

HOMELESSNESS IN THE CITY OF GREATER SUDBURY: 2018 ENUMERATION

Report prepared for the City of Greater Sudbury

June 2018

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12 June 2018

Centre for Research in Social Justice and Policy

Laurentian University

POVERTÉ, SANS-ABRISME ET MIGRATION

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How to cite this document:

Carol KAUPPI, Henri PALLARD, Emily FARIES, Phyllis MONTGOMERY, Michael HANKARD. (2018). Homelessness in the City of Greater Sudbury: 2018 Enumeration. June 2018. Report prepared for the City of Greater Sudbury. Centre for Research in Social Justice and Policy, Laurentian University, Sudbury, Ontario.

This study was funded in part by the Social Sciences and Humanities Research Council and the City of Greater Sudbury.

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Acknowledgments

This project was conducted to enumerate the homeless population in the City of Greater Sudbury. As the Province of Ontario had passed legislation to require the collection of data, the project involved a larger number of agencies and organizations than prior studies conducted in this city. It involved a research team comprising over 40 people as well as staff in numerous participating agencies who facilitated the research or collected information for the survey. Fifty organizations participated in the study by allowing the research to take place in the organization. The contributions of many people ensured the success of this project.

First and foremost, we pay tribute to the participants of the study, who were unhoused, homeless, living with hidden homelessness or at risk of becoming homeless and who shared information about their circumstances by participating in the survey.

Second, the assistance of service providers and agency personnel was vital in enabling this project to be completed successfully. They assisted in many ways, such as facilitating recruitment, providing access to their clients and collecting information for the study.

Third, staff of the Centre for Research in Social Justice and Policy and students from various schools and departments at Laurentian University—most notably the School of Social Work, the Department of Law and Justice, the Department of Economics and the School of Nursing—made essential contributions by assisting with many phases of the study, such as liaison with agency personnel, project planning, data collection, data entry and analysis. Students at Cambrian College and Collège Boréal also worked on the project team as did many community members.

This study was supported by funding from the City of Greater Sudbury and the Social Sciences and Humanities Research Council of Canada. The research is the responsibility of the authors of the report and the findings do not necessarily reflect the views of the funders.

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HOMELESSNESS IN GREATER SUDBURY: 2018 ENUMERATION

Executive Summary

OBJECTIVE

The objective of the enumeration project was to obtain information about the number, socio-demographic/linguistic characteristics, histories of homelessness and prior experiences of homeless persons. The enumeration study was conducted in a manner consistent with the invitation of Employment and Social Development Canada to participate in *Everyone Counts: the 2018 Coordinated Point-in-Time (PiT) Count*. It is linked to the objectives of the Province of Ontario to end homelessness in Ontario and, specifically, to end chronic homelessness by 2025. It is intended to help Service Managers and the Ministry of Housing to better understand the extent and nature of homelessness and to guide policy and program design.

METHODOLOGY

The enumeration project was composed of a point-in-time count (PiT) and a period prevalence count (PPC) of homeless persons, including a count of chronically and episodically homeless people. The PPC method is based on the guide, *Period Prevalence Counts of People Experiencing Homelessness: A Guide for Rural and Northern Communities* (Kauppi, 2017). Data were collected from people experiencing forms of homelessness and hidden homelessness using a structured questionnaire, which includes all mandatory questions identified and specified by the Government of Ontario, in order to gather information from them regarding forms of homelessness. A service-based methodology was used to conduct a period prevalence count (PPC) for the current study because it captures most of the homeless population.

CONDUCTING THE SURVEY

Ethics approval was obtained from the Laurentian University Research Ethics Board as well as from those participating agencies requiring independent ethics approval. The study sought to include all regions within the City of Greater Sudbury (CGS). The 2018 period prevalence count involved data collection not only in the downtown area of the CGS, but also the Donovan, New Sudbury, Chelmsford, Val Caron, Hanmer, Capreol and Minnow Lake; the decision about locations was made following a consultation with service providers in January and February 2018. The PPC project followed the Ministerial Directive and the Provincial Guidelines for Homelessness Enumeration. It was completed in a manner that addressed all

provincial requirements. The study covered regions of the CGS in which a more than 30 percent of the total population resides.

