

Report on Homelessness in Sudbury

Comparison of Findings
July 2000 to July 2002

by
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Prepared for the
City of Greater Sudbury

Prepared by the
Social Planning Council of Sudbury

October, 2002



Social Planning Council
Conseil de planification sociale
OF SUDBURY DE SUDBURY

TIME'S



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Homelessness Initiative
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Sudbury
Canada

Report on Homelessness in Sudbury: Time 5

Comparison of Findings: July 2000 to July 2002

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EXECUTIVE SUMMARY

Introduction

The growing problem of homelessness in Canada's major cities has been underscored recently through the attention garnered by the closing of "squats" in Vancouver and Toronto and the eviction of homeless people. These events were reported in the national media (cf. Maclean's, 2002). In smaller urban centres, like Sudbury however, homeless people exist in significant numbers but they are largely invisible on the national scene. Our research on homelessness in Sudbury has documented the size of the homeless population locally and the federal government has allocated funds from the National Homelessness Initiative to improve the system of services to homeless people here and to expand the research capacity. The City of Greater Sudbury and the Task Force on Emergency Shelters and Homelessness have worked with the Social Planning Council of Sudbury and faculty from the School of Social Work at Laurentian University to ensure that the findings are applied locally and the recommendations of the research are implemented to address the issue at the local level. The current study is the fifth in a series of seven studies that will be completed by July 2003.

Defining Homelessness

Like the earlier studies on homelessness in Sudbury, the current project adopted an inclusive definition of homelessness by taking into account people who were vulnerable to becoming homeless in addition to those who were absolutely homeless at the time of the study (i.e. the approach taken by the Mayor's Homelessness Action Task Force, Toronto). The definition used in the Toronto study was based on work by Daly (1996) and views homeless people as those who are absolutely, periodically, or temporarily without shelter, as well as those who are at substantial risk of being on the street in the immediate future. *However, since the T2 study in January 2001, our research has also identified and enumerated those who were absolutely without housing.*

Research Methodology

To enable comparisons with our earlier studies, (i.e. July 2000, January 2001, July 2001, and January 2002) the same mixed-methods design was used in T5. Quantitative and qualitative data were collected in three phases that were ongoing simultaneously during the week of July 24th to 30th, 2002. A survey of service providers conducted in T1 will be completed in the fall of 2002. However, each study has included a unique component; the T3 study included face-to-face interviews with homeless people while the T4 study included four focus groups with homeless people. The three phases in T5 included:

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

Key Findings

Phase I: Count of Homeless People

Absolute homelessness:

- The number of unduplicated homeless cases observed in 2002 was higher than in the previous studies (n=459 in T5, July 2002 and n=485 in T4, January 2002) compared to an average of 382 in the T1 to T3 studies. However, collectively the four key agencies that identified two-thirds of the homeless population and participated in all five studies enumerated roughly the same number of people in July 2000 and July 2002. In contrast, the findings for January 2001 and January 2002 indicated that there was more variability in the number of homeless people served by these four agencies.
- The comparison of earlier findings with those from T5 indicates that Aboriginal people generally comprise approximately a quarter to a third of the absolutely homeless population.
- In T5, women represented fully half of those who were absolutely without housing (as they had in T2).
- In the T2, T4, and T5 studies, a quarter or more of those without any housing have been children or adolescents. The current study identified six preschool children, twelve school-age children, fourteen adolescents under age 18, and 24 youth aged 18 or 19.
- In T5, close to half of the absolutely homeless people stated that they had no income. The main source of income, Ontario Works, was received by about a fifth of those who were absolutely homeless.
- The main reasons for absolute homelessness, viewed as a whole, are structural problems such as unemployment and lack of access to social assistance. Problems with income security programs, notably Ontario Works (OW), have been identified by homeless people as direct causes of homelessness, in all five studies conducted to date.
- By far, the most common problem with Ontario Works was with eligibility for benefits; during the seven-day period of the study in July 2002, 34 people attributed their homeless to their inability to gain access to OW benefits (i.e. being deemed ineligible). In addition, eleven people said that their benefits were cut-off.
- Men more often cited poverty and an inability to pay the rent as reasons for homelessness (32% of men and 14% of women). In contrast, women comprised over 90 percent of those for whom domestic violence was a cause of absolute homelessness (80% in T4).
- In T5, over a quarter (26%) of the absolutely homeless men identified transience as being linked to their homelessness compared to less than a tenth of the women (8%.)

Relative homelessness:

- The total homeless population (high-risk and absolutely homeless) identified in the T5 study (n=485) included 63 infants and children under age 13, 69 adolescents aged 13 to 19, and 5 older adults aged 60 years or more.
- In T5 there was a dramatic shift in the gender ratio among homeless people compared to prior studies, with women outnumbering men in T5.
- The findings on culture and language have been consistent in all five studies conducted to date. As in all of the earlier studies, Native people were greatly over-represented among the homeless population in T5 with 27% being Aboriginals. They have made up approximately a quarter of the homeless population in all of the studies conducted to date.

- While the relative importance of the reasons has differed slightly in the T1 to T5 studies, the main reasons for homelessness have been the same: unemployment, problems with social assistance, housing problems, and family problems were cited by most homeless people as the factors leading to homelessness. In T5, substantially more people were reporting problems with work/unemployment than in the previous studies.
- The number of people reporting, in July 2002, that they were having problems with social assistance payments was about the same as in January 2002 (122 vs. 118). In T5, twenty-one stated that they had been evicted or kicked out of their housing. This was nearly double the number reporting eviction in T3 and T4 (T4=12, T3=11).

Phase II: Neighbourhood Survey

- In T5, July 2002, the sample size was 278 (compared to 236 in T1, 195 in T2, 377 in T3, and 184 in T4).
- Nearly two thirds of the participants were women (63%) and the participants ranged in age from 16 to 88, with a mean of 43 (the mean age in T2 was 44 and 43 in T3).
- As in the previous neighbourhood surveys, due to the intentional over-sampling of low income neighbourhoods, close to two-thirds of the respondents (64%) described their income level as below average (compared to 55% in T4, 64% in T3, and 67% in T2).
- Most of the residents who participated in the T5 and the T4 studies reported that, in their opinion, homelessness is a problem (T5=80% and T4=84%).
- As in the prior studies, alcohol/substance abuse, poverty, and unemployment were among the factors linked to homelessness about which there was the greatest concern.
- The T5 results were compared with those from a national CMHC/Enviro-nics study on attitudes to homelessness. Like other Canadians, most people in our T4 and T5 samples believed that homelessness is increasing in Canada, that more young people, women, and children are becoming homeless, that organizations like food banks and shelters are not sufficient solutions to deal with homelessness, and that there is a societal cost, not just an individual cost to homelessness.
- A key difference between our study and a national CMHC/Enviro-nics study was that larger proportions of the Sudbury samples expressed the view that “governments should spend more on preventing homelessness”: in T5, 71% of the sample expressed strong agreement with this statement compared to only 28% of the national CMHC/Enviro-nics sample. Substantially more Sudburians, including those in middle and high income groups, favour government spending to prevent homelessness.
- The T5 results on personal experiences were similar to those noted in T4, with just over a quarter of the residents reporting that they, a family member, or a friend of theirs had been homeless in the past. In T5, about a third of the residents stated that they had been homeless at some time in the past.
- In every study, the primary reason for being homeless in the past focussed on unhealthy family relationships. Other reasons most often given were substance abuse, a lack of affordable housing, and personal failure or lifestyle choice.
- The three main reasons for homelessness among *other people they knew in Sudbury* were a lack of affordable housing, mental or physical illness, or unemployment.

- The T5 residents' views on how to address homelessness in Sudbury were consistent with the previous strategies mentioned. In comparison to the T4 study, in T5 more of the residents emphasized the need for government funding for services and improving income assistance.

Phase III: Field Observations

L'association des jeunes de la rue, the Youth Action Centre Intravenous Drug Unit (IDU), and the Sudbury Regional Police Service assisted with the study by serving as key informants and enabling members of the research team to accompany front-line workers or officers on regular evening/night shifts during the week of the T5 study. The same ten themes were identified in T5 as were observed in the T4 study: mental illness, substance abuse, the routinization of homelessness, supportive relationships among homeless people, accessing services, health issues, daily hassles and stressors, finding a place to sleep, homeless adolescents, and prostitution.

Recommendations

The recommendations that were presented in the T4 report are listed first followed by new recommendations.

Responsive services

Recommendations from the T4 report:

- 1) Provide funding support to ensure that local service providers are employing best practice models in working with homeless people. Offer training workshops locally in order to provide continuing education opportunities to local service providers so that homeless people can be supported effectively.
- 2) Address the gaps in the service system for homeless adolescents, most of whom do not have any source of income. Programs must be developed/enhanced to ensure that adolescents fleeing abusive situations do not become homeless.
- 3) Establish culturally appropriate shelters and related services for homeless Aboriginal people in Sudbury.
- 4) Examine homeless people's access to food/ food banks and change policies/practices that prevent homeless people from receiving food.
- 5) Examine the systemic problems for women and people with mental illness to ensure that they are supported effectively by local services and programs. Hold joint planning sessions between Ontario Works and local service providers to ensure that strategies are developed to support homeless people in making a successful transition from homelessness into stable housing and community life.
- 6) Enhance outreach services to identify and serve absolutely homeless people who do not utilize the shelter system. Providing additional funding support to employ "natural helpers" (i.e.

formerly homeless people) in performing outreach activities may be an effective strategy for supporting absolutely homeless people who are isolated and detached from service providers.

- 7) Provide funding support to enable current service providers to add staffing that is culturally sensitive (e.g. to Aboriginal people and Francophones).

New recommendations

- 8) Undertake a review of the literature on best practices in working with homeless people and disseminate a document describing these practices to local service providers.
- 9) Address the systemic issues for homeless people by facilitating the coordination of services to people who are homeless or at high risk of becoming homeless. In collaboration with community agencies, policies and practices of local agencies and the City of Greater Sudbury that serve as barriers for individuals and families must be identified and changed. Develop policies and practices to support individuals and families, prevent the loss of housing, and facilitate the reintegration of homeless people into the community.

Housing

Recommendations from the T4 report:

- 10) Work with the Northeast Mental Health Centre and the Canadian Mental Health Association in Sudbury to address the specific housing needs and provide housing support for chronically homeless people who are suffering from mental illness. In addition, public education regarding the mental health issues related to homelessness is required in order to reduce the pervasive negative stigma that persists in our community.
- 11) Establish transition housing to support homeless people in making the shift towards reintegration into the community. Work with local partners in order to establish transitional housing in the downtown core.

New recommendation

- 12) Undertake a housing study to determine the availability of affordable housing and examine strategies for the City of Greater Sudbury to support the development of appropriate housing for absolutely homeless people and those living in substandard housing.

INTRODUCTION

The growing problem of homelessness in Canada's major cities has been underscored recently through the attention garnered by the closing of "squats" in Vancouver and Toronto and the eviction of homeless people. These events have been reported in the national media (cf. Maclean's, 2002). However, in smaller urban centres, like Sudbury, homeless people exist in significant numbers but they are largely invisible on the national scene.

