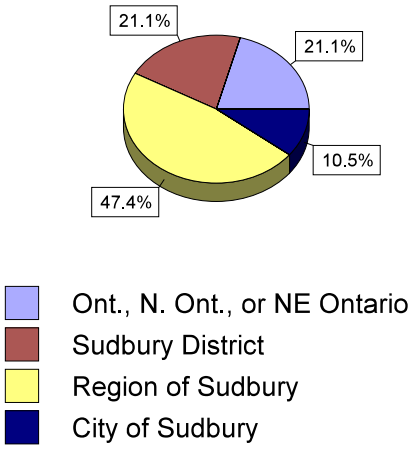
The service providers represented a mix of shelters and other services provided to homeless people and those at risk of homelessness. The agencies had been in existence, on average, for 25.6 years and the range was between 4 and 105 years. Those who responded to the survey on behalf of the agencies were upper managers (37%), middle managers (42%) or front line staff (21%). The survey respondents had been working in the position for an average of 7.6 years (the range was between 1 and 18 years). The participants had considerable experience working with homeless people; while their experience with this population ranged between 1 and 31 years, the mean was 13 years.

Agency Staffing

Most of the agencies operated with a relatively small number of staff; excluding the largest agency, these organizations had 9 full-time and 10 part-time staff, on average. The total range for full-time staff was 1 to 300 while the range for part-time staff was 1 to 67. Over a third of the agencies (42%) reported that they do not have any volunteers but the majority are supported by 4 to 95 volunteers providing an average of 31 volunteer hours each week[6].

The agencies reported that they served differing catchment areas, as shown in Figure 6. While these agencies have mandates to serve people within a specific geographic area, some noted that they serve anyone who requests services.

Figure 6: Geographic Area Served by Agencies in Sudbury



[6] Eleven agencies reported that they have volunteers. The mean of the volunteer hours provided per week was 31.

Services Provided

The service providers, including the shelters, collectively offer a range of services (see Table 7). The most common services are counselling and referral, support services, and advocacy. One agency indicated that it does not provide services other than emergency shelter; however, a third of the agencies offered two to four different services to the homeless population. The emergency shelters currently operating in Sudbury are specifically targeted to males, women who are in need of secure housing (with a particular focus on women who are victims of domestic violence), and youth 16 and 17 years of age.

Table 7: Services Provided by Agencies Serving the Homeless Population

Services Provided	Number of Responses	Percentage of Responses
Counselling and referral	11	27.5
Support services and advocacy	7	17.5
Treatment and rehabilitation	6	15
Labour pool, education and literacy	4	10
Food and other basic needs	3	7.5
Housing and room rentals	3	7.5
Outreach	2	5
Public education	2	5
Needle exchange	1	2.5
Recreation programs	1	2.5
TOTAL RESPONSES	**40**	**100**

Client Records

All but one of the respondents reported that they keep records on the people who use their services. Table 8 shows the types of information collected by the agencies that participated in the survey. Nearly all of the agencies collect demographic information on their clients and about half keep information on referrals. The other types of client data are specific to the service provided and three-quarters of the agencies did not appear to be receptive to the idea of using a common or standardized form for collecting information on homeless people.

Table 8: Types of Information in Client Records

Types of Information	Number of Responses	Percentage of Responses
Demographic (age, sex, date of birth, etc.)	16	32.7
Referral Information	9	18.4
Demographic (income, expenses, address, etc.)	8	16.3
Substance Use	4	8.2
Medical Reports and Special Needs	3	6.1
Intake Records	3	6.1
Skills	2	4.1
Health Card Number	2	4.1
Social Insurance Number	1	2
Housing Information	1	2
TOTAL RESPONSES	**49**	**100**

Bed Use

The agencies that provide emergency shelter reported that there is a total of 68 beds available for homeless people. The number of beds for each agency ranged from 1 to twenty five. The average bed utilization rate was 87.5% and the range was from 30% to 100%. Agencies providing support to their clients who are homeless reported that they assist by engaging in outreach, referring clients to the appropriate shelter, helping clients to find housing, assessing client needs, and providing information.

Population Served

The respondents provided information on the characteristics of the population they serve. Table 9 summarizes the results which provide an overview of the homeless population they serve throughout the year. In general, the results are similar to those found in the count of homeless people conducted in July for this study. The major differences are that the service providers estimated that they serve

Table 9: Characteristics of Homeless People Based on Reports of Service Providers in Sudbury

Characteristics:	Percentage of Clients
Age Groups	
• 0 - 5	2.7
• 6 - 12	2.6
• 13 - 18	13.0
• 19 - 34	38.3
• 35 - 65	34.7
• 66+	4.1
Family Types	
• Young single females	9.6
• Young single males	23.6
• Single parents	20.6
• Couples no children	4.1
• Couples with children	7.8
• Older single females	17.5
• Older single males	9.8
• Seniors	4.3
Gender	
• Male 14 - 25	14.2
• Male 25+	32.2
• Female 14 - 25	15.8
• Female 25+	37.5
Social Assistance	
• Welfare recipients	48.1
• EI recipients	5.7
• Disability recipients	23.9
• Non-recipients	17.1
Linguistic/Ethnic Groups	
• Anglophones	51.9
• Francophones	13.7
• Aboriginals	33.3
Use of Services	
• First-time clients	40.6
• Occasional clients	22.3
• Frequent clients	35.9

Note: Percentages may not sum to 100 because they reflect the mean percentages given by service providers.

approximately equal proportions of males and females while the count in July showed that male clients represented two-thirds of the homeless. In addition, the proportion of non-recipients of social assistance was estimated to be lower than the count indicated. Finally, the service providers estimated the proportion of Aboriginal people served to be slightly higher (33%) than the proportion found in the count (25%). However, it must be recognized that the characteristics of the homeless population in mid-July may not be representative of the homeless population throughout the year; The service providers were giving an overview of the clients they serve throughout the year which may explain the differences between the results of the count and the survey of service providers.

The service providers also rated background characteristics and recognized risk factors related to homelessness that have been identified in the literature. This provides an indication of the extent to which local service providers view these factors and characteristics as being relevant in Sudbury. Table 10 shows the results of this analysis. Two-thirds or more of the service providers believed that the main groups at risk of homelessness are persons with mental illness, alcohol/substance abusers, adults, males, unemployed people, youth, victims of violence or sexual abuse, youth, and welfare recipients.

Table 10: Service Providers Ratings of Characteristics and Risk Factors Linked to Homelessness in Sudbury

Characteristics/Factors	Yes (%)
Persons with mental illness	94.7
Alcohol/substance abusers	89.5
Adults	78.9
Males	78.9
Unemployed people	78.9
Victims of domestic violence or sexual abuse	73.7
Persons on welfare	68.4
Youth	68.4
Visible/ethnic minorities	57.9
Females	52.6
Persons going through divorce or separation	42.1
Older people	42.1
European origins	31.6

Demands for Service

Peak Periods

Nearly half of the service providers (43%) reported that they experience *weekly* peaks in service demands. The end of the week and weekends were the major peak periods identified. However, these were also described as slow times by some providers. Others noted that the peaks occur throughout the week or that there is no predictability in when they occur.

A larger proportion indicated that peaks occur *monthly* (73%). The end of the month was identified by more than three-quarters of the respondents. The middle of the month and variable peaks were also noted. Consistent with this, nearly two thirds of the respondents who said they had slow periods cited the beginning of the month.

Eighty percent of the service providers reported that there are *annua*l peaks in demand for services. The summer months were reported to be a peak period by a third of the service providers while a further 42% noted that the fall and winter months are peak times. A few reported that the peak periods are variable and occur throughout the year. August, November, and December were cited as slow periods by some while both the summer months and the winter months were identified as slow periods by different service providers. It seems evident that there are few generalizations that can be made regarding the demand for service except that at any given time some of the service providers will be experiencing high demands for service.

Inability to Meet Demand

Just over half of the service providers (56%) reported that they had experienced times when they were unable to provide help to clients. The reasons why services could not be provided are shown in Table 11. Circumstances relating to the client were the primary reasons cited: 1) either the particular needs of the clients did not match either the criteria for services or nature of the services provided by the agency, or 2) the required services or resources were not available in the community. Another reason why homeless people have not been served has been a lack of resources within the agency when demand has exceeded capacity.