The data collection instrument to be used included the required questions specified by the Province of Ontario and the HPS. Information regarding background, experiences and forms of homelessness was gathered from homeless persons using a structured questionnaire. Data were collected from homeless persons using a structured questionnaire in order to gather information regarding background, experiences and forms of homelessness. The data collection instrument allowed for the identification of duplicate cases which were excluded. The research team worked closely with local service providers in the CGS in order to create an accurate snapshot of the homeless population.

The PPC was conducted at agencies or services located in the CGS from March 5th to 26th. Data collection proceeded at food banks and meal programs from March 5th to 18th. The PiT count was conducted on March 19th, 2018 and the PPC was completed from March 20th to 26th.

RESULTS

Number of Adult and Youth Participants

- The number of questionnaires completed by adults or youth in the PiT and PPC studies was 2,698; this number includes 569 duplicate cases or potentially duplicate cases (which were deleted). In addition, 175 individuals did not provide information about their homeless status and these individuals are not included in the analysis. This yielded an unduplicated count of 1,954. In addition there were 224 dependent children under the age of 18, of whom participants had custody, for a total count of 2,178. The number of participants and children is based on three groups: 1) absolutely homeless (n=581), 2) hidden homelessness (n=734) and those who were at risk of homelessness (n=863).

Demographic Results

- As we have consistently found in prior studies in northeastern Ontario, Indigenous people (including First Nations and Métis) were present within the study sample in proportions greater than their numbers in the total population of the CGS, according to 2016 census data (Statistics Canada, 2017). Indigenous people were 9.4 percent of the population of the CGS but they comprised 42.5 percent (n=775, excluding children) of the participants who provided information about their Indigenous ancestry (n=1,820) for the study. Among those who were *absolutely* homeless, Indigenous people, including First Nation, Métis or Inuit, constituted over a third (39.4%) of this subsample (i.e., 210 of 533). Indigenous people were the largest subgroup amongst those who were living with hidden homelessness. They also made up more than a third of those who were at-risk of homelessness.

- The number of young people up to age 24 was 207; these youth were not connected to a family unit when they participated in the survey. Of these, 74 were absolutely homeless.
- Women (n=606) comprised 34.7 percent of those who indicated their gender as male or female (n=1,748); men (n=1140) comprised 65.3 percent of this sample. Persons who self-identified their gender as two-spirit (n=29), transwoman (n=14), transman (n=11), genderqueer (n=12) or not listed/don't know (n=21) comprised 4.7 percent of the participants based on self-reports of gender identity.
- Regarding sexual orientation, 86 percent of participants self-reported that they identified as heterosexual while 14 percent indicated that they identified as LGBTQ2S.
- The number of people with backgrounds involving military service who participated in the survey was 94. Over a third (38.3%) were absolutely homeless.

Chronic and Episodic Homelessness

- Chronically homeless persons have been continuously homeless for six months or more in the previous year, and episodically homeless have had 3 or more 4 episodes of homelessness in the previous year.
- In 2018, the number of people reporting chronic and episodic homelessness was about the same for people who were absolutely homeless (close to 160) and those living with hidden homelessness. It is notable that 78 individuals in the at risk population—a proportion that is approximately half of the absolutely homeless subgroup—reported that they had been episodically homeless.
- A larger number of participants who were absolutely homeless or living with hidden homelessness reported that they had experienced *both* episodic and chronic homelessness compared to those who were at-risk. It was more common for homeless people to experience three or more episodes of homelessness than to be homeless continuously for six months or more.