The *National Homelessness Initiative (NHI)* of the Government of Canada has targeted most of the dedicated funds from the *Supporting Communities Partnership Initiative (SCPI)* to addressing homelessness in large cities. The series of studies on homelessness in Sudbury has documented the size of the homeless population locally and the federal government has allocated funds from the NHI to improve the system of services to homeless people here.

The City of Greater Sudbury and the Task Force on Emergency Shelters and Homelessness have worked with the Social Planning Council of Sudbury and faculty from the School of Social Work at Laurentian University to ensure that the findings are disseminated and applied locally and the recommendations of the research on homelessness have been implemented to address the issue in Sudbury.

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

The Current Study

July, 2002 (Time 5)

This study repeated the three main phases of all prior studies: the count of homeless people, the neighbourhood survey, and the qualitative field research were conducted. The data enabled a comparison with the findings from the earlier studies in order to examine the consistency of key trends noted in the two other studies conducted during the summer (T1 and T3). Service providers were asked to provide the information on homeless people using their services during a one-week period at the end of July, 2002. The data collection instrument used in conducting the unduplicated count was designed to gather the same information as in the Time 1 to Time 4 studies but was refined to improve recording procedures. The data collection instrument differentiates between people who were absolutely homeless and those who were at high risk of homelessness and collects information on background characteristics, receipt of income support, and the main reasons for homelessness.

Overview of the Current Report (Time 5)

This report describes the following:

- the numbers of people who are absolutely homeless and those at high risk of homelessness;
- breakdowns on background characteristics including children, youth, women, men, cultural groups (i.e. those of Anglo/European origins, Aboriginal people, and francophones);
- reasons for homelessness;
- local residents' personal experiences with homelessness;
- local residents' opinions regarding homelessness and perceived solutions;
- observations of the sites in the city centre where homeless people may be found in the summer with comparisons to earlier studies; and
- comparisons with the Time 1 to Time 4 findings.

METHODOLOGY

Defining Homelessness

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

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

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

Casavant (1999) observed that many researchers and service providers believe that defining homelessness in terms of the absolute absence of shelter is overly restrictive. However, in order to gain a better understanding of the dimensions of the problem in Sudbury, the Time 2 and Time 3 studies also identified and enumerated those who were absolutely without housing.

Approach to the Study

Researchers working in this field have noted the difficulties in studying this population; consequently, a mixed-methods study was designed to enable the collection of quantitative and qualitative data. Consistent with the Time 1 through Time 4 studies, the Time 5 study was conducted in three phases that were ongoing simultaneously during the week of July 24th to July 30th 2002. Phase I focussed on obtaining a count of the homeless population using emergency shelters, social service agencies, and other services supporting this population in the City of Greater Sudbury as well as gathering information on their characteristics and reasons for homelessness. Phase II involved a face-to-face survey of homes in randomly selected neighbourhoods in the city of Sudbury. This survey gathered information on public opinions on homelessness in addition to the identification of the “hidden homeless” or at-risk population who stay in temporary accommodation with friends or family. Phase III of the study involved qualitative field research in settings occupied by homeless people in the downtown core. Researchers accompanied outreach workers serving the homeless

population and Sudbury Regional Police Services making rounds in order to observe the locations inhabited by homeless people in Sudbury.

Agency “Count” or Census of the Homeless Population

We have worked with local service providers in order to obtain snapshots of the homeless population during a one week period for each of the Time 1 to Time 5 studies. Given the inherent difficulties in studying homeless people, it must be recognized that any count will produce an under-estimate of the total homeless population. Nevertheless, by securing the participation of a majority of the service providers in the Region of Sudbury, a more accurate estimation can be obtained. A list of providers from the four earlier studies was used and expanded to ensure that the key organizations serving this population were participating. A letter explaining the objectives of the study and the need for participation from all providers was delivered to the agencies along with a copy of the data collection instrument to be used for the count. Every provider was subsequently contacted by telephone in order to set a date and time for a meeting to review the information to be collected in the study and to determine how the data could be collected from each agency. The data collection instrument consisted of a form for collecting information on each homeless person (see explanation in the following section).

The Count

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

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

Peressini, McDonald & Hulchanski (1996) noted that there has been a tendency to utilize a variation of the service-based methodology in most studies of homelessness conducted since the late 1980s. This methodology was used in the current study because it captures most of the population. In addition, by gathering detailed information about each individual using shelters and allied services for seven consecutive days, we are able to identify the number of repeat service users and unique cases. In contrast, other researchers, such as those conducting research on homelessness in Edmonton, have opted to conduct their count of homeless people by collecting data on a single day. While this approach reduces the time and effort required to collect the data, it may produce a more conservative estimate of the number of homeless people, since individuals who are not visible on

the streets or using services on the day of the count will be excluded. Continuing the data collection for a one-week period may capture a more accurate “snap-shot” of the homeless population.

Furthermore, by having the count conducted by providers who are experts in the field, the intrusiveness of the study is reduced and client confidentiality is fully maintained. In the Time 2 through 5 studies, however, it has been necessary to have research staff collect data in one agency, due to limited staff resources available to perform this task.

The service-based method used in this study was designed to obtain an unduplicated count of the homeless population in Sudbury. In order to accomplish this, the week of July 24th to 30th was identified as the time period in which the count would take place. The timing of all studies has been planned so that the data collection would be conducted at the end of the month when homelessness has been found to increase (Peressini et al., 1996). The count was conducted by 19 agencies in Time 1, 16 agencies in Time 2, 22 agencies in Time 3, 24 agencies in Time 4, and 25 agencies in Time 5. The data collection was operationalized by using an data collection chart (slightly revised and expanded and refined from the Time 1 and 2 studies) that would allow us to gather information about each one of the homeless people using the service. In each study, some of the agencies contacted did not participate for various reasons. In addition, it was found that some individuals do not want to provide information about themselves. The experiences of members of the research team who were collecting data in Time 2 in one of the agencies illustrate the problem:

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

A few nights there were some people that were pretty hostile, like telling us to go to hell... Some of them got right in our faces and swore — telling us to get out of here and that we were a bunch of losers and other names. They wanted to know how much we were getting [paid] and how much our bosses were making for doing this and yelling what we were going to do for them, and as we explained they just got more angry.

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

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

We also gathered information on welfare status and reasons for homelessness. In addition to the count of homeless people conducted by service providers, a neighbourhood survey was also conducted to identify the “hidden homeless” (see the following section). Furthermore, the Time 2, to Time 5 studies have differentiated between people at high risk of homelessness and those who were absolutely homeless.

Neighbourhood Survey

Sampling Strategy

The maps available in the annual publication of the *Northern Life Telephone Directory* were used to generate a random sample of the neighbourhoods in the City of Greater Sudbury. The maps of the city of Sudbury are numbered from six to sixteen and the regions within each of these maps are alphabetically and numerically sectioned. The 11 maps of the city identified 35 sections in the city of Sudbury.¹ In total, over half of these sections have been selected to generate the sample for the neighbourhood survey. Five areas have been preselected for inclusion in the study because of their low income housing status. Low income neighbourhoods were over-sampled because of the higher risk of homelessness in these areas.

The remaining sections of the city were selected by using a cluster sampling method in which a random sample of sections was selected and then a systematic sample of residences in each section was identified for the survey (the sampling units were individual residences). Approximately half of the areas in the city (18 of 35) were selected for inclusion in the Time 1 to Time 3 studies and over half in the Time 4 and Time 5 studies (n=21) in order to provide a representative sample of neighbourhoods in the city. Seventeen research assistants were trained to gather data and the neighbourhood survey was conducted between July 24th to 30th. When sampling a section, the researchers were paired together to form teams of two. The teams selected every third street and knocked at every fifth door on the street. Each team remained in a section for approximately three hours. Unfortunately, in the Time 4 and Time 5 data collection periods, some of the teams have been prevented from entering key low income buildings. This may have affected the findings on hidden homelessness (i.e. since only two were identified in the Time 4 neighbourhood survey and four in Time 5).

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

Procedure

One member of the team explained the purpose of the survey and outlined ethical considerations (e.g. voluntary participation, withdrawal, confidentiality, anonymity etc.). If the resident agreed to participate in the survey, she or he was given a letter which explained the study, the ethical principles, and provided contact information. A brief structured interview (adapted from the Time 1 study and slightly expanded) was then conducted by one team member while the other recorded the address and the responses of the participant. As part of the survey, respondents were asked if there was anyone living with them who fit the definition of homelessness. The same data collection tool was used in this phase of the study as was used in Phase I so that the same kind of information was gathered about the hidden homeless population as that collected by the service providers in the count of homeless persons. The response rate to the neighbourhood surveys has been similar in the Time 1 to Time 4 neighbourhood surveys — 62% in Time 1, 63% in Time 2, 67% in Time 3, and 61% in Time 4. However, in Time 5, the response rate was somewhat lower, at 55%. The tendency of women (rather than men) to answer the door and/or agree to participate in the survey has also been evident in all studies. Approximately two-thirds of the respondents were women in Time 1 (64%), Time 2 (67%), Time 3 (65%), Time 4 (63%) and Time 5 (63%).

Field Observations

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

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

The field observation was also conducted in partnership with the Sudbury Regional Police Services. After a background check, this service allowed a researcher to ride along for one night during the week of the study. While this activity did not allow for any direct contact with the homeless population, it enabled the collection of information regarding police knowledge and experience with the homeless population. This activity allowed us to talk with 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, recorded a total of 580 people who had used services during the week of the Time 5 (T5) study conducted during July 24th to 30th (compared with 567 in T4). As also occurred in each of the previous studies, some people who used the services were counted more than once. The service providers have adopted varied approaches to recording information on individuals who used the agency more than once during the study period. Some recorded the information for each person on each occasion while others recorded the individual only once since the primary purpose of the count was to obtain an unduplicated count of homeless individuals.

The list of service providers is shown in Table 1. It is important to note that Table 1 does not indicate the total number of people served by these agencies during the week of July 24th to 30th 2002; as was noted above, some people were served by the same agencies more than once but this information was not recorded. The same number of agencies (n=24) participated in the T4 and T5 studies.

In the first three studies (T1 to T3), four agencies identified three-quarters of the homeless population; these were the Elgin Street Mission, Salvation Army Family Services, YWCA Genevra House, and the Salvation Army Shelter. In Times 4 and 5, these four agencies identified two-thirds of the total homeless population. A newly established health centre in the urban core, Clinique du coin/Corner Clinic, identified a further seven percent (n=40) of the total homeless population in the T4 study and five percent (n=23) in T5.

In the prior studies, the neighbourhood survey has identified between two to ten additional people who were absolutely homeless and staying temporarily in the homes of the survey respondents (i.e. representing 1 to 4% of the 278 participating households). In T5, four “hidden homeless” people were identified in the neighbourhood survey (i.e. representing 1.4% of the households).

Unduplicated Count

An unduplicated count was obtained by examining the first, middle, and last initials as well as the date of birth and gender; individuals with identical information were treated as the same person and the duplicated information was eliminated from further analysis. A number of individuals did not provide all of the information on information required to identify duplicate cases. *Since we could not determine whether those with missing data were included in the count from other agencies, they were excluded from the analysis.* The background information enabled us to identify 485 different homeless individuals who used the services of one or more of the agencies during the week of July 24th to 30th 2002, compared to 459 in January 2002, 399 in July 2001, and 341 the previous January.