The majority of service providers (67%) have attempted to accommodate the particular demands of clients and peak periods. Table 12 shows how various service providers have attempted to meet these demands.

Table 11: Reasons for Inability to Serve Homeless Clients

Reasons:	**Number of Responses**
Under the influence of alcohol or does not meet criteria	3
Clients refuse referrals and available services	3
The agency had exhausted its resources	1
Couples want to stay together	1
Clients refuse to see doctor or take medication	1
Beds full	1
Lack of funds for staff	1
Lack of community resources	1
TOTAL RESPONSES	**12**

Table 12: Strategies for Accommodating Client Needs

Strategies	**Number of Responses**
Used cots or made extra accommodations	5
Offered referrals and transportation	4
Paid for motel or hotel	3
Provided blankets and clothing	1
Opened extra hours	1
TOTAL RESPONSES	**14**

Access to Services and Linkages Between Service Providers

Access to Services

Nearly all of the service providers reported that eligibility for services is assessed and that all individuals must provide information to receive services. However, a few of the service providers indicated that they provide service to anyone or to all individuals who are homeless or at-risk of homelessness. A restriction noted by some providers was that individuals "under the influence of alcohol" are not served.

Links Between Service Providers

All of the service providers stated that they refer clients to other providers and that they also receive referrals from others (see Appendix E for lists). There appears to be considerable collaboration between the service providers. The agencies work together through both formal and informal agreements and relationships that have been established over time. Many agencies noted that they have formal protocols for offering joint services to clients.

Causes of Homelessness and Needs of Homeless People in Sudbury

Causes of Homelessness

The respondents identified the primary reasons for homelessness in Sudbury. These are shown in Table 13. In general, the perceptions of the service providers regarding the causes of homelessness were consistent with the reasons for homelessness obtained in the count of homeless people. All of the reasons for homelessness given by homeless people were also mentioned by the service providers. However, there were some differences in the relative importance of some issues. For example, the data from the count of homeless people showed that unemployment, lack of access to adequate social assistance, and a lack of affordable housing accounted for 57% of homelessness. In contrast, these causes accounted for only 41% of the responses of the service providers. The service providers emphasized mental illness, family problems, and personal failure more than homeless people. The service providers also mentioned the gaps in services as a factor contributing to homelessness.

Short-term Needs of Homeless People

There was strong agreement among the service providers that more shelters and beds are needed in the short-term (see Table 14). A second priority mentioned by a majority of the service providers regards providing affordable housing and establishing supportive services to enable homeless people to have stable living arrangements. Additional support services in the community were also mentioned by a majority of the service providers; these included the establishment of day activities, drop-in centres, and respite care units. Some service providers identified the particular needs of sub-groups including homeless youth, families, and people with mental illness.

Long-term Needs of Homeless People

The service providers viewed the long-term needs of the homeless population in Sudbury to be similar to the short-term needs (see Table 15). They believed that support services will be essential over the long-term and that there will be an on-going need for rent and financial assistance. Services for youth will also be needed. The additional suggestions included the need for structural change to establish better paying jobs in the community as well as the development of effective public policies to combat homelessness. For example, a program providing welfare for homeless people was suggested. Finally, it was suggested that ongoing research is needed to understand the problem of homelessness locally and monitor the situation. Public education on the topic is also needed.

Many of the service providers did not believe that the short- and long-term needs of the homeless are currently being met. While they noted that there are existing shelters and support programs, some of these services are being provided with temporary funding, there are not enough beds and motels are being used to provide shelter on a temporary basis, there are no shelters for particular sub-groups such as families, young teens, and women coming out of jail, and more services are needed for francophones and Natives.

Table 13: Service Providers' Perceptions of Causes of Homelessness

Causes	**Number of Responses**	**Percentage of Responses**
Low income and poverty/exhausted resources/high cost of living/lack of affordable housing/eviction	17	22.6
Mental illness or health problems	11	14.7
Family problems/inadequate support or divorce/separation	10	13.3
Lack of life skills and education/unemployment	8	10.7
Addiction or substance abuse	7	9.3
Inadequate social assistance/cuts to welfare	6	8.0
By choice/poor decision-making/transients	6	8.0
Abuse, sexual abuse or domestic violence	4	5.3
Gaps/lack of services and understanding	4	5.3
New immigrants	1	1.3
Release from jail	1	1.3
TOTAL RESPONSES	**75**	**100**

Table 14: Short-term Needs of the Homeless Population in Sudbury

Needs	**Number of Responses**	**Percentage of Responses**
More shelters: • In general • Shelters for couples • Need longer stay in shelters • More beds for the hard to handle population • More beds for addiction treatment	16	32
Affordable housing and stable living arrangements • Rent assistance and financial assistance • Assistance in meeting basic needs • Moving services • Available housing workers required/workers to follow-up with individuals • Supported transitional housing • Food banks providing more than once a month	14	28
More support services: • Support and guidance into the community • Day activities • More drop-in centres • Respite care units required in the region	11	22
Support for youth • Street youth • More services for youths linked to Children's Aid • Alternatives for pre-teens and teens	4	8
Improved mental health care/24 hour mental health facilities	3	6
Support for families	2	4
TOTAL RESPONSES	**50**	**100**

Long-term Needs

Table 15: Long-term Needs of the Homeless Population in Sudbury

Needs	Number of Responses	Percentage of Responses
More support services: • Support and guidance into the community • Job search, training, education, and life skills • Counselling • Support services for OW clients/Reduce social workers' case loads so that they can do more with clients/more funding for workers • Drop-ins/day activities • Crisis intervention and outreach • Preventative programs for abuse, addiction, and crime	15	38.5
Affordable housing and stable living arrangements • Rent assistance and financial assistance • Support system for housing	13	33.3
Support for youth • Alternatives for pre-teens, teens, and street youth • Break the street culture	4	10.3
Ongoing research and public education on homelessness	2	5.1
Structural change • Better paying jobs • Welfare for homeless people	2	5.1
Improved mental health care/24 hour mental health facilities	1	2.6
More shelters: • Additional hostels	1	2.6
Support for families	1	2.6
TOTAL RESPONSES	**39**	**100**

Link Between Homelessness and Mental Illness

The service providers rated a series of statements regarding the link between mental illness and homelessness to indicate the level of agreement or disagreement that a range of factors contribute to homelessness in Sudbury. The results are shown in Table 16 and indicate that a strong majority of the service providers believe that nearly all of the issues shown in Table 16 contribute to homelessness locally. Two-thirds or more believed that several systemic issues are contributing factors such as inadequate discharge planning, a lack of integrated community-based treatment and support services, the lack of community-based crisis alternatives, and the lack of affordable housing for people with mental illness.

Table 16: Service Providers Ratings of Local Factors Contributing to Homelessness Among People with Mental Illness [a]

Issues	Agree (%)	Completely Agree (%)
Co-occurring mental illness and substance abuse	33.3	61.1
Lack of community-based crisis alternatives	50.0	43.8
Poor family relationships	41.2	47.1
Resource limitations	61.1	22.2
Lack of integrated community-based treatment and support services	52.9	29.4
Lack of affordable housing	43.8	37.5
Exposure to victimization (physical or sexual)	37.5	37.5
Discrimination	50.0	25.0
Inadequate discharge planning	47.1	23.5
Insufficient disability benefits	37.5	6.3
Lack of coordination between mental health and substance abuse systems	23.5	17.6
Lack of attention to consumer preferences	26.7	13.3

[a] Note that the issues are listed in order of level of agreement among service providers by summing the percentages in the categories ***Agree*** and ***Completely Agree***.

Suggestions for Addressing the Lack of Affordable Housing

The service providers made a range of suggestions for creating more affordable housing units in Sudbury (see Table 17). Some of these suggestions were related to the short- and long-term needs they had identified (see previous section). The suggestions dealing with housing directly focussed on creating more subsidized housing/low rental units, increasing the Ontario Works shelter allowance, establishing rent caps and controls, addressing the Landlord/Tenant Act, and supporting landlords so that they will lower rents. A few of the service providers believed that investing in the support services to the homeless community can also address the problem. Others suggested that public education, including a campaign targeting landlords is needed.