Experience of Housing and Shelter

- Many people do not know where they will stay at night. Nearly 200 people (n=177) gave more than one response and up to 8 responses to indicate possible locations. The dominant response for people who were absolutely homeless was that they intended to stay in an emergency or domestic violence shelter, or a transitional shelter. Amongst those living with hidden homelessness, the dominant response was that they would stay at someone else's place (i.e., couch surfing) while people who were at-risk of homelessness typically had their own place to stay. Many people pay rent to stay in accommodation that is severely substandard and not appropriate for human habitation.
- It is particularly remarkable that 165 people who were absolutely homeless indicated the location where they would sleep was a public space, vehicle, makeshift shelter, abandoned building or other unsheltered location due to the cold weather. During the PiT count on

March 19th and the PPC from March 20-26th, the minimum temperature ranged between -10° C and -17° C.

Reasons for Homelessness

- The top five reasons for homelessness were addictions, job loss, inability to pay rent or mortgage, unsafe housing conditions or conflict with spouse or partner. These five reasons were also given most frequently by people living with hidden homelessness or at risk of homelessness. It is also significant that illness or a medical condition was cited by more than 100 people living with hidden homelessness and close to a hundred of those who were absolutely homeless.

Family Homelessness

- Few people who are absolutely homeless have partners, other adults or children with them. Similarly, few of those living with hidden homelessness are sharing the experience with other adults or children.

Health Issues

- A substantial number of people indicated that they have health issues; the most prevalent issue being addictions or substance use.

Experiences of Child Welfare or Foster Care

- Close to or more than a third of the participants in each subcategory of homelessness had been in the child welfare system, including foster care or a group home. On average, individuals who had been in the child welfare system became homeless in less than a year.

Income Sources

- The largest number of participants were receiving income supports from social assistance (Ontario Works) or Ontario Disability Support Program. The third main response of people living with absolute or hidden homelessness was that they had no income. While few people who were at-risk of homelessness had no income, 21 people reported that they were in this situation.

Results for the PiT and PPC Studies

- The data indicate that the PiT method undercounts homeless people; in the 2018 enumeration in Sudbury, the PiT count data only reflects a third of the homeless population identified through the combined PiT and PPC methods.

HOMELESSNESS IN GREATER SUDBURY: 2018 ENUMERATION

REPORT—JUNE 2018

1.0 BACKGROUND AND DEFINITIONS OF HOMELESSNESS

Homelessness is a serious problem in Ontario, including northern towns and cities; moreover, Indigenous people are greatly overrepresented amongst homeless people in northern urban and rural places (Kauppi, Pallard & Faries, 2015). As reported to the Community Services Committee, City of Greater Sudbury, in August, 2015, the total homeless population in Sudbury was 1,419 and Indigenous people comprised 44.5 percent of the total. Similarly, in Timmins where the homeless population exceeded 700 people in 2011 (Kauppi & Pallard, 2015), Indigenous people comprised 41 percent of those who were absolutely homeless but only 8 percent of the total population. Kauppi and Pallard (2015) also reported that the prevalence of prior homelessness was five times higher amongst Indigenous people compared with non-Indigenous, low income participants in a nearby urban centre. The risk of homelessness is extremely high amongst Indigenous people.

The utilization of sound methods for collecting data on the prevalence of homelessness is vital for reducing and eliminating homelessness as it provides critical information to policy makers, service providers, advocates and community members about prevalence, demographics, trends and service use. The PPC approach has recently been described in the *Period Prevalence Counts of People Experiencing Homelessness: A Guide for Service Managers in Rural and Northern Communities* (Kauppi, 2017) and it was made available for use by service managers in Ontario. The Guide was followed in this PPC enumeration. In addition, a Point-in-Time (PiT) count was conducted to provide data as part of the Government of Canada's Homelessness Partnering Strategy (HPS) coordinated PiT.

The Canadian Homelessness Research Network (CHRN, 2012) developed a typology of homelessness that includes four major categories: homeless persons may be (i) unsheltered, (ii) emergency sheltered, (iii) provisionally accommodated, and (iv) at risk of homelessness. The first