**Table 1: Shelters and Agencies
Identifying the Homeless Population, T1 to T5^a**

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

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

It is important to note that the variations in the number of homeless people recorded may, in part, stem from differences in the number of participating organizations in each of the five studies. However, some participating organizations do not record homeless persons during the study week. For example, Ontario Works and N'Swakamok Native Friendship Centre have consistently participated in the study but these agencies did not identify any homeless people in the July 2002 count.

Table 2 shows the distribution of all homeless individuals identified in the T1 to T5 studies according to the classification of duplicated and verified unduplicated cases. In addition, Table 2 shows the number of individuals we were unable to classify due to missing data on demographic information. The number of unduplicated homeless cases observed in 2002 (January and July) was higher than in the previous studies.

Table 2: Number of Duplicated, Unduplicated, and Other Cases Identified in the T1, T2, T3, T4 and T5 Studies

	July 2000	January 2001	July 2001	January 2002	July 2002	Row Totals
	N	N	N	N		N
Duplicate cases	36	89	78	97	91	391
Verified unduplicated cases	407	341	399	459	485	2091
Unknown	19	34	14	11	4	82
TOTAL	462	464	491	567	580	2564

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

Table 3: Number of Homeless People Served by Key Agencies Participating in all Data Collection Periods (T1 to T5 Studies)^a

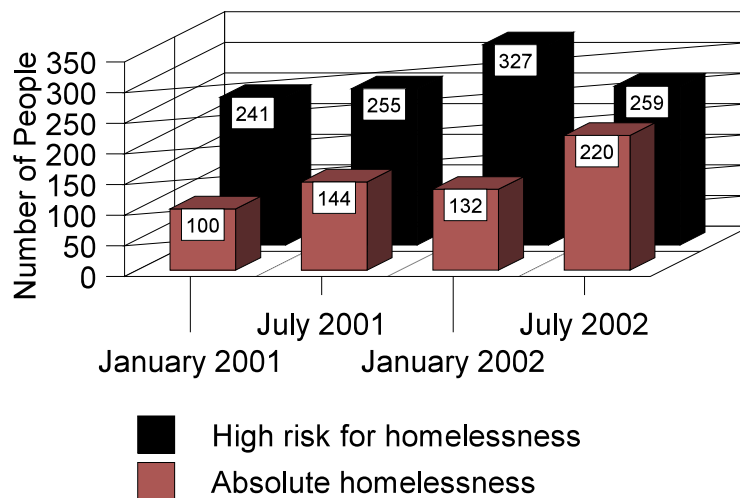
	July 2000	January 2001	July 2001	January 2002	July 2002
Agency Name	Number	Number	Number	Number	Number
Elgin Street Mission	103	50	105	48	87
Salvation Army Family Services	86	130	125	179	145
Salvation Army Shelter	79	27	112	132	35
YWCA Geneva House	51	37	29	23	51
Totals	319	244	371	382	318

^a Note that this list includes the duplicated cases.

High Risk Versus Absolute Homelessness

The number of absolutely homeless people identified in each of the studies has varied somewhat. Those absolutely without housing have comprised between a quarter and a third of the total population. However, in T5, this sub-group made up nearly half (45.9%) of those identified by the participating agencies (see Figure 1).

Figure 1: Number of Homeless People T2 to T5



Absolute Homelessness

Ninety two percent (22 of 24) of the participating agencies in both January and July 2002 identified one or more of their clients who were absolutely homeless, compared to 82% in T3. Table 4 compares the characteristics of the homeless population who were absolutely without housing in the T2 through T5 studies. The T3 study indicated that more men, Anglophones, and adults were absolutely without housing during the summer of 2001 compared with the winter (T2).

In T4, the proportion of Anglophones was similar to that noted one year earlier; however, the proportion of Francophones was lower while the proportion of Aboriginal people was higher. The comparison of earlier findings with those from T5 indicate that Aboriginal people generally comprise approximately a quarter to a third of the absolutely homeless population (26% in T5). The gender balance among the homeless population has fluctuated somewhat in the various studies, with women comprising between a third and a half of those who were absolutely homeless. In T5, women represented fully half of those who were absolutely without housing (as they had in T2).

The age distribution among homeless people in T5 was similar to that found in T4. In the last four studies, approximately two-thirds of the absolutely homeless population have been adults aged 20 to 59; in Times 2, 4, and 5, a quarter or more of those without any housing have been children or adolescents. The July 2002 study identified six preschool children, twelve school-age children, fourteen adolescents under age 18, and 24 youth aged 18 or 19.

In T3 and T4, similar proportions of those who were absolutely homeless were in marital or common law relationships (8% in T3 and 8% in T4), single (72% in T3 and 77% in T4) or divorced/separated (19% in T3 and 15% in T4). However, over twice as many absolutely homeless people were married or in a common law relationship in July 2002 (17%) compared to the T3 and T4 studies. The proportion of divorced or separated individuals was about the same in T5 as in T4 (14%).

**Table 4 : Characteristics of Absolutely Homeless People
January 2001 to July 2002**

	January 2001 (T2) Percentage	July 2001 (T3) Percentage	January 2002 (T4) Percentage	July 2002 (T5) Percentage
Gender:				
Female	50	32	36	50
Male	50	68	64	50
Language/ethnicity				
Anglophone	54	63	51	55
Francophone	20	15	11	14
First Nations	19	22	36	26
Other	7	1	2	5
Age				
0 - 12	9	3	5	9
13 - 19	27	11	19	20
20 - 59	64	82	72	70
60+	--	4	2	2

Table 5 shows the sources of income for those who were absolutely homeless. In our prior studies, about half of those who were absolutely homeless (52% in T3 and 50% in T4) indicated that they had no source of income. In T5, close to half stated that they had no income. The main source of income, Ontario Works, was received by about a fifth of the absolutely homeless people in the T5 study compared to a quarter in T4. After Ontario Works, the source of income mentioned by the largest number of individuals was a disability pension (i.e. ODSP) As in all prior studies, only a few individuals were receiving employment income (n=9 in T5 compared to 6 in T3 and T4) or employment insurance benefits (n=9 in T5, 7 in T3 and n=4 in T4). Very few absolutely homeless people had other sources of income (n=5) in T5; these individuals cited a variety of sources such as parental support, alimony, savings, or child benefit.

**Table 5 : Sources of Income
for Absolutely Homeless People, T3 to T5**

	July 2001	January 2002	July 2002
Sources of Income	Percentage	Percentage	Percentage
No income	51.9	50.4	41.6
Ontario Works	20.2	23.6	21.9
ODSP	11.6	13	16.9
EI	5.4	3.3	5.1
Employment	4.7	4.9	5.1
OAS	2.3	--	--
CPP	0.8	2.4	7.3
Other (inheritance, private pension, private insurance, alimony or savings)	3.1	2.4	2.8

Reasons for Absolute Homelessness

Information has been collected in each study to provide an understanding of the reasons for absolute homelessness. The main reasons are listed in Table 6. Viewed as a whole, structural problems such as unemployment, lack of access to social assistance, poverty and lack of affordable housing have consistently been cited by homeless people as the primary causes of absolute homelessness in Sudbury. While there were slight differences between the various studies in the number and percentage of people citing each reason, homeless people identified unemployment as the primary cause of their homelessness in Times 3, 4 and 5.

Problems with income security programs, notably Ontario Works (OW), have been identified by homeless people as direct causes of homelessness in all five studies conducted to date. People have reported several types of problems with Ontario Works including inadequate welfare payments, late cheques, ineligibility, or cessation of benefits. About a quarter (23%) of those who were absolutely homeless cited such problems. By far, the most common problem with Ontario Works was with eligibility for benefits; during the seven-day period of the study in July 2002, 34 people attributed their homeless to their inability to gain access to OW benefits (i.e. being deemed ineligible). In addition, eleven people said that their benefits were cut-off.

Eviction or inability to pay rent has also been reported by a dozens of people in each of our studies as causes of homelessness. In T5, 49 people were evicted or did not have enough money to pay rent.

Many homeless people indicated that issues such as substance abuse were related to homelessness. It was identified as a cause of homelessness by fewer people in January 2002 compared with July 2001. The T3 study has verified that Sudbury has a significant transient population, with a quarter of the absolute homeless indicating that they were transient or travelling; a similar number in T 4 also reported that they were transient. Difficulties with Ontario Works (OW) were cited by one-quarter of those in T3 and one-fifth in T4. The largest number of people who experienced problems with OW stated that they did not qualify for welfare or were cut-off from welfare benefits. Late cheques and the inadequacy of OW payments were other problems encountered.

Family issues, domestic violence, and physical or mental illness are also persistent causes of homelessness in Sudbury and have been identified in T3 and T4 by close to a fifth or sixth of those who were absolutely without housing. In January 2002, mental illness was identified as the cause of absolute homelessness by a larger number of people than in our prior studies (n=19).

In T4, less than a quarter of the absolutely homeless people were referred to other service providers to assist with the problems they were experiencing. The largest number of referrals, in both T3 and T4, were made for housing, addictions, or income/financial assistance.

Table 6 : Reasons for Absolute Homelessness, T3 to T5

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

^a Based on multiple responses.

Gender and Reasons for Absolute Homelessness

In T5, substantial proportions of both men (32%) and women (27%) mentioned unemployment as a cause of homelessness. However, as was also noted in T4, some important gender differences were evident in terms of the main reasons given. Men more often cited poverty and an inability to pay the rent as reasons for homelessness (32% of men and 14% of women). In contrast, women comprised over 90 percent of those for whom domestic violence was a cause of absolute homelessness (80% in T4).

Other gender differences were also evident in T5; over a quarter (26%) of the absolutely homeless men identified transience as being linked to their homelessness compared to less than a tenth of the women (8%). Men also mentioned problems with Ontario Works twice as often as women (30% of men vs. 15% of women).

Characteristics of the Total Homeless Population

Age

The total homeless population (high-risk and absolutely homeless) identified in the T5 study (n=485) included 63 infants and children under age 13, 69 adolescents aged 13 to 19, and 5 older adults aged 60 years or more. A more comprehensive age breakdown of the homeless people is shown in Table 7 (see also Tables A-1 and A-2 in Appendix A for the total age distribution). The number of homeless children has fluctuated somewhat across the five data collection periods, between 32 and 63. However, the proportion of children under the age of 13 among the homeless population has remained about the same (about 12 to 14%). There has been somewhat more fluctuation in the proportion of adolescents and young adults (20 to 29) in the homeless population. The number of older adults has remained relatively small in all five studies. Fairly complete data on the age of homeless people has been collected in the T4 and T5 studies, since it was available for 98% of the homeless individuals studied in T4 and 91% in T5.

Table 7: Homeless Population by Age Groups,^a T1 to T5

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

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

Gender and Age

Figure 2 compares the gender of homeless people in the T1 through T5 studies. In T4, it was noted that there was a *slight* but non-significant increase in the number of homeless women during the winter (i.e. T2 and T4 compared with T1 and T3). The proportion of women (around 40%) was

about the same in the first four data collection periods. These findings were similar to those reported for Toronto, where women represent 37% of those who use the emergency shelter system (CMHC, 1999). However, in T5 there was a dramatic shift in the gender ratio among homeless people, with women outnumbering men.