Table 17: Service Providers Suggestions for Addressing the Lack of Affordable Housing in Sudbury

Suggestions	Number of Responses
A return to subsidized housing	4
Educating landlords and the public	2
Increase the Ontario Works shelter allowance	1
Establish a rent cap for non-profit housing tenants	1
Foreclosing housing to be purchased for low income	1
Establishing a system so that homes can be purchased without a down payment	1
Rent paid directly to landlords by welfare	1
A return to Landlord/Tenant Act as it was previously	1
Support to landlords so that they can lower their rent charges	1
Donate old YMCA for housing	1
More funding to build and operate services	1
Rent controls	1
More support programs for teaching independence	1
More low rental units	1
TOTAL RESPONSES	**18**

Phase III: Survey of Neighbourhoods

The participants in the survey were predominantly women (64%). However, all age groups were represented among the participants. The majority of the respondents were between 35 and 54. Reflecting the dominant ethnic composition of the population in Sudbury, 90% of the respondents were of European origins.

Perceived Reasons for Homelessness and Factors Related to Homelessness

Perceived Reasons for Homelessness

The residents were asked to give their opinions about homelessness in two ways; first, in the form of an open-ended question, and second, by indicating their agreement or disagreement with a set of factors related to homelessness. The respondents in the neighbour hood survey generally had similar perceptions of the reasons for homelessness in Sudbury as did the homeless people and the service providers (see the results of the open-ended question presented in Table 18). The largest sets of responses indicate the beliefs that unemployment, reductions in social assistance, low income and poverty, and the lack of affordable housing are the major causes of homelessness in Sudbury. These responses accounted for over two-thirds of the reasons given. The main differences between the residents and the service providers is that residents were less likely to identify mental illness and poor health, substance abuse, and a lack of education and life skills as causes of homelessness. Conversely, a larger proportion of the residents identified changes in government policy as contributing to homelessness. In addition, a few of the residents identified a sense of hopelessness among homeless people as a reason for continued homelessness, as well as the notion that the community is selfish in not supporting people adequately.

Comparing the responses of residents, service providers, and homeless people with regard to explanations of homelessness indicates that the residents responses were closer to those of homeless people than were service providers in two areas: 1) the same proportion of residents and homeless people (20%) viewed welfare cut-backs or lack of social assistance whereas a smaller proportion of the service providers mentioned this (8%); and 2) fewer residents and homeless people mentioned unhealthy family relationships (5.3% and 7.1%, respectively) than did the service providers (13.3%). Another difference was that a larger proportion of the residents and service providers mentioned the lack of affordable housing than did homeless people. Finally, none of the homeless people attributed their homelessness to personal failure or choice of lifestyle but this was mentioned by 9% of the residents and 8% of the service providers.

Factors related to Homelessness

In general, the residents viewed all of the factors listed in Table 19 as contributing to homelessness in Sudbury. However, the issues identified by two-thirds or more of the residents as contributing factors were increased poverty, unemployment, alcohol/substance abuse, a shortage of social assistance, and the lack of funding for social programs.

Table 18: Comparison of Residents', Service Providers', and Homeless People's Explanations of Homelessness in Sudbury

	Residents		Service Providers	Homeless People
Reasons	**Number of Responses[a]**	**Percentage of Responses**	**Percentage of Responses**	**Percentage of Responses**
Unemployment/Lack of education & qualifications	98	30.3	10.7	22.7
Lack of affordable housing/High costs of living and rent/low income or poverty	70	21.6	22.6	14.3
Welfare cut backs or lack of social assistance • Government policies and lack of funding • Eligibility requirements for welfare • Mike Harris	65	20.1	8.0	20.4
Personal failure/life style or choice of life style • Lazy people • Bankruptcy or poor money management • People who do not want help	30	9.3	8.0	--
Unhealthy family relationship • Lack of family support • Kicked out • Family cycle • Youth who left home/teenage runaway	17	5.3	13.3	7.1
Need for support or information/ people with no where to go/Transient	15	4.6	5.3	6.4
Mental illness/health problems	11	3.4	14.7	2.8
Substance abuse	6	1.9	9.3	9.4
Selfish community	5	1.6	--	--
Lost hope	5	1.6	--	--
Abuse, sexual abuse, or domestic violence	--	--	5.3	11.5
New immigrants	--	--	1.3	--
Release from jail	--	--	1.3	2.0
TOTAL RESPONSES	**323**	**100**	**100**	**100**

[a] Results are based on the multiple responses of the participants, therefore the number of responses is greater than the number of participants.

Personal Experiences with Homeless People

In addition to obtaining information on attitudes towards homelessness, the survey was designed to determine whether residents personally knew anyone who had ever been homeless (i.e. living anywhere in Canada). Over a third of the residents (34.6) reported that a family member or friend of theirs had been homeless[7]. The main reasons given to explain why their family or friends were homeless were similar to those shown in Table 19. Low income, poverty, the high cost of living, unemployment, and substance abuse were cited most often as causes.

Over a third of the residents indicated that ***they knew someone in Sudbury*** who was homeless (35.9%)[8]. The most common explanations given for homelessness were, again, similar to those noted above:

- Substance abuse
- Reductions in social assistance
- Unemployment
- Low income/poverty and the high cost of living and
- Mental illness.

Residents' Perceived Solutions to Homelessness

The residents provided their views on how to address homelessness in Sudbury (see Table 20). Nearly half believed that more funding for social services and programs to support homeless people is needed. The other strategies mentioned most often regarded increasing public awareness of homelessness, creating more jobs and job assistance, working to create affordable housing and establishing more shelters.

[7] The question was worded as follows: "Has any member of your family or a friend ever been homeless?"

[8] The question was worded as follows: "Have you ever personally known anyone in Sudbury who was homeless?"

Table 19: Residents Ratings of Factors Contributing to Homelessness in Sudbury[a]

Factors	Disagree[b] Completely (%)	Agree (%)	Agree Completely (%)
Unemployment	9.3	25.8	55.1
Increased poverty	5.5	23.7	55.1
Alcohol/substance abuse	7.3	23.2	54.1
Lack of funding support for social programs	11.3	22.6	51.1
Shortage of social assistance	15.8	22.8	42.1
Mental illness	12.9	22.9	41.3
Low wages	14.7	20.3	41.4
Inadequate welfare	21.5	19.7	40.4
Lack of affordable housing	23.1	22.3	34.5
Excessive rent cost	14.6	16.7	39.7
Domestic violence	33.4	18.8	35.7
Divorce/separation	22.8	18	24.6

[a] Note that the issues are listed in order of level of agreement among service providers by summing the percentages in the categories ***Agree*** and ***Completely Agree***.
[b] This column includes the responses in two categories—disagree and disagree completely. The proportion of those who gave neutral responses is not shown.

Table 20: Residents' Views on Strategies for Addressing Homelessness

Strategies	Number of Responses	Percentage of Responses
More government funding for social services	181	44.8
Increase public awareness of the issue	57	14.1
Create more/better jobs and job assistance	50	12.4
Affordable housing	46	11.4
Establish more shelters	38	9.4
Community should provide donations	16	4
Change the provincial government	12	3
Conduct more research on homelessness locally	4	1

Phase IV: Field Observations

In addition to participating in other Phases of the study, Foyer Notre Dame House (Outreach Program), 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 during regular evening/night shifts. Three members of the research team separately conducted field observations between July 18th and July 20th, 2000. A total of six observational field sessions were conducted.

The field work identified the areas of the city which homeless people often inhabit. These areas included Memorial Park, an alley behind a public building in which heating vents are located, service locations, and hangouts in the downtown core. The police officers and front-line workers were aware of homeless people living downtown and knew some of them by name. The field observations revealed some common themes that pervade street life and provide a descriptive overview of key aspects of homelessness in Sudbury. The main themes are described below.

Mental Illness

> A woman sitting with a group of individuals at the Elgin Street Mission is identified by an outreach worker as one who is periodically homeless due to mental illness. When she does not take her medications, she is often evicted from her home. At times she does not have enough money to pay her rent, leading to homelessness. The

> woman eats at the Mission on a regular basis.

Determining the number of homeless people who have a mental illness is difficult due to the multiplicity of the population and the temporary nature of homelessness for many. However, estimates range from 30 to 50 percent (OMA Committee on Population Health, 1996). The Report of the Mayor's Homelessness Action Task Force in Toronto (1999) noted that it is well accepted that approximately a third of the people who are homeless have a mental illness. The link between mental illness and homelessness does not stem from homelessness as a cause of mental illness; rather, it is that people who have a mental illness are more likely to remain homeless for longer periods of time. In addition, being homeless generally exacerbates the duration and seriousness of mental illness.

Fisk, Rowe, Laub, Calvocoressi & DeMino (2000) argue that homelessness among people with mental illness stems from the interaction between structural and personal factors. Unemployment, poverty, the lack of affordable housing, and deinstitutionalization combined with inadequate community mental health services are key structural factors that interact with personal factors such as family issues, substance abuse, and the nature of the individuals' physical and mental disabilities. Research by Fisk et al. (2000) demonstrated that the complex interaction between personal and structural factors requires the provision of comprehensive community intervention services for people with mental illness. The transition from homelessness to independent living may revive painful memories from the past since life on the streets requires them to be preoccupied with the struggle to survive. Clinical staff can provide vital support for clients during the transition period and afterwards in order to facilitate positive adjustment to the new living circumstances. However, it is also vital for the service system to move beyond the traditional modes of service provision to this population and become responsive to the needs of homeless people through the establishment of enhanced community supports and housing readiness programs (Levy, 2000). Rapp (1998) has demonstrated that implementing intensive case management employing a strengths model is effective in supporting people with serious and persistent mental illness and enabling them to live independently in the community.

Substance Abuse

> A man was lying on his side next to the path in Memorial Park. The outreach worker shouted, "Hey, are you okay?" There was no reply. The man was drooling and making gurgling noises. The park security was not in sight so we got the guard from the park office. The guard had previously seen the man steadying himself against a tree in the park and told the man to keep moving on. The guard said, "I think he's baked out of his mind". The guard kicked his feet and his knees and then lightly
>
> slapped his cheeks trying to rouse him but he didn't move. The guard radioed Memorial Hospital but there was no response.
>
> On separate occasions, a house in the downtown core is identified by key informants as a "crack house." An outreach worker notes that as many as twenty people may live in substandard conditions in the house (i.e. conditions that do not meet the the basic

> standards of a suitable dwelling identified by the UN).

As was also noted above with regard to mental illness, it is difficult to determine with any precision what proportion of the homeless population have problems with alcohol and/or other substance abuse. As Cox, Walker, Freng, Short, Meijer, & Gilchrist (1998) noted, homeless alcoholics represent a small proportion of the total population of persons with chemical dependency problems. American research has indicated that there were approximately 1,000 homeless substance abusers in a population of 2 to 2.5 million (Cox et al., 1998). In addition, research has suggested a prevalence rate of up to 50% for co-occurring mental illness and substance abuse (De Leon, Sacks, Staines, & McKendrick, 1999). Like homeless persons with mental illness, homeless substance abusers have a combination of socioeconomic and personal problems.

Despite their relatively small numbers, both the human costs and the public costs associated with homeless, chronic substance abusers are substantial. As with mental illness, the traditional methods for treating chronic substance abuse and chemical dependency have not been successful. Cox et al. (1998) reported, however, that intervention services employing intensive case management benefited a group of 298 individuals who were high frequency users of detoxification services. Intensive case management services (ICM) focus on identifying individual needs and capacities, stabilizing the clients' financial circumstances and securing stable housing, encouraging the reduction of substance use, and supporting clients in maintaining stable living arrangements. A key feature of the ICM model was that the case managers maintained caseloads of 15 clients or fewer. Hence what is needed to address the chronic substance abuse among the homeless population is additional funding to support the implementation of community-based services such as ICM that have been demonstrated, through clinical trials, to be effective.

Regular Folks: The Routinization of Homelessness

> A police officer points toward a woman walking down the street and notes that she is homeless. Wearing jeans and a leather coat, she looked like any other person walking down the street and did not fit any stereotypical images of the homeless.

It has been well documented that the face of homelessness has been changing—more women, families, youth, and elderly people are becoming homeless. Hambrick and Johnson (1998) noted that "Homelessness is no longer considered an unusual circumstance; it has become a routine part of the political and social service landscape" (p. 29). The vulnerability of low income people to homelessness has increased as it has become harder for individuals and families to earn a living wage. A consequence is that the 5,665 tenants and 1,900 home owners in Sudbury who were paying

> 50% or more of their incomes for rent in 1995 were at substantial risk of losing their housing (Dunphy et al., 1999).

Helping Each Other: Supportive Relationships Among Homeless People

> Two adults (a man and a woman) approached a man lying unconscious in Memorial Park. They got him up and helped him to a park bench. The man's eyes were not focussing and he could not stand without support. The guard said that they would make sure he got to the Mission.
>
> We approached an older man who had told us earlier that he had not taken his insulin for two days. The man's friends said "Don't worry, we're taking care of him. Our friend is on the way to take him to the hospital".
>
> Walking on Elm Street with the outreach worker, we encounter a group of three male teens and one female teen. The worker knows them. One of the group members says that he is homeless. He is between jobs and residences. He was staying with a friend here but had previously moved to Barrie where he had been staying with a friend. He was now hoping to find a job here. We saw this teen walking the streets as long as we were that night.

The field observations revealed how homeless people were connected to others and provided mutual support. These examples are consistent with research conducted by Dordick (1997) who described the intricate and dynamic social relations between homeless people. Dordick showed how homeless people establish relationships with each other, form intimate, inter-personal bonds, and co-operate with each other to secure the basic necessities for survival. Effective community services must recognize, strengthen, and build on the mutual support provided within the homeless community.

Accessing Support Services

> Approximately fifty to sixty people were eating and talking when we went inside the Elgin Street Mission. We saw a man there who had been lying unconscious in Memorial Park earlier that evening. The ages of the people ranged from the teen years to over 50. Many people wore old, unclean, tattered clothing, had unwashed hair, were unshaven, and had an odour of unwashed hair, skin, and clothing.
>
> About ten people were inside the mission and four were outside on the sidewalk. They were finishing their food and coffee and the people outside were socializing. Others were sorting through donated clothes and blankets.
>
> With the van from the outreach program, we brought bins of clothes and blankets for people to sort through and find appropriate clothing for themselves. We also brought coffee, juice, and donuts. In chatting with a group of people, they said they were going "home". The outreach worker said that this group of people had homes but were at risk of homelessness due to low income and high rent.

> At the Mission, three men look over 60 years old. They come in every day for meals and always sit alone. But they do not always take away the food that is offered to them as they don't always have a place to bring it.
>
> A young man in his early 20s sits alone at a large table. He keeps is head down until he has finished his soup. He does not talk to anyone there. He sits only for a few minutes before leaving . He is carrying a white grocery bag with some bread in it. The outreach worker tells me that he is in transit. He will hang around the city for a few days or maybe a week or two in the summer; while he does not stay long, he always returns to Sudbury.
>
> There is a Native family eating at the Mission this evening. They have a home but must eat at the Mission because of the high rent they have to pay. This family is always at risk of homelessness. The parents are 20 to 30 years of age and they have a girl and a boy.

A network of services has been established to provide services to homeless people in Sudbury; however, there has not been sufficient funding to enable a comprehensive, systematic approach to solving the problem and effectively addressing the needs of multiple sub-groups of the homeless population. The increases in homelessness have been clearly linked to reductions in spending on social programmes—deinstitutionalization and the lack of community-based programmes for people with mental illness is just one example. What is also needed is an approach that focuses on strengths and human potential rather than personal failure (Mayor's Homelessness Action Task Force, 1999). It is also vital to implement programs/services that will prevent homelessness among the homed population who are at high risk of losing their housing due to poverty, unemployment, or other circumstances.