Figure 2: Homeless Population By Gender
T1 to T5

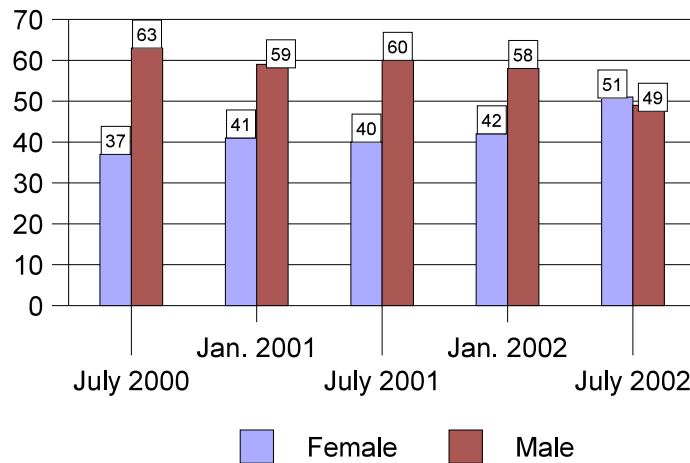


Table 8 shows the proportions of homeless males and females in the various age groups. The greatest fluctuations in the gender ratio have been among adolescents and seniors. In T5, most older adults who were homeless were men, as in all prior studies. However, in all other categories, the proportion of females to males was quite even in July 2002. The largest shifts in the gender ratio were among adult women aged 35 to 59 whereby the proportion of women increased from just over a third to nearly a half.

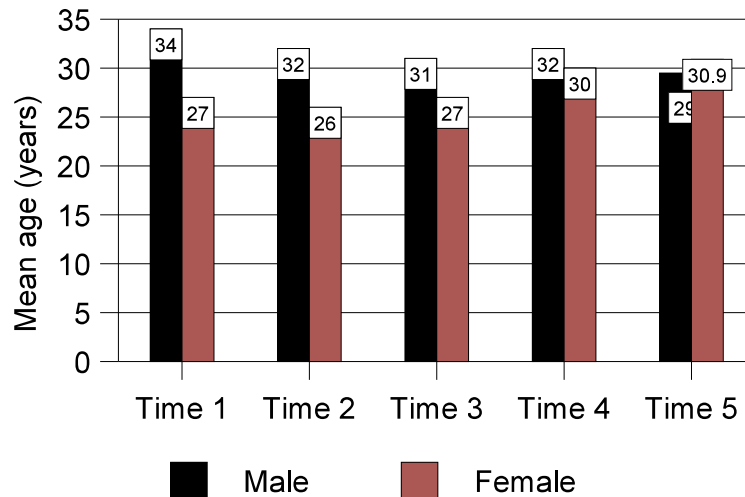
In the T1 to T3 studies, the gender split had widened among older age groups, with males predominating among homeless adults. An examination of the average age of homeless men and women indicated that there had been a consistent and significant gender difference² in the (mean) age of homeless people in all of the T1 to T4 studies (see Figure 3). The average age of women has been consistently lower compared to men. However, this gap was smaller in the T4 study than in the T1 to T3 studies. In T5, the age difference between women (29.5) and men (30.9) was non-significant.

² $p < .0001$

Table 8: Percentage of Homeless People by Gender and Age, T1 to T5

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

**Figure 3: Mean Age by Gender
T1 to T4**



Ethnicity

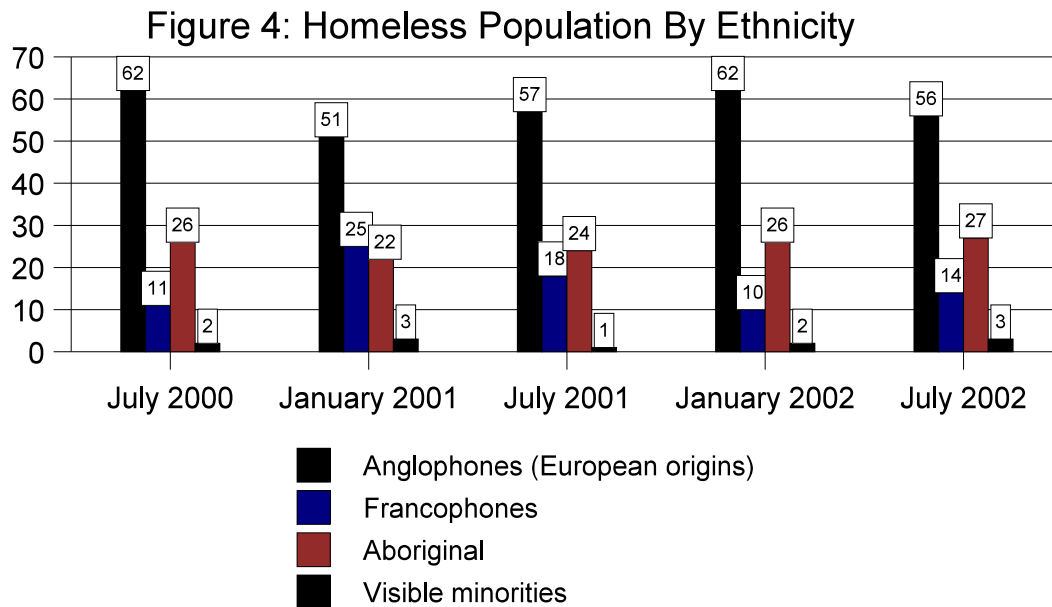
The findings on culture and language have been consistent in all five studies conducted to date. As in all prior studies, the majority of homeless people in the T5 study had European backgrounds (73% in T1, 76% in T2, 74% in T3, 72% in T4, and 70% in T5) and most of these (over three-quarters) were Anglophones.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

It is important to note that some individuals identify themselves as both English and French and, in each study, a number of Aboriginal people have indicated that their language was French (6 in January 2002 and 7 in July 2002). Thus in total, 16% of the homeless people in T5 indicated that they spoke French (compared to 12% in T4). Francophones have represented between 11% and 24% of the homeless population in the five studies conducted to date (T5=14%).

It is notable that there are substantial differences between agencies in terms of usage by linguistic/cultural groups. Key agencies used in July 2002 by Francophones included the Elgin Street Mission where 37% of clients identified themselves as Francophone, and the Clinique du coin/Corner where 48% of clients were Francophone.

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

Also consistent with all prior studies, in T5 the number of homeless people who were members of visible minority groups was very small (3% the homeless population). This finding reflects the small proportion people from visible minorities in the Sudbury population. According to Statistics Canada (1996), the 1996 census data indicated that the visible minority population represented 1.8% of the total population, and Aboriginal people made up 1.3% of the population in the Census Metropolitan Area (CMA) of Sudbury, while those of French origins made up 26.3%.



Marital/Family Status

The T5 study confirms the prior findings indicating that the majority of homeless men and women are single/unattached (see Table 9). While a slightly larger proportion of homeless men were single/unattached, the gender difference in marital status was considerably smaller in T5 than in any of the other studies. While the proportion of single individuals has varied somewhat in each of the data collection periods, the highest numbers of homeless, single people have so far been observed in January, 2001.

Table 9: Gender and Family Status, T1 to T5

	July 2000		January 2001		July 2001		January 2002		July 2002	
	F %	M %	F %	M %	F %	M %	F %	M %	F %	M %
Married/Common Law	22.8	10.8	17.3	6.8	20.2	14.4	21.9	14.2	23.0	19.9
Single/unattached	50.0	66.5	77.4	84.8	65.9	73.1	54.4	73.4	59.7	62.8
Divorced/widowed	27.2	22.7	5.3	8.4	13.9	12.5	23.8	12.4	17.3	17.3

Social Support/Welfare Benefits and Reasons for Homelessness

Receipt of Social Support/Welfare Benefits and Sources of Income

The overall proportion of absolutely homeless people *not* receiving any government support benefits in T4 was 50%; in T5 this proportion was 42% (see Figure 5). The main source of financial support from government was Ontario Works (OW) benefits (22% of absolutely homeless people indicated that they were receiving OW benefits). In contrast, as Figure 5a shows, a larger proportion of people who were at high risk of homelessness (versus those who were absolutely homeless) were receiving some type of benefits and income in T4 and T5 (also see Table 10). As was reported in T4, youth were least likely to be receiving support from governments. In particular, young people aged 18 and 19 were most likely to report that they had no income. In T5, 97% of absolutely homeless teens were not receiving any form of income support. In T3 it was reported that all of the 18 and 19 year-old absolutely homeless youth were not receiving any benefits. The results were similar in T4, when 89% reported that they were not receiving any form of government benefits.

Figure 5: Percentage of Absolutely Homeless People by Receipt of Social Assistance Benefits, T4 & T5

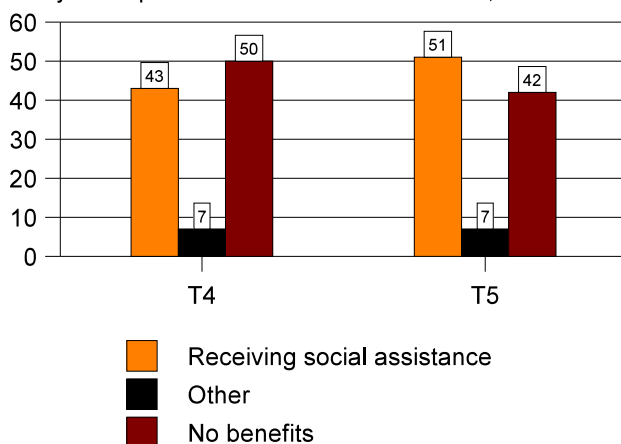
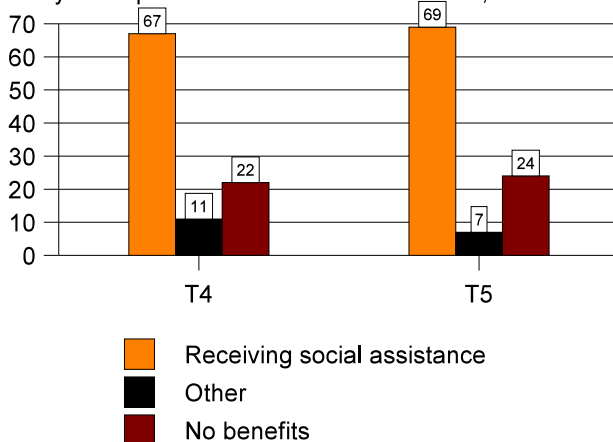


Figure 5a: Percentage of At-Risk Homeless People by Receipt of Social Assistance Benefits, T4 & T5



Sources of Income

Table 10 compares the sources of income for absolutely homeless people and those who were at high risk of losing their housing in T3 to T5. A key difference between the two categories of homeless people has been that absolutely homeless people have been least likely to have any source of income while most of those who were precariously housed were receiving some type of income support. While there have been some fluctuations in the proportions of homeless people receiving support from government, the patterns have been similar, with about a fifth of absolutely homeless people receiving OW benefits and fewer than a sixth (16%) receiving financial support from ODSP. Only a small minority of the homeless people (less than 14% in the last three studies) have reported that they were receiving employment income.