Initiatives of public libraries in the US which provide access to the Internet for poor and homeless people provide an example of innovative strategies for addressing their isolation and connecting them to services. Libraries in major US cities have established services for homeless people by creating databases on employment, service registries, as well as by enabling homeless people to contact family and friends through e-mail. As the UN has noted,

Health Issues

> An older man (fifty years of age or more) approached us and told us that he had not taken his insulin in two days and had lost is arm band for injections. He seemed to be intoxicated as his breath had the scent of alcohol and he was not steady on his feet. The outreach worker asked, "Do you want us to take you to the hospital?" He replied, "No, my friend is taking me". I asked him if his friend had a car and he said that his friend had called another person who was on the way. He went back to sit under the gazebo in the park.

> At the Elgin Street Mission, there were approximately 30 people eating dinner and drinking water or coffee. Many were men who looked to be over 30. There was also a young girl who looked between 4 to 6. Four of the ten people we talked to were missing a number of teeth.

The Ontario Medical Association Committee on Population Health and the University of Toronto Department of Preventive Medicine and Biostatistics collaborated on the organization of a one-day workshop on the health impacts of homelessness in 1996. The participants summarized some of the key health issues for homeless people as follows:

- Overall, the illnesses of homeless people do not differ dramatically from those of the general population but the circumstances of homelessness impact negatively on their capacity to deal with health problems;
- Homeless people suffer more accidents, injuries, and physical and sexual assault;
- Generally, the health status of homeless people is low;
- Homeless people have less access to preventive health services and use emergency health services more;
- There are structural barriers to accessing health services including the inability to get medical treatment without a health card and the need to pay for items not covered by provincial medical insurance. The requirement to travel to a clinic, hospital, or laboratory for tests poses a barrier to accessing health care for some homeless people. In addition, the inability of health care providers to follow-up with patients makes the provision of health services difficult;
- Some homeless people report that they have been turned away by health service providers because they were unclean/unpresentable; and
- The health of homeless people has been jeopardized when they have been sent "home" from hospital or treatment to recover.

An extensive American study which examined healthcare use by homeless people found that there were differences among subgroups of this population in their ability to access health services. For example, people who had been homeless for longer periods of time and people using shelters were able to navigate the health care system more effectively than were those who had recently become homeless, those living on the streets, or the "hidden homeless" (Rosenbaum & Suvekas, 2000). Thus the transition into homelessness is a risky period in which people are least likely to receive treatment for health problems. Furthermore those who do not access formal services (such as shelters) are at great risk of being unable to access health services. British researchers have noted that there has been no attempt to address the health promotion needs of homeless people. What is needed is a full assessment of the health needs of various subgroups, the development of effective interventions, and the establishment of broad-based plans for delivering health promotion programs to homeless people (Power et al., 1999).

Daily Hassles and Stressors: Carrying Bags

> Near the tunnel walkway on Elgin Street, an older woman was pushing a blue stroller that had a knapsack inside of it. Hanging off the stroller were many old and tattered grocery bags full of clothes and other items.
>
> An older woman came by the outreach van with grocery bags full of what seemed to be personal belongings. She sorted through the bins of clothes and then left. The workers knew her name and said that she is often on the street.

A lack of housing means that some homeless people must carry their personal belongings with them everywhere they go. The fear of having their possessions stolen can, in turn, create barriers to accessing essential services. For example, the OMA Committee on Population Health (1996) reported that this is a reason why some homeless people do not obtain medical treatment. The cumulative effect of this and other stressors takes a toll on individual well being: " Homeless people travel from one group of strangers to another, and from one unknown, homeless, purposeless, and frightening situation to another...The endemic stress produced and the complete sense of hopelessness can lead to addictions and a deterioration of existing illnesses or conditions" (OMA Committee on Population Health, 1996).

Finding a Place to Sleep: ***This "room" is occupied***

> A man stopped us and asked us if we had "change to spare". The man was intoxicated as he kept having to steady himself and his speech was slurred. The outreach worker asked him if he was going home and he said that he was going to a buddy's house "if they don't tell me to get the f--- out."
>
> I watch a young man (about 19 years old) calling to his friend in an apartment building. He is carrying a stuffed pack-sack on his back. He tells his friend that he has nowhere to go and could he please come and open the door.
>
> A person is sleeping on the ledge of a building. It is close to midnight. The outreach worker tells me her name. She is approximately 55 years old. The woman travels with a baby stroller that contains all her belongings. She is covered with two long coats to keep her warm (the temperature is about 12 degrees). The coat she is wearing is heavy and has a hood which she has tightly drawn around her face to shield her from the cold wind. It seems that she does not sleep soundly and is aware of her surroundings. She opens her eyes to see how close we are to her, then closes them again.
>
> We pass an older man (65 years or more). He is wearing a heavy coat, boots, sweaters, and a baseball cap. The man is sleeping on the bench outside of the medical building on Cedar Street. He is sitting up with his arms crossed and his head down. He does not have any blankets. He has newspapers on his lap and draped across his chest. His bag of belongings is tucked under his feet under the bench.

> A police officer mentions that he is aware of an elderly man who has been sleeping in a cardboard box behind a school near the downtown core.
>
> Walking under the Paris Street bridge, I can see that it is divided up into three separate sections. The middle section has women's clothing scattered around and there is a small piece of cardboard placed on the ground. The outreach worker tells me that this is an indication that this "room" is occupied.

The circumstances into which homeless people are placed because they do not have secure, stable housing place these people at great risk of harm, introduce numerous stressors, create health problems and exacerbate existing health or mental health problems. The Istanbul Declaration of Second United Nations Conference on Human Settlements articulated the international challenge of "building together a world where everyone can live in a safe home with a promise of a decent life of dignity, good health, safety, happiness and hope" (UNCHS, 1997a). The UN has identified homelessness as an increasing global problem that threatens standards of health, security, and life itself. It views, as a fundamental right, an individual's access to an adequate standard of living, including adequate food, clothing, housing, water and sanitation, and the ongoing improvement of living conditions. Following the conference, the UN developed a housing policy which describes the fundamental elements of acceptable shelter conditions in high income countries such as Canada. These include a floor area of 35 square metres per person, water and sanitation, rent no greater than 15% as a percentage of income, and an overall goal of 51% of dwellings owned by occupants (UNCHS, 1997b).

Key Indicators and Risk Factors for Homelessness in Sudbury

Rental Market

Despite the fact that Sudbury had the second highest apartment vacancy rate (9.4% in October, 1998) among the 26 census metropolitan areas in Canada, it has been noted that there is a serious problem with a lack of affordable housing in this community:

> Paradoxically, the five [urban areas in Ontario] with 'soft' rental housing markets in recent years have at the same time a high rate of tenant affordability problems. Four of them (Cornwall, Owen Sound, Sarnia and Sudbury) are experiencing a higher rate of affordability problems than Toronto, which had a very low vacancy rate hovering around 1% over the same period (Dunphy, N., Lapointe, & DeJong, 1999).

While the vacancy rate in private rental housing rose steadily between 1989 and 1998, the increases in average rents for one, two, and three bedroom apartments greatly surpassed the rate of inflation over the same period (see Figure 7). Family incomes cannot keep up when rents rise faster than the rate of inflation. Another problem in Sudbury stems from substantial increases in the proportions of tenants who spent 30 and 50% or more of their income on housing (see Table 21). There was a 37% increase in the number of tenants who spent 30% or more of their income on rent and a 46%

increase in the number of tenants who spent 50% or more on rent. The proportions of home owners spending 30 and 50% of their incomes on housing remained about the same between 1990 and 1995. Sudbury has been identified as one of five areas in Ontario in which the rate of rent increase between 1989 and 1998 was as high as the rate in Toronto (Dunphy et al., 1999).

Figure 7: Comparison of Rent Increases in Sudbury with Inflation Rate, 1989 -1998

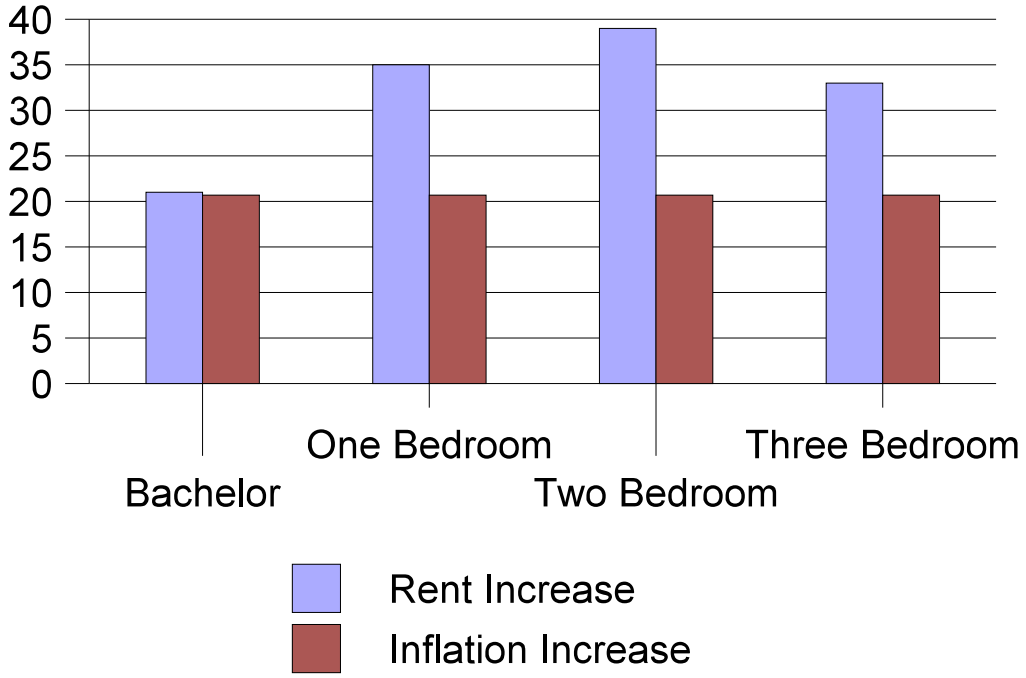


Table 21: Proportion of Income Spent on Housing
Regional Municipality of Sudbury, 1990 and 1995

Greater than or equal to 30% of income:				
	1990		**1995**	
	Number	**Percentage**	**Number**	**Percentage**
Tenants	7,360	35.3	11,355	48.3
Owners	5,130	13.6	5,510	13.9
Greater than or equal to 50% of income:				
Tenants	3,445	16.5	5,665	24.1
Owners	1,890	5.0	1,900	4.8

Source: Statistics Canada, 1991 and 1996 Census, adapted from Dunphy, et al. (1999).

The Tenant Protection Act (1998) is expected to have a further impact on the affordability of rental units since it will partially lift rent controls and have the overall effect of raising average rents for tenants who move. A factor contributing to the lack of affordable problems is the dramatic decrease in rental production after 1994 (see Table 22). The cancellation of non-profit and co-operative housing programs has had a negative impact on the availability of affordable housing. As the Federation of Canadian Municipalities (2000) noted

> Since 1994, federal/provincial funding for social housing declined by $500 million, while the need increased (40%) between 1991 and 1996). Demolition and conversion eats away the affordable rental stock while many affordable ownership units crumble.

There is widespread agreement that addressing the issue of homelessness requires action to ensure that decent, affordable housing is available in the community.

Table 22: Ownership and Rental Housing Completions
Sudbury CMA, 1989 to 1998

		OWNERSHIP				RENTAL					
Year	All Tenures	Freehold		Condominium		Private Rental		Assisted Rental		Total Rental	
Year	N	N	%	N	%	N	%	N	%	N	%
1989	1385	928	67	101	7	280	20	76	5	356	26
1990	1684	1171	70	16	1	379	23	118	7	497	30
1991	1108	551	50	0	0	498	45	59	5	557	50
1992	1819	713	39	30	2	561	31	515	28	1076	59
1993	981	589	60	32	3	169	17	191	19	360	37
1994	853	585	69	0	0	78	9	190	22	268	31
1995	384	345	90	16	4	23	6	0	0	23	6
1996	270	268	99	0	0	2	1	0	0	2	1
1997	323	316	98	0	0	7	2	0	0	7	2
1998	217	197	91	0	0	20	9	0	0	20	9

Source: CMHC, adapted from Dunphy et al., (1999).

Unemployment, Income, and Poverty Levels

The problems with the affordability of housing in Sudbury are linked to the lower incomes and higher rates of unemployment and poverty in the area. The following statistics illustrate how low income and poverty contribute to homelessness in Sudbury:

- The average incomes of home owners increased by 6% between 1990 and 1995 while the average incomes of tenants decreased by 8% in this period (Dunphy et al., 1999). Statistics Canada[a] (2000) has documented the widening gap between the rich and poor in Canada and the overall decline in average family income between 1990 and 1995, from $57,339 to $54,583. Among families in which the head of the household was between 15 and 24 years of age, the decline in average income during this period was 21%.

- Average total incomes in Sudbury are lower than the provincial average (based on 1996 census data). While the average total income of married and common law families in Sudbury CMA is 3.6% lower (at $62,092) compared to the province as a whole ($64,434), single-parent families are much worse off—their average total income of $29,355 is 9.4%

lower than single-parent families in Ontario ($32,417).

- Women's incomes are substantially lower than men's incomes in Sudbury and the gender gap in income is greater in Sudbury than it is in the province as a whole. Women's average total income in Sudbury CMA was $18,874 compared to $33,120 for men; women's incomes represent only 57% of the average total incomes of men.

- While unemployment rates in Sudbury have declined substantially from the late 1990s, at 7.1% in July 2000, it remains above the national (6.8%) and provincial (5.3) rates (Human Resources Development Canada, 2000). In August 2000, Sudbury had the highest unemployment rate among all major urban regions in Ontario. In addition, the labour force participation rate has remained lower in Sudbury compared with Ontario as a whole (for example, the 1996 census data showed that it was 3.8% lower).

- Sudbury has one of the highest economic dependency ratios (EDR) in the country, being one of five census metropolitan areas in Canada with an EDR above 30%. The EDR is an indicator of poverty since it reflects the level of transfer payments as a source of income based on tax filer data. In 1995, Statistics Canada[b] reported that "On average, tax filers received $26.60 in transfer payments for every $100 of employment income earned"(p.2). The ratio in Sudbury was $31.80 which is 19.5% higher than the national average.

- There were 15,980 females and 11,945 males in the Regional Municipality of Sudbury who were below the poverty line in 1995. Young children and young adults had the highest rates of poverty, with females in every age group being more likely to be poor compared with males. The groups with the highest poverty rates were as follows:
  - 33.8% - women aged 20 to 24
  - 30.3% - girls aged 0 to 4
  - 28.4% - women aged 75+
  - 26.3% - boys aged 0 to 4

The work of the Child Poverty Network has demonstrated that poverty rates have remained well above the provincial levels for the past decade through its reports in 1992, 1994, and 1999 (van de Sande, Bélanger, Kauppi, Moxam, & Sanderson, 1999). The sustained high rates of poverty and unemployment combined with a pattern of rising costs of housing for tenants, even in the face of high vacancy rates, is producing a set of circumstances which increase the risk of homelessness for low income people.

CONCLUSIONS AND IMPLICATIONS FOR FURTHER RESEARCH

There have been relatively few comprehensive studies conducted in Canadian cities to examine the extent of homelessness. The research design for the current study employed multiple methods and an inclusive definition of homelessness in order to gain an understanding of the extent of both absolute and hidden homelessness in Sudbury. The study has clearly shown that the problem has

reached crisis proportions; immediate action is required to ensure that people who are homeless are assisted in obtaining housing and to prevent homelessness among those who are at risk of losing their housing due to poverty, unemployment, and the high cost of housing.

It is also important to initiate research activities to monitor the extent of homelessness in Sudbury, better understand the characteristics and circumstances of homeless people, and examine progress on benchmarks and indicators of homelessness. The indicators that are currently being used by the Toronto Advisory Committee on Homeless and Socially Isolated Persons can be used to assess progress in addressing homelessness at the local level (see Appendix F). In addition, further research should be conducted on a number of issues that were beyond the scope of the current study:

- an examination of the social programs/services currently provided by the Sudbury Housing Authority and other key agencies that serve the population at greatest risk of homelessness in order to understand how these agencies can assist by preventing the loss of housing by individuals and families;
- the identification of the causes of homelessness among those who chronically or periodically lose their housing and experience homelessness repeatedly;
- a study of the particular needs of subgroups within the homeless population in Sudbury such as women, families, Aboriginal people, and youth;
- an examination of the health problems among homeless people and levels of access to health services;
- ongoing analysis of the rental housing market to track the relationship between rising rent, falling tenant incomes, and homelessness; and
- a study of the structural causes of homelessness in Sudbury in order to understand how homelessness can be prevented over the long term. For example, a more intensive study of homeless people is required to gain a better understanding of the inter-relationships between structural problems of poverty, unemployment, and the rental housing market and social issues such as domestic violence, mental illness, and substance abuse.

RECOMMENDATIONS

The UN Centre for Human Settlements has developed a set of policies to guide governments in developed and developing countries in meeting the goal of achieving adequate housing for all individuals. The UNCHS Policy Summary identifies the following as key guiding principles:

- housing is central to human well-being and fulfilment. Improving housing is therefore a central priority, not an optional extra. Housing is an important asset in both economic and social terms; housing policy must make more use of this fact.
- housing, development and poverty-eradication are linked with each-other in reciprocal fashion: policy-makers must recognize and build on these links, and find better ways to redirect more of the benefits of the housing process to poor people. This is likely to involve direct intervention in markets, especially on the supply side.
- all housing policies must be based on an accurate and dynamic understanding of

local realities, especially the complex ways in which real markets work, and how economic and political interests interact in cities. Good policy can make a difference, but only when it is tailored to the local context.

- although markets, states and people all have a role to play in housing, these roles are neither static nor universally generalizable at any level of detail.

The way forward may lie in new combinations of actors and roles which achieve a better synthesis between market efficiency, social equity, and environmental sustainability. Policy must be imaginative and experimental (UNCHS, 1997b).

In Toronto, the Mayor's Homelessness Action Task Force stated that "homelessness can be prevented for many people and ended for many others" (p. 18). A range of actions can and must be undertaken to make positive change to address homelessness. The following section lists recommendations in a number of areas based on the current study as well as on the major recommendations from recent research.

Creating Affordable Housing

A key indicator of the risk for homelessness is the proportion of income spent on housing. A standard calculation commonly used to assess risk is 30% or more of income spent on housing. Sudbury has been identified as one of five urban centres in Ontario in which a substantial number of tenants pay a large proportion of their income on housing (Dunphy et al., 1999). In Sudbury, nearly half (48%) of tenants were at the 30% threshold or above it and about a quarter of tenants (24%) were at high risk of homelessness, spending 50% or more on housing. Addressing the problem of the affordability of housing for tenants is vital and must be addressed both through strategies dealing with rental housing and by increasing the levels of financial support to social assistance recipients and low income people (also see Recommendations 16 and 17).

1) Implement measures to ensure that new affordable rental housing is developed and existing low cost, appropriate rental housing is preserved. Some examples of how this could be accomplished follow:
   - Encourage the new City of Greater Sudbury to establish a Homelessness Community Fund in which city capital contributions could be used to lever capital from various sources in order to develop new social housing units;
   - Develop partnerships with landlords to develop an ethical rent policy and to build on linkages that have already been established (e.g. through the housing registry).
   - Create public-private partnerships to work together to use vacant rental units in order to develop social housing locally.

2) Implement a public education campaign that focuses attention on (a) the need for new social housing projects funded by government and (b) the requirement of establishing tri-level partnerships (federal, provincial, and local governments) to enable the development of new social housing units. The production of affordable housing must be identified as a priority for the public agenda at the local, provincial, and federal levels.

3) Provide more support services and financial support to homeless and low income people to assist them in making the transition to stable housing and to reduce the risk of homelessness in the future. Examine options such as the establishment of shelter allowances, rent supplement programs, rent banks, housing help (to assist clients to find housing), and funds for first and last months' rent for social assistance recipients. Another strategy is to introduce supplements or supports for the development of board and lodging facilities for homeless youth.

Enhancing Outreach, Awareness, and Participation Among the Homeless Population

4) Enhance outreach services to homeless people in Sudbury to connect them with existing community resources.

5) Involve consumers 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 including youth, single adults, families, seniors, and cultural groups such as Aboriginal people, francophones, and visible minorities. These groups have an important role to play in the development of appropriate strategies for addressing and preventing homelessness and must be included in the decision-making process.

6) Bring Ontario Works staff together with other service providers and homeless people in a one-day workshop to increase understanding of the issues related to homelessness.

Increasing the Number of Shelters and Support Services

7) Provide more funding for shelters and beds for homeless people in order to
   - expand the number of beds;
   - extend the length of time that clients may stay in shelters;
   - make provisions for offering beds and support services to subgroups of the homeless population that are currently not served effectively, such as couples, families, pregnant teens, and teen mothers. There are currently not enough beds in shelters to accommodate the needs of the homeless population and a majority of the service providers have experienced periods when they were not able to serve people when demand exceeded capacity.
   - Introduce an incubator fund for developing enhancements or the expansion of existing shelters.

8) Review the shelter arrangements for women who are not victims of domestic violence and establish beds for women who do not require or are averse to heightened security arrangements. Conduct outreach activities to ensure that homeless women who are not victims of domestic violence are aware of the availability of shelter and support services.

9) Consult with First Nations and francophone organizations in order to develop strategies for addressing the needs of homeless people in these cultural groups. In particular, since a quarter of the homeless people in Sudbury are Aboriginal, a culturally appropriate service must be established that will ensure respect for their identity and culture.

10) Implement proven strategies for addressing the needs of homeless people with mental illness. Housing (both transition and long-term housing), community services, and more workers are needed to offer better support, in the community, to this population. More effective discharge policies and practices and closer links between hospital-based services and community services are needed, as well as enhanced services to address co-occurring mental illness and substance abuse. Best practices that have been demonstrated to be effective in supporting people with serious mental illness such as intensive case management services must be implemented. For example, Rapp (2000) has argued that while members of the general public fully expect to receive the best treatments for their illnesses, people with mental illness are routinely subjected to treatments and practices that have been demonstrated to be ineffective. His work has shown that the strengths model can be used successfully to support people with serious mental illness and enable them to live satisfying and fulfilling lives in the community.

11) Establish a process for co-ordinating services to homeless people. While there is currently considerable collaboration between agencies, a central location (central office) that would provide information about the different services, offer support, and refer people to the appropriate services is needed to maximize local resources. This office could also co-ordinate the collection of information to monitor the needs and characteristics of homeless people (see recommendation 15).

12) Provide funding for community-based workers who will engage in follow-up activities with clients and offer ongoing support services to assist clients in making a successful transition into stable housing in the community.

13) Conduct a public education and awareness campaign to educate the general public, politicians, and local businesses regarding homelessness issues, draw attention to the need for local action to reduce and prevent homelessness, and "destigmatize" homelessness and the problems that accompany it.

14) Develop strategies for addressing the issues of food security and health services for people who are absolutely homeless as well as those who are at substantial risk of becoming homeless.

Collecting Local Information on Homelessness on an Ongoing Basis

15) Implement a process for conducting local research on homelessness through the ongoing collection of data on people who are homeless in order to monitor the extent of homelessness and to be more proactive in meeting the needs of subgroups of this population. For example, the City of Toronto, along with the reference group of Toronto's Advisory Committee on Homelessness and Socially Isolated Persons, has identified a set of indicators that can be used to monitor homelessness and track changes over time. The indicators from the Toronto Report Card on Homelessness 2000 are included in Appendix F.

Developing Long-Term Strategies for Addressing Homelessness

16) Facilitate community partnerships and initiatives to address the structural problems of lack of access to education, unemployment, lack of jobs, and low wages for vulnerable groups.

17) The Toronto Report Card on Homelessness 2000 contains recommendations which specify actions that the federal and provincial governments must take in order to remedy the structural problems of poverty, low income, and unemployment, which are the key factors contributing to homelessness in Sudbury. Since the results of the study of homelessness in Sudbury clearly show that the main causes of homelessness are structural, it is vital to press the senior levels of government to implement policy changes that will address the underlying causes of the problem.

Urge the federal government to:[9]

(a) implement the recommendations of the Federation of Canadian Municipalities Quality of Life Infrastructure Budget Proposal related to housing;

(b) provide additional support for new affordable rental housing development in the next federal budget;

(c) expedite the process to make federal lands available for affordable housing development

Urge the provincial government to:

(d) increase the shelter component of social assistance to reflect local market conditions;

(e) create a new shelter allowance program for the working poor;

(f) create 14,000 new supportive housing units in the province;

(g) ensure that definitions of special need and eligibility for supportive housing are broad enough to include "hard-to-house" homeless people;

(h) make provincial land available for affordable housing development;

(i) increase per diem rates for shelters and provide additional funding for program supports.

Priority Recommendations Identified by Service Providers

The final activity conducted for the study was to review the recommendations with service providers who work with the homeless population and to identify the top priorities. The service providers endorsed all recommendations and identified the following as those that are most important:

---

[9] Recommendations (a) to (h) have been adapted from the Toronto Report Card on Homelessness 2000. www.city.toronto.on.ca/homelessness

1) Provide more funding for shelters and beds for homeless people (Recommendation 7).
2) Implement measures to ensure that new affordable rental housing is developed and existing low cost, appropriate rental housing is preserved (Recommendation 1).
3) Develop strategies for addressing the needs of homeless people with mental illness (Recommendation 10).
4) Provide more support services and financial support to homeless and low income people to assist them in making the transition to stable housing and to reduce the risk of homelessness in the future (Recommendation 3).
5) Consult with First Nations and francophone organizations in order to develop strategies for addressing the needs of homeless people in these cultural groups (Recommendation 9).
6) Review the shelter arrangements for women who are not victims of domestic violence and establish beds for women who do not require or are averse to heightened security arrangements (Recommendation 8).
7) Enhance outreach services to homeless people in Sudbury to connect them with existing community resources (Recommendation 4).
8) Involve consumers in the development of new services and the enhancement of existing services (Recommendation 5).
9) Press the federal and provincial governments to implement policy changes that will address the underlying causes of the problem (Recommendation 17).
10) Provide funding for community-based workers who will engage in follow-up activities with clients and offer ongoing support services to assist clients in making a successful transition into stable housing in the community (Recommendation 12).

REFERENCES

Barnes, P. (1999). Homelessness Has More Impact on TB Spread than HIV. *Tuberculosis & Airborne Disease Weekly*, April 26, 1999.

Burt, M. (1996). *Practical Methods for Counting the Homeless: A Manual for State and Local Jurisdictions*. 2nd Edition. The Urban Institute. Washington, DC.

Canadian Council on Social Development. (2000). Position Paper: The 2000 Federal Budget, February 2000, Ottawa: CCSD http://www.ccsd.ca/pr/bud00re2.htm

Canadian Mortgage and Housing Corporation. (1995). *Inventory of Projects and Programs Addressing Homelessness*. Ottawa.

Canadian Mortgage and Housing Corporation. (1997). *Literature Review: Aboriginal Peoples and Homelessness.* Ottawa.

City of Toronto. (2000). The Toronto Report Card on Homelessness 2000. www.city.toronto.on.ca/homelessness/appendixa.htm

Daly, G. (1988). A Comparative Assessment of Programs Dealing With the Homeless Population in the United States, Canada, and Britain. Canada Mortgage and Housing Corporation, Ottawa.

De Leon, G., Sacks, S., Staines, G., & McKendrick, K (1999). Modified Therapeutic Community for Homeless Mentally Ill Chemical Abusers: Emerging Subtypes. *American Journal of Drug and Alcohol Abuse*, V25 (3), p. 495.

Dennis, M. (1993). *The Homeless and Transient Population Study*. Research Triangle Park, North Carolina.

Dordick, G. (1997). *Something Left to Lose: Personal Relations and Survival Among New York's Homeless.* Temple University Press, Philadelphia.

Dunphy, N., Lapointe, L., & DeJong, I. (1999). Where's Home? A Picture of Housing Needs in Ontario. Ontario Non-Profit Housing Association & Co-Operative Housing Federation of Canada.. Carleton Printers, Toronto.

Dunphy, N., Lapointe, L., & DeJong, I. (1999). Where's Home Part 2? A Picture of Housing Needs in Ontario. Ontario Non-Profit Housing Association & Co-Operative Housing Federation of Canada. Carleton Printers, Toronto.

Federation of Canadian Municipalities. (2000). *Toward a National housing Strategy: Preliminary Proposals*, Ottawa.

Fisk, D., Rowe, M., Laub, D., Calvocoressi, L., & DeMino, K. (2000). Homeless Persons with

Mental Illness and Their Families: Emerging Issues for Clinical Work. *Families in Society: The Journal of Contemporary Human Services*, V81 (4), p. 351.

Hambrick, R., & Johnson, G. (1998). The Future of Homelessness. *Society*, Vol 35 (6), p. 28.

Hess, R. (2000). Helping Homeless People Off the Streets: Real Solutions to Urban Homelessness. *USA Today*, v. 128 (2656), p. 18.

Human Resources Development Canada. (2000). Highlights for August 2000: Northern Ontario. www.on.hrdc-drhc.gc.ca/english/lmi/eaid/ore/lfs/hn082000_e.htm

Levy, J. (2000). Homeless Outreach: On the Road to Pretreatment Alternatives. *Families in Society: The Journal of Contemporary Human Services*, V81 (4), p. 360.

Lindquist, C., Lagory, M. & Ritchey, F. (1999). The Myth of the Migrant Homeless: An Exploration of the Psychosocial Consequences of Migration. *Sociological Perspectives*, V. 42 (4), p., 691.

LoBue, P, Cass, R. Lobo, D., Moser, K., & Catansaro, A. (1999). Development of Housing Programs to Aid in the Treatment of Tuberculosis in Homeless Individuals: A Pilot Study. *Tuberculosis & Airborne Disease Weekly*, Feb. 22.

Mayer, D. (1995). *Final Report of the Advisory Committee on Emergency Shelter*. District of Sudbury Social Services Administration Board, Sudbury.

Mayor's Homelessness Action Task Force. (1999). *Taking Responsibility for Homelessness: An Action Plan for Toronto*. City of Toronto.

McCann, W. (1999). Toronto: Homeless Stereotypes Misleading. *The Canadian Press*. January 14, 1999.

National Coalition for the Homeless. (1999). *How Many People Experience Homelessness*. NCH Fact Sheet # 2. Washington DC.

Onstad, K. (1998). Welcome to the Mega-City, Squeegee Kids: New Toronto Has Less Tolerance for Street People. *The Ottawa Citizen*, July 29.

Ontario Medical Association Committee on Population Health. (1996). Exploring the Health Impact on Homelessness. *Ontario Medical Review*, May, 1996. www.oma.org/phealth/homeless.htm

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.

Power, R., French, R., Connelly, J., George, S., Hawes, D., Hinton, T., Klee, H., Robinson, D.,

Senior, J., Timms, T., & Warner, D. (1999). Health, Health Promotion, and Homelessness. *British Medical Journal*, v318 (7183), p. 590.

Rapp. C. (1998). *The Strengths Model: Case Management with People Suffering from Severe and Persistent Mental Illness*. Oxford University Press, New York.

Rapp, C. (2000). Personal Communication, June1, 2000.

Statistics Canada[a.] (1998). 1996 Census: Sources of Income, Earnings and Total Income, and Family Income. *The Daily*, Tuesday, May 12, 1998. www.statcan.ca:80/Daily/English/980512/d980512.htm

Statistics Canada[b.] (1997). Economic Dependency Profiles: 1995. *The Daily*, Tuesday, May 12, 1998. www.statcan.ca:80/Daily/English/980512/d980512.htm

UNCHS[a] (1997). *The Istanbul Declaration and The Habitat Agenda.* Nairobi: United Nations Centre for Human Settlements. www.unchs.org/unchs/english/hagenda/index.htm

UNCHS[b] (1997). *Shelter for All: The Potential of Housing Policy in the Implementation of the Habitat Agenda.* United Nations Centre for Human Settlements. www.unchs.org/unchs/english/shelter/contents.htm

van de Sande, A., Bélanger, J.-M., Kauppi, C., Moxam, B., & Sanderson, R. (1999). *Child & Youth Poverty in Sudbury.* Child Poverty Network, Laurentian University, Sudbury.