Table 10: Comparison of Sources of Income for Absolutely Homeless People and Those at High Risk of Homelessness, T3 - T5

Sources of Income	July 2001		January 2002		July 2002	
	Absolutely Homeless %	At-Risk of Homelessness %	Absolutely Homeless %	At-Risk of Homelessness %	Absolutely Homeless %	At-Risk of Homelessness %
No income	51.9	35.8	50.4	22.4	41.6	23.4
Ontario Works	20.2	26.5	23.6	40.4	21.9	34.1
ODSP	11.6	12.8	13.0	19.6	16.3	22.7
EI	5.4	4.4	3.3	2.3	5.1	6.4
OAS	2.3	1.8	--	0.8	--	--
CPP	0.8	0.9	2.4	3.1	7.3	5.4
WSIB	--	0.4	--	0.3	--	--
Employment	4.7	13.7	4.9	7.5	5.1	6.4
Other ^a	3.1	3.7	2.4	3.6	4.5	3.0
Total	100.0	100.0	100.0	100.0	100.0	100.0

^a Note: Other sources of income were inheritance, savings, private pension, or private insurance.

Reasons for Homelessness

Table 11 summarizes the main reasons for homelessness in Sudbury in the T1 to T5 studies. The total number (n) of multiple responses indicating the reasons for homelessness was larger in T5 than in the prior studies. Service providers were asked to identify up to seven reasons for homelessness in the last two studies compared to a maximum of three reasons in the prior studies. However, at all data collection points, the same sets of reasons have been given, although the data collection tool provided for both open and closed ended responses.

While the relative importance of the reasons has differed slightly, the main reasons have been the same: unemployment, problems with social assistance, housing problems, and family problems are cited by most homeless people as the factors leading to homelessness. In T5, substantially more people were reporting problems with work/unemployment than in the previous studies.

The number of people reporting, in July 2002, that they were having problems with social assistance payments was about the same as in January 2002 (122 vs. 118). Most people described the problem as the inadequacy of payments for making ends meet. However, among the homeless people providing information during the one-week data collection period were 21 who stated that they had been cut off from social assistance (compared to 11 in T4 and 15 in T3) and 67 who had been deemed ineligible for benefits (compared to 29 in January 2002 and 13 in July 2001).

With regard to housing problems in T5, the numbers of people who reported that they were unable to pay their rent remained about as high as in T4. However, within this number were 21 who stated that they had been evicted or kicked out of their housing. This was nearly double the number reporting eviction in T3 and T4 (T4=12, T3=11).

The *frequency* with which people mentioned family problems in July 2002 was substantially higher than has been noted in the prior studies; however, the proportion of responses accounted for by these causes of homelessness was about the same as in January 2002. Similarly, while the number of people reported to be homeless because of mental illness (n=47) or illness (n=24) was higher, illness accounted for just under 10% of the reasons for homelessness, according to homeless people. The proportion of individuals citing domestic violence as the reason for homelessness has fluctuated in the four studies. It was highest in T2 and lowest in T3.

The number of people citing transience, relocation, or moving as a reason for homelessness was also higher in T5 but this category represented the same proportion of responses as in T4.

Table 11: Main Reasons for Homelessness, T1 to T5

	July 2000		Jan. 2001		July 2001		Jan. 2002		July 2002	
	n	%	n	%	n	%	n	%	n	%
Reasons for homelessness^a:										
Problems with work: • Unemployment • Seeking work • Low wages	89	22.7	34	11.6	83	18.0	120	20.8	225	27.2
Problems with social assistance: • Welfare not adequate/late • Social assistance cut • Waiting for disability pension • Does not qualify for OW • No money	80	20.4	51	17.6	88	19.1	118	20.5	122	14.8
Problems with housing: • Unable to pay rent or mortgage • Evicted or kicked out • Housing not adequate	56	14.3	41	14.1	43	9.3	89	15.5	83	10.0
Domestic violence	45	11.5	65	22.4	25	5.4	35	6.1	41	5.0
Substance abuse	37	9.4	8	2.8	48	10.4	37	6.4	60	7.3
Family Issues • Divorce or separation • Family problems (violence, abuse etc.)	28	7.1	17	5.9	45	9.8	55	9.5	98	11.9
Travelling/transient/ relocated, transferred or moving	25	6.4	47	16.2	50	10.8	50	8.7	72	8.7
Illness or mental illness	11	2.8	15	5.2	37	8.0	48	8.3	71	8.6
Out of jail	8	2.0	8	2.8	12	2.6	15	2.6	16	1.9
Other	13	3.3	6	2.1	30	6.5	9	1.6	39	4.7
TOTAL RESPONSES	392	100	290	100	461	100	576	100	827	100

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

Reasons for Homelessness by Gender, Age, and Ethnicity

Boxes 1 and 2 list the main reasons for homelessness among various sub-groups based on gender, age, and ethnicity, in order of importance. The results in T5 have again reinforced the view that there are more commonalities than differences in the main reasons for homelessness among the various sub-groups.

Structural problems have been cited as the main reason for homelessness by all subgroups of homeless people. Problems with unemployment and low wages, welfare, and inability to pay rent or mortgage were cited as main reasons for homelessness for most subgroups in T5, as has been found in the last four studies (see Boxes 1 and 2). The problems with social assistance differed somewhat for various subgroups. Most adolescents, especially males, did not qualify for OW benefits. Adult females more often reported that welfare benefits were inadequate to cover basic needs while, for adult males and all cultural groups the problem was that they did not qualify for welfare benefits. Given the lack of access to income security programs, it is not surprising that such a large proportion of homeless people have no source of income.

As in the T1 through T4 studies, transience and relocation were important factors related to homelessness in T5. Males, Anglophones, and Aboriginal people cited these issues most often in July 2002. The T3 interviews with homeless people showed that some had been homeless for extended periods of time and had travelled to numerous locations in search of employment opportunities or services.

Domestic violence has been one of the main factors related to homelessness among women in all of the prior studies and it was identified in T5 as a primary reason for homelessness among both adult and adolescent women. Illness, and especially mental illness, was cited more often in T5; it was a key factor in the homelessness of adult and adolescent women, as well as Anglophones and Francophones. The participation of Northeast Mental Health Centre in the T5 study may account for the greater frequency of mention for mental illness among these groups.

Finally, family issues/conflict or divorce were another set of factors that appeared more often in T5 as a cause of homelessness. Family-related factors were identified as key reasons for homelessness among all groups except adult women.

Box 1: Main Reasons for Homelessness by Gender and Age (Adults), T2 to T5

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

Box 1a: Main Reasons for Homelessness by Gender and Age (Adolescents), T2 to T5

January 2001 (T2)		July 2001 (T3)		January 2002 (T4)		July 2002 (T5)	
Adolescent Males	Adolescent Females	Adolescent Males	Adolescent Females	Adolescent Males	Adolescent Females	Adolescent Males	Adolescent Females
Domestic violence	Problems with welfare	Family issues	Family issues	Family issues	Unemployment/ seeking work	Problems with welfare	Unemployment/ seeking work
Inability to pay rent	Family issues	Unemployment/ seeking work	Problems with welfare	Unemployment/ seeking work	Family issues	Family issues	Problems with welfare
Unemployment/ seeking work	Domestic violence	Transience/ relocating	Inability to pay rent	Inability to pay rent	Problems with welfare	Unemployment/ seeking work	Family issues
Family issues	Unemployment/ seeking work	Problems with welfare	Unemployment/ seeking work	Transience/ relocating	Transience/ relocating	Inability to pay rent	Mental illness/illness
Problems with welfare	Inability to pay rent	Substance abuse	Divorce or separation	Mental illness	Inability to pay rent	Transience/ relocating	Domestic violence

Box 2: Main Reasons for Homelessness by Ethnicity (Anglophones and Francophones), T2 to T5

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

Box 2a: Main Reasons for Homelessness by Ethnicity (Aboriginal People), T2 to T5

January 2001 (T2)	July 2001 (T3)	January 2002 (T4)	July 2002 (T5)
Domestic violence	Unemployment/ seeking work	Unemployment/ seeking work	Unemployment/ seeking work
Unemployment/ seeking work	Inability to pay rent or mortgage	Problems with welfare	Family issues/divorce
Relocated/transient	Substance abuse	Inability to pay rent or mortgage	Relocated/transient
Substance abuse	Problems with welfare	Domestic violence	Substance abuse
Problems with welfare	Relocated/transient	Relocated/transient	Inability to pay rent or mortgage
Inability to pay rent or mortgage	Illness or mental illness	Family issues/divorce	Problems with welfare

Phase II: Neighbourhood Survey

The sample sizes in the neighbourhood survey have differed in the summer and winter since the weather conditions and daylight hours are more conducive to conducting a door-to-door survey during the summer. Nevertheless, the response rate has been consistent in the T1 to T4 studies, at approximately 63%. In T5, the participation rate was slightly lower, at 55% among the households in which the residents opened the door for the researchers and where the potential respondent was 16 years of age or over and living in Sudbury.

In T5, July 2002, the sample size was 278 (compared to 236 in T1, 195 in T2, 377 in T3, and 184 in T4). As has been found in the three previous neighbourhood surveys, nearly two thirds of the participants were women (63%) and the participants ranged in age from 16 to 88, with a mean of 43 (the mean age in T2 was 44 and 43 in T3). As in the previous surveys, the sample reflects the dominant ethnic composition of the population in Sudbury, with 45% of the respondents describing themselves as English Canadians or of British, Irish, Scottish, or Australian origins. In T5, a slightly smaller proportion of the respondents identified themselves as coming from a French background (25% compared to 35% in T4). Twenty-three percent stated that they spoke French. The same proportion (19%) reported a European heritage (primarily Italian, German, Polish, Ukrainian, and Finnish) in T4 and T5. The proportion of Aboriginal respondents in T5 was twice as large as in T4 (9%, n=25). However, as in the prior studies, few respondents were members of a visible minority group (2%) such as Asian or African. The ethnic composition of the sample was nearly identical to those obtained in the T1 to T3 studies.

As in the previous neighbourhood surveys, due to the intentional over-sampling of low income neighbourhoods, close to two-thirds of the respondents (64%) described their income level as below average (compared to 55% in T4, 64% in T3, and 67% in T2). Just 15% of the respondents reported that their household incomes were average for Sudbury while 21% reported above average income.

Is Homelessness a Problem?

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

Perceived Reasons for Homelessness and Factors Related to Homelessness

Perceived Reasons for Homelessness

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

In T5, the respondents identified the primary cause of homelessness as unemployment. While the lack of affordable housing and cutbacks in social assistance were also cited as key reasons for homelessness in Sudbury, a larger proportion (about a sixth) identified personal failure and problems as the primary causes of homelessness in T5 compared to T4 (less than a tenth). The results in Table 12 also show that the proportion of residents mentioning welfare cut backs or lack of social assistance has been declining since T2 (January 2001).

The third factor most commonly mentioned in T5 as a cause of homelessness in Sudbury was the lack of affordable housing. When the various systemic or structural issues (unemployment, housing, social assistance cuts) are combined, they account for half of all responses (50.1%).

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

Comparison of Responses of Residents and Homeless People

The patterns of responses for residents and homeless people regarding the main causes of homelessness are similar; unemployment, lack of affordable housing, and cuts to social assistance have been cited frequently by all groups. The main differences between the residents’ perceptions of homelessness and the responses of homeless people stem from

- the view that homelessness results from personal failure or lifestyle choice (since none of the homeless people have stated this);
- the lack of recognition of domestic violence and abuse as causes of homelessness among residents (as noted above); and
- the lack of understanding that release from jail is a persistent factor in homelessness.

Table 12: Comparison of Residents' and Homeless People's Explanations of Homelessness in Sudbury, T1 to T5

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

^b Mike Harris was specifically mentioned by residents in all studies except T5.

Factors Related to Homelessness

Residents in all five neighbourhood surveys were asked to rate a series of factors in terms of the extent to which they are seen as contributing to homelessness in the City of Greater Sudbury. Table 13 shows the percentage of residents who indicated agreement with each of the factors. The responses in T5 were very similar to those found in T4. As in the prior studies, alcohol/substance abuse, poverty, and unemployment were among the factors about which there was the greatest agreement. Mental illness, the lack of funding for social programs/shortage of social assistance, and low wages were also seen as contributing to homelessness locally by about two-thirds of the respondents.

Similar to the results of all previous studies, there was less agreement about the role of excessive rent costs and a lack of affordable housing in contributing to homelessness. Domestic violence and divorce were identified as contributing factors by the smallest proportion of respondents (i.e. 55% and 40%) respectively. The general trend in the responses of residents has been quite similar across the five studies.

Comparison of Attitudes Toward Homelessness: Sudbury and Canada

In T4 and T5, a set of questions was added to the questionnaire in order to enable a comparison of local opinions on homelessness with those of a national sample of Canadians based on a study conducted by the Canada Mortgage and Housing Corporation (CMHC) with Environics. Table 14 shows the results of this analysis.

The T4 and T5 results were very similar and showed that the attitudes of the Sudburians were similar to those of the Canadians in the CMHC/Environics public opinion survey. Like other Canadians, most people in our sample believed that homelessness is increasing in Canada, that more young people, women, and children are becoming homeless, that organizations like food banks and shelters are not sufficient solutions to deal with homelessness, and that there is a societal cost, not just an individual cost to homelessness.

A key difference between our study and the CMHC/Environics study was that larger proportions of the T4 and T5 samples in Sudbury expressed the view that governments should spend more on preventing homelessness: in T5, 71% of the sample expressed strong agreement with this statement compared to only 28% of the national CMHC/Environics sample. An examination of the ratings on the statement about government spending within various income groups indicates that substantially more Sudburians, including those in middle and high income groups, favour government spending to prevent homelessness (see further information in the next section).

Table 13: Residents' Ratings of Factors Contributing to Homelessness in Sudbury^a, T1 to T5

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

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

^b Rank order indicates the order of importance.

**Table 14: Attitudes Toward Homelessness:
Sudbury, T4 & T5 and CMHC^a National Sample**

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

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

Differences in Opinions on Homelessness by Income Groups

Since we over-sample low income neighbourhoods in completing the survey, an analysis was conducted to examine differences in the opinions of respondents who reported that their incomes were average or above average compared to those reporting low income. The results showed that nearly all low income people completely agreed (T5=73%, T4=71%) or agreed (T5=11%, T4=14%) that governments should do more to prevent homelessness. Middle income groups in Sudbury also

strongly favoured government intervention (complete agreement — T5=67% vs. T4=61%; agreement — T5=18% vs. T4=20%). In T5, the highest income groups were equally in favour of government intervention to prevent homelessness (complete agreement — T5=66% vs. T4=35%; agreement — T5=13% vs. T4=27%). The results indicated that high income earners in the T5 sample expressed more support for government intervention compared to those in the T4 sample. However, overall, the T5 findings reinforce those from T4 indicating that, regardless of income, Sudburians were more likely to favour government action on homelessness than were Canadians in CMHC's 2000 national sample.

Personal Experiences with Homeless People: Unspecified Locations and Sudbury

Unspecified Locations

The survey has included questions on personal experiences with homelessness in order to determine whether the residents, members of their families, or friends had ever been homeless³ (i.e. in any location) and whether they or anyone they knew had ever been homeless while living in Sudbury.

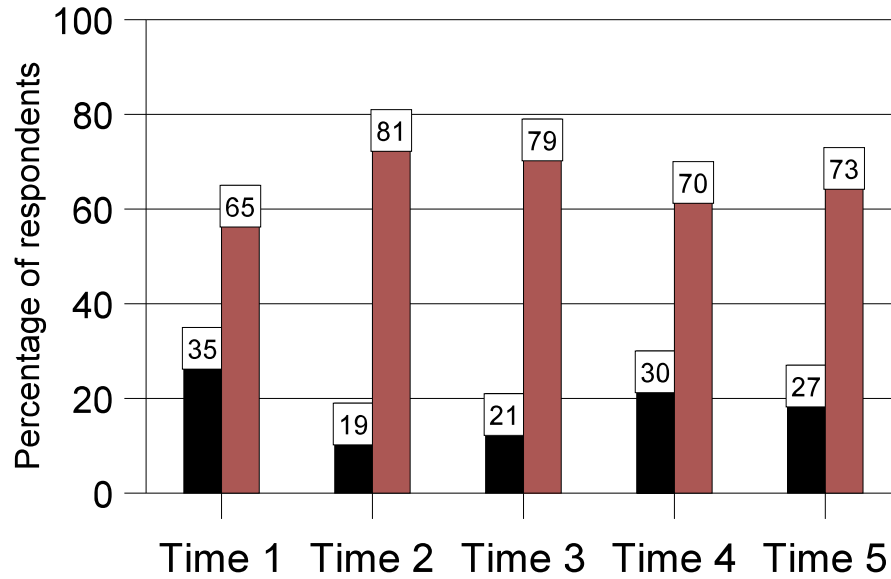
The results are shown in Figures 6 and 7. Between 19% and 35 % of the samples in the T1 to T5 studies have reported that they or someone they knew have experienced homelessness. The T5 results were similar to those noted in T4, with just over a quarter of the residents reporting that they, a family member,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

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

In the last three studies, about a third reported that a family member has been homeless. Several individuals in T3 (n=7) and T5 (n=12) indicated that a combination of they, family members, and friends had been homeless at some point in time.

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

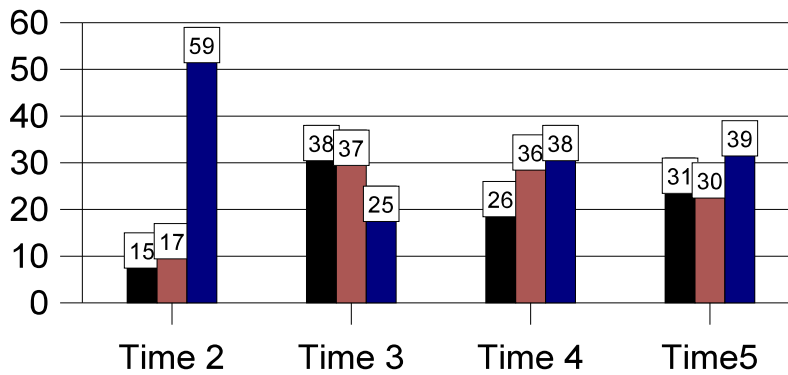
Figure 6: Distribution of Responses for those with Personal Experience of Homelessness, T1-T5



"Have you, a family member, or a friend ever been homeless?"



**Figure 7: Who was homeless?
T2 to T5**



"Who was homeless?"

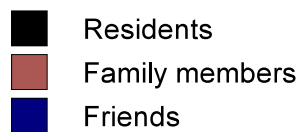
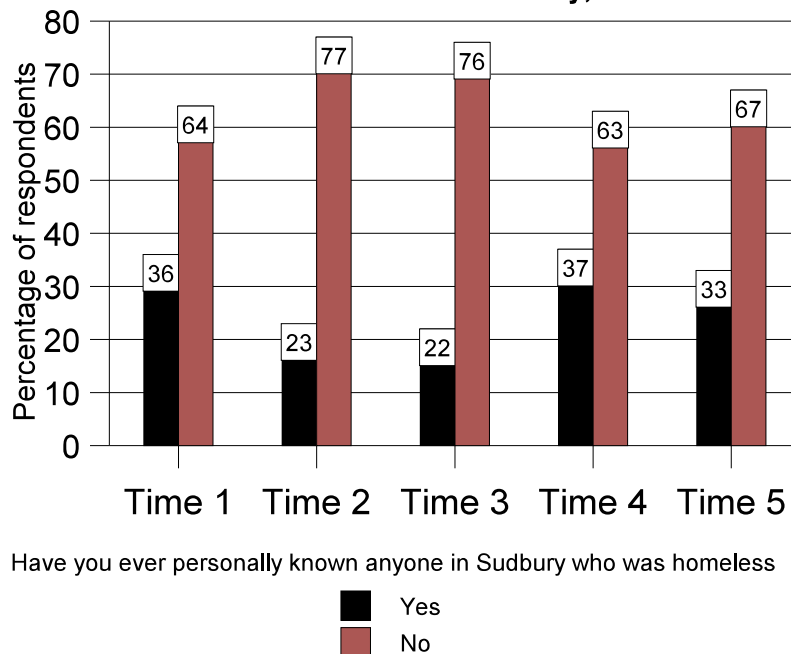


Figure 8: Percentage Reporting Personal Experience with Homelessness in Sudbury, T1-T5



Personal Experiences with Homelessness in Sudbury

As a follow-up to the general question on experiences of homelessness within the residents' personal networks, the residents were asked whether they personally knew someone who had been homeless *in Sudbury*. The responses to this question have varied somewhat across the five studies (see Figure 8). The results in T4 and T5 were quite similar to those in T1⁴. The proportion of respondents indicating that they knew someone who has been homeless in Sudbury has generally followed the pattern of responses for the question about themselves, family, or friends having been homeless (i.e. in unspecified locations). However, in T4 and T5, a slightly larger number of people answered affirmatively to the second question (i.e. about knowing a homeless person in Sudbury) compared to the first question which focussed their responses on themselves, family, or friends in any location.

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

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

The main reasons given to explain the homelessness experienced by residents or their friends, family or acquaintances are shown in Table 15. The primary reason that has been given by residents in every study has focussed on unhealthy family relationships. In T5, the residents mentioned bad family influences, unhealthy family dynamics, a lack of supportive family members, teenage runaway, and divorce. In T5, other reasons most often given were substance, a lack of affordable housing, and personal failure or lifestyle choice (“no coping skills,” “does not want help,” or “lazy”). Not having a place to go, relocation or transience were also mentioned by several individuals, as were welfare cuts and unemployment.

Sudbury

In T5, the most common explanations for homelessness among people the residents knew in Sudbury (see Table 15) differed somewhat from those given in response to the more general question (for unspecified locations). The three main reasons for homelessness among people they knew in Sudbury were a lack of affordable housing, mental or physical illness, or unemployment.

Substance abuse was also mentioned by more than 10% of the respondents, as were family issues, such as a lack of family support, being “kicked out,” or teenage runaway. The main difference between T4 and T5 was that a larger proportion of the sample mentioned the lack of affordable housing.

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

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

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

Residents' Perceived Solutions to Homelessness

In all five studies, respondents have been asked an open-ended question about the solutions to homelessness. Table 16 shows the T5 residents' views on how to address homelessness in Sudbury and compares the responses to the four earlier neighbourhood surveys (T1 to T4). The results were consistent with the previous studies in that the residents have mentioned similar strategies for change. In comparison to the T4 study, in T5 more of the residents emphasized the need for government funding for services and improving income assistance. Indeed, as Table 16 shows, the primary solution identified by the residents in all five data collection points was to provide more government funding for welfare, social services and programs to support homeless people.

In T4, a second priority was for the government to engage in more job creation, education, and job assistance. A third solution, identified by nearly a fifth of the respondents was to establish more shelters and outreach services. A substantial proportion of the respondents also believed that more should be done to ensure that affordable housing is made available. Some specifically commented that long-term solutions must be found.

A few respondents mentioned that public awareness of homelessness is needed, more local research should be conducted, and the community should do more to provide donations and assistance to homeless people. In the T1 to T3 studies, some respondents had specifically stated that a political solution was required in order to resolve the issue of homelessness; however, this comment was not made by any of the respondents in T4 or T5.

Table 16: Residents' Views on Strategies for Addressing Homelessness, T1 to T5

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

Phase III: Field Observations

As an integral part of the study, a qualitative field component involving observations of locations inhabited by homeless people in Sudbury was conducted during the week of the T5 study (July 24th to July 30th 2002). The goal of this phase of the study was to understand the circumstances of homeless people and to enable a comparison with the previous data collection periods. The members of the research team accompanied outreach workers providing services to homeless people as well as officers of the Sudbury Regional Police Service during night shifts. Interviews were also conducted with key informants in these and other agencies serving the homeless population.

The main themes that have been identified from the field observations in Times 1 through 5 have been similar, as is shown in Box 3 (except for the obvious differences related to the weather and keeping warm in January).

Box 3: Themes from Field Observations, T1 to T5					
Themes	T1 July 2000	T2 Jan. 2001	T3 July 2001	T4 Jan. 2002	T5 July 2002
Mental illness	✓	✓	✓	✓	✓
Substance abuse	✓	✓	✓	✓	✓
Homelessness among “regular folks”	✓	✓	✓	✓	✓
Supportive relationships among homeless people	✓	✓	✓	✓	✓
Accessing support services	✓	✓	✓	✓	✓
Health issues	✓	✓	✓	✓	✓
Daily hassles/stressors (e.g. carrying bags)	✓	--	✓	✓	✓
Finding a place to sleep	✓	--	✓	✓	✓
Finding a place to keep warm	--	✓	--	✓	--
Homeless adolescents	✓	✓	✓	✓	✓
Prostitution	--	--	✓	✓	✓

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

Mental Illness

Outreach workers get to know the people on the streets and offer information and interpretation of the behaviour of homeless people. The regular contact with homeless people gives them a feel for recurring problems individuals are experiencing or periods when they are “going off” medications.

The following field note was recorded during the week of the T5 study while talking with outreach workers:

After the bridge we walked through the alley behind the fire station, the outreach worker had the flashlight in her hand and was flashing the light in the corners but found nothing. We found ourselves at Memorial Park for the second time that night... A man paced back and forth a few times just staring at us, and not saying a word. He noticed a poster about the Homeless Awareness Days and pointed to it and indicated that was him. The man on the poster? No, he meant that he was homeless. The key informant asked him if he needed help, if he wanted to go to the Salvation Army. He refused, saying ‘that place is full of snakes and rats’ and he was referring to the people staying there. We stayed and spoke with the man for about 30 minutes, but he did most of the talking. He told us how he was a millionaire, how people call him the ‘weed man’ and how he saw police shoot innocent people on the streets. I was relieved when the key informant told him that we must get going. I felt vulnerable in that situation. It was the first time all night that I felt like that.

In three night sessions accompanying the outreach workers, several incidents were reported in which the behaviour of people on the streets evidenced mental illness.

Substance Abuse

Signs of substance abuse are present in locations where homeless people stay. Numerous empty bottles and syringes were observed in these sites during the last week of July, 2002:

When we got to the back of the old YMCA building, I was shocked to see the number of wine bottles. There were about 50 wine bottles scattered all around. There were also about five or six bottles of vodka. I was amazed as to the amount of bottles that were in front of me. As well as there being numerous amounts of wine bottles behind there, there were articles of clothing resting on the branches of the trees. There were two white T-shirts, a baseball cap, and a couple pairs of what use to be white socks. The key informant wondered if there was someone perhaps sleeping back there, for there was also a fairly large piece of cardboard. The outreach worker informs me that many of the homeless sleep on top of the cardboard and use it as insulation. This is exceedingly important in the winter months when the ground is frozen.

In addition to the evidence from bottles and needles, travelling the known pathways used by homeless people, one encounters individuals who show signs of intoxication:

We see a man sitting alone on a bench on the Trans Canada Trail and approach him. He is dressed in black from head to toe. Black shirt, black leather vest, black jeans, and he had a nice pair of black boots. He also wore a black cow boy hat with an eagle feather sticking out of it. The outreach worker asks him if he needs any help. He responds, but his words are very slurred and I could not make out what he was trying to say, I don't think Michelle could understand either. I could smell alcohol as he tried to speak and he appears to be very intoxicated. As one worker tries to talk to him, the other whispered to me that she had never seen this man before and he must be new to the city. The worker continues to try and have a conversation with him but his words are terribly muffled. She asks him if he is hungry and offers to take him to the Mission or to Detox. He refuses to go. At this point he seemed to be getting frustrated with us because we could not understand what he was trying to say. The worker offered him some water and a cookie that she had purchased at Tim Horton's about 10 minutes earlier. He gladly accepts, smiles, and we leave.

While substance abuse issues may lead to homelessness for some individuals, the majority of people who abuse substances never become homeless. It must be recognized that substance abuse may sometimes occur as a reaction to the circumstances of homelessness.

Homelessness Among Regular Folks and Supportive Relationships Among Homeless People

Regular visits to soup kitchens reveal that people with a range of characteristics and circumstances rely on these meals as a means of making ends meet. Focus groups conducted for the T4 study had shown that the incomes of women on Ontario Works benefits left little to purchase food, after the rent was paid. They saved the food they could purchase for their children and ate their meals in soup kitchens. The field notes of a member of the T5 research team demonstrated how homeless people and those at high risk of homelessness form a community:

When we walked into the Mission I was amazed to see how many people were there. I hear the clattering of dishes, the screaming of a baby, and the laughter of people as they sat around the tables and talked. We sat down at a table where three elderly men were just getting their desserts. They were serving chocolate or vanilla cake. I could smell the donuts that were on the table in front of me. The outreach worker started to play a game of checkers with the man that was sitting opposite to her. His name was "Harry", he was wearing a baby blue vest and he did not have much hair. He appeared to be very happy to see the outreach worker that night. Across the table from me was a man who was wearing a green hat. He sat there the whole time and did not talk, he seemed to be content eating his cake. The man at the end of the table was "George". I had met George before on my last visit to the Mission. He is in a wheel chair and he is very chatty. He has brown hair and a smile that could light up a room.

Accessing Support Services

The front-line services for homeless people include the provision of basics such as meals at a soup kitchen, health services (Corner Clinic), and shelter beds (to name only a few). Our focus groups with service providers have also provided information on the living circumstances of people with disabilities. The restrictive eligibility criteria and the low levels of income support exacerbate the difficulties experienced by people with mental or physical illness; basic support services can prevent homelessness by filling gaps in needs and enabling individuals to cover their housing costs. Outreach services also provide vital health prevention services such as needle exchange and the provision of free condoms, as well as referrals and a link to other community services:

A young man, probably 21, asked me and the worker if we knew anything about legal issues. I indicated that I did not. So he asked the worker beside me how he could get his curfew lifted. He said that he was out on two thousand dollar bail. The outreach worker advised him to get legal representation through legal aid... When we got back to the agency, it was 10:45. The outreach worker indicated that she had made 35 contacts that night. It was a slow night, but for a newcomer there was still a lot to see.

When we got to the Corner Clinic it was 8:55. There were two clients in the clinic at the time. One was a man we had met earlier at the Mission and the other was a woman. She was sitting in the far corner by the table where the basket of condoms was. She had taken some shoes from the bucket and placed them furtively into the bag that she was carrying. When she was finished putting the handful of condoms into her bag, she quickly got up and left.

Key informants have noted the importance of getting the community to work as a team: “We should all come together” to ensure that people get services and support to prevent homelessness. “There should be no reason for a homeless person or any person under the influence of drugs or alcohol to be locked up. There should always be a place to go and get the service they require.” The view was expressed that “there should also be a place that is open 24 hours a day” in order to ensure continuous access.

Health Issues

Observational data reveal some of the health problems of homeless people. In July 2002, these ranged from physical injuries to more serious chronic diseases:

We ran into Pastor “Jack”. He had a man with him who looked rather intoxicated, since he was walking in a jagged fashion and was talking very loudly. The man had long black hair, and was wearing a sling on his arm. He had jeans on that were torn at the knee and a black T-shirt. I noticed that he had a cast over three of his fingers. Pastor Jack explained to us that the man had run into a wall and they had just left the hospital.

Diabetes is a common illness on the streets, and exacerbated because of the difficulty in maintaining a healthy diet:

Much of a person's diet on the street consists of carbohydrates, like white breads and pasta. Even in food banks, and soup kitchens, you always see white bread out by the bags for people to take. Yet white bread and the donuts widely available are some of the worst things for a person with diabetes.

Daily Hassles and Stressors

For homeless people, meeting basic needs can be difficult. People must be resourceful to find food, shelter, and a place to rest. Maintaining personal hygiene can be difficult:

We walked along a path in the park and out of the corner of my eye I could see a tall figure at the fountain. I looked over and saw a large man washing his face. He was a very large man, I'm guessing more than 300 pounds and he was quite tall. He could be no older than 30 years old and looked like he hadn't shaved in a long time. He had a towel and a brown knitted cardigan looped through the bottom of his school bag.

In the summer, homeless people can get little relief from the heat. A field note recorded that while the researcher could choose not to go into service locations in which the heat caused discomfort, homeless people had less choice: "We didn't go inside the Mission, the outreach worker indicated that it would be unbearable because of the heat".

Some of the places where homeless people can "hang out" without being disturbed are around garbage bins. Hence, dealing with the smell of garbage can be part of life on the streets:

As we approached Tim Horton's, I could smell nothing but garbage. It was an overwhelming stench and I wondered how anyone could hang out around the smell.

Finding a Place to Sleep

Night time poses dangers for homeless people who cannot or do not use shelters. Some find refuge in waste disposal bins. A key informant interview with employees working in the waste business have developed an awareness of the resourcefulness of homeless people in utilizing the bins as a source of food and a relatively warm, safe place to sleep. This is well known within the industry and drivers working for various companies have shared stories about their encounters with homeless people. The employees of local waste disposal firms in Sudbury have reported that they encounter homeless people in the course of their work when emptying disposal bins or collecting garbage.

This can happen in several ways, depending on the location and timing of the work. Drivers have surprised people searching for food in bins located near restaurants in the downtown core or at food warehouses. When drivers became aware that homeless people were searching the contents of particular bins with some regularity, they routinely knocked on the side of the bin prior to initiating the garbage collection as a warning. Drivers also noted that homeless people become aware of the disposal collection schedules and use bins that are not scheduled for collection.

It is known that homeless people sometimes sleep in disposal bins. Drivers have reported instances where a homeless person has been inadvertently dumped from a bin into the back of a truck and then into the land fill site. This can be dangerous since the trucks contain mechanisms for compacting the trash and, after each pick-up, the garbage is compacted. Serious injury or death could result if a homeless person slept through the waste disposal procedure. Given that some waste collection routes begin in the early morning hours when it is dark, combined with heavy schedules, it is not possible for drivers to check the bins.

Since there is considerable noise associated with the procedure of emptying the large bins into the back of a truck, drivers report that homeless people sleeping in bins are startled by the approach of the truck and shout to the drivers to wait for them to get out of the bin. Recounting one episode, a driver reported that a homeless man jumped out of a bin and then asked him to wait so that he could go back in to retrieve a lost shoe. In another instance, a driver was collecting garbage bags from the side of a downtown street when a homeless “bag lady” approached the truck, complaining that he had collected her bags. She had been moving them from one side of the street to the other and the driver had inadvertently thrown several of her bags into the truck. She reportedly retrieved them from the garbage truck.

Evidence also existed in the T5 study of people sleeping under a bridge or in a ticket booth:

The outreach worker informed us that we will also need to check the small white ticket booth across the street from the bridge because there are rumours that someone may be sleeping there. When we approached the booth, I saw two used condoms just outside of it. I looked in the window and saw a pink fleece blanket and a blue and white plaid sleeping bag. At the head of the sleeping bag was a white pillow. The blankets were messy and on top of them lay a pink stuffed bunny rabbit. I noticed a tampon on a small shelf in the front and speculated that a girl or a woman was occupying this booth. We went around to the other side of the booth where there was a larger opening. There were a few beer cans and about three bottles of wine. Someone had indeed been using the booth for shelter.

Homeless Adolescents

It is common to encounter young people when out on the streets at night. A field note recorded an observation about young mothers and homeless pregnant teens:

I looked around the parking lot and I spotted a young woman, probably around 20 years of age, if not younger, who had her new born baby with her. She was passing it around, I'm assuming allowing everyone a chance to hold the baby. The outreach worker told me that there are always young children here, and to have a newborn baby here is common. She said that there a lot of pregnant girls on the street. She knows of one girl who goes to the Foyer frequently who recently found out that she was pregnant... The worker says that this young girl pan handles to make her money. She sometimes can make a hundred dollars in one day, but those are on the good days. She says that sometimes she simply gets enough to eat.

Prostitution

Two of the T5 field researchers made notes about prostitution. Many of these women and men have drug addiction problems:

We proceeded to the Farmer's Market and passed a very thin, gaunt woman. She appeared to be in her mid to late twenties, white with long brown hair, about 5' 7", but she must have only weighed about 90 pounds. She was neat in appearance with a long black and white sundress. I was told that she was one of the local prostitutes... She had a look of desperation as she quickly walked past us. As we met up with the other outreach worker at around 10:35, he told us that he had already provided her with clean needles. We watched as the woman swayed back and forth on the corner. I was told that she was very sick and that she was going through terrible withdrawals and this explained her odd behaviour. As a car approached, the young woman put out her thumb to get a ride; this was very uncharacteristic of her behaviour... The young woman even chased down one of the cars as it passed by, but it did not stop for her. The workers told me that she would work for only \$15, because this would give her enough money to buy 'one hit' or one high. We watched her for about 10 minutes exhibiting the same frantic behaviour until someone pulled up beside her and picked her up.

Another field researcher recorded the following observation:

I asked the outreach worker if she's seen a lot of prostitutes in Sudbury and she indicated that there are as many as 15 that she knows of that work the street regularly. Their ages range from as young as thirteen or fourteen, to as old as forty or fifty. She said that they usually come out at around nine or ten or when it starts to get dark, but some who don't know any better come out even earlier, at around seven. She says that those are usually the younger ones.

The risks of prostitution are well known and those working in the street trade in Sudbury are vulnerable to abusive johns. A field note recorded information about violent johns: “There are two other johns who pick up prostitutes and beat them. I was told that the women were often seen with bruises and black eyes.”

CONCLUSIONS

In each of the five studies conducted to date, data collection procedures and cooperation with community agencies have been improved. Compared with the earlier studies, in the T5 study, data collection procedures were enhanced in the community agencies and some new community partnerships were formed. While the overall number of homeless people was slightly larger than was observed in T4, this may reflect improved data collection rather than an actual increase in the number of homeless people. It must be recognized that all five studies conducted to date are likely to have produced conservative estimates of the homeless population since some individuals do not use the frontline services. Furthermore, it has been difficult to locate and estimate the size of the hidden homeless population. Nevertheless, the results of the current study reinforce the findings of the earlier studies by documenting similar trends regarding the gender, age, cultural background, family/marital status of clients, the presence of children, income sources, and the main reasons for homelessness.

The research on homelessness in Sudbury has led to significant change in the system of local services. The reports produced after each data collection have been presented to the community, the City of Greater Sudbury, and the Task Force on Emergency Shelters and Homelessness. Many of the recommendations from the Time 1 to Time 4 reports have been implemented. A summary of key recommendations (in italics) and the improvements made to front-line emergency services in Sudbury follows:

- *Review and enhance shelter arrangements and support services for homeless people.*
 - Increased the number of beds through the establishment of the Elizabeth Fry Transition House and Inner Sight Educational Homes.
 - Increased support to homeless people through the Elgin Street Mission, Overcomers, the Corner Clinic/Clinique du coin, and John Howard Society.
 - Pilot project for teen mothers launched at Foyer Notre Dame House.

- *Implement measures to ensure that new affordable rental housing is developed and existing low cost, appropriate rental housing is preserved .*
 - Representation of the Housing Services Section on the Task Force of Emergency Shelters and Homelessness.

- *Develop strategies for addressing the needs of homeless people with mental illness.*
 - Establishment of a strategic plan by the Canadian Mental Health Association that involves 95 new housing units as well as housing support workers.

- *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.*
 - Mission to End Homelessness (day program) and the Corner Clinic (health services) established.
- *Consult with First Nations and Francophone organizations in order to develop strategies for addressing the needs of homeless people in these cultural groups.*
 - First Nations and Francophone groups participating at the advisory level as well as on the front lines.
- *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.*
 - Anishnaabeg Shelter Council project established.
 - Elizabeth Fry Transition House established.
 - Age limit for young women at Foyer Notre Dame House extended.
 - Capital project at Geneva House launched.
- *Press the federal and provincial governments to implement policy changes that will address the underlying causes of the problem.*
 - Participation in the Community Workshop in Ottawa in February 2002 by Task Force Committee members.
 - Participation in the National Round Table on Homelessness by committee member.
- *Create public-private partnerships to use vacant rental units to further develop emergency and affordable housing locally.*
 - Credit Union partnerships have made units available to persons with low income.
- *Provide funding support to ensure that local service providers are employing best practice models in working with homeless people. Offer training workshops locally in order to provide continuing education opportunities to local service providers so that homeless people can be supported effectively.*
 - In June 2002, Ontario Works (OW) staff in the City of Greater Sudbury were trained in the NCBI model of *Welcoming Diversity*. The training workshop was designed to expand the participants' understanding of the opportunities and challenges of developing a heightened awareness of the issues faced by OW clients. The workshop introduced participants to particular skills for increasing their effectiveness in supporting each other and OW clients. It also provided a format for developing an atmosphere that is supportive and welcoming to OW staff and clients. A general goal of the training session was to lay the groundwork for additional training sessions to be offered to OW workers on key issues for homeless people and strategies for working with this population.

Reflecting the commitment to addressing homelessness in Sudbury, the City of Greater Sudbury organized and held two policy sessions in July and August, 2002 aimed at assisting with the development of a Policy Recommendation to the city Council focussing on enhanced financial support for services to homeless people. Several agencies presented policy briefs and these have been examined for this report. The main recommendations⁵ contained in these briefs deal with long-term strategies for addressing homelessness, the implementation of best practice models in work with homeless people, developing employment and job creation strategies for homeless people, developing culturally sensitive programs and services for Francophones and Aboriginal people, and establishing transitional and permanent housing.

RECOMMENDATIONS

The recommendations from the T5 study emphasize and reinforce recommendations made in the T1 to T4 reports that address the ongoing need of homeless individuals and families for responsive services and support with housing. The following recommendations also recognize the key strategies presented to the CGS in the policy sessions held during the summer of 2002.

The recommendations that were presented in the T4 report are listed first followed by new recommendations.

Responsive services

Recommendations from the T4 report:

- 1) Provide funding support to ensure that local service providers are employing best practice models in working with homeless people. Offer training workshops locally in order to provide continuing education opportunities to local service providers so that homeless people can be supported effectively.
- 2) Address the gaps in the service system for homeless adolescents, most of whom do not have any source of income. Programs must be developed/enhanced to ensure that adolescents fleeing abusive situations do not become homeless.
- 3) Establish culturally appropriate shelters and related services for homeless Aboriginal people in Sudbury.
- 4) Examine homeless people's access to food/ food banks and change policies/practices that prevent homeless people from receiving food.

⁵ These were areas identified by more than one agency.

- 5) Examine the systemic problems for women and people with mental illness to ensure that they are supported effectively by local services and programs. Hold joint planning sessions between Ontario Works and local service providers to ensure that strategies are developed to support homeless people in making a successful transition from homelessness into stable housing and community life.
- 6) Enhance outreach services to identify and serve absolutely homeless people who do not utilize the shelter system. Providing additional funding support to employ “natural helpers” (i.e. formerly homeless people) in performing outreach activities may be an effective strategy for supporting absolutely homeless people who are isolated and detached from service providers.
- 7) Provide funding support to enable current service providers to add staffing that is culturally sensitive (e.g. to Aboriginal people and Francophones).

New recommendations

- 8) Undertake a review of the literature on best practices in working with homeless people and disseminate a document describing these practices to local service providers.
- 9) Address the systemic issues for homeless people by facilitating the coordination of services to people who are homeless or at high risk of becoming homeless. In collaboration with community agencies, policies and practices of local agencies and the City of Greater Sudbury that serve as barriers for individuals and families must be identified and changed. Develop policies and practices to support individuals and families, prevent the loss of housing, and facilitate the reintegration of homeless people into the community.

Housing

Recommendations from the T4 report:

- 10) Work with the Northeast Mental Health Centre and the Canadian Mental Health Association in Sudbury to address the specific housing needs and provide housing support for chronically homeless people who are suffering from mental illness. In addition, public education regarding the mental health issues related to homelessness is required in order to reduce the pervasive negative stigma that persists in our community.
- 11) Establish transition housing to support homeless people in making the shift towards reintegration into the community. Work with local partners in order to establish transitional housing in the downtown core.

New recommendation

- 12) Undertake a housing study to determine the availability of affordable housing and examine strategies for the City of Greater Sudbury to support the development of appropriate housing for absolutely homeless people and those living in substandard housing.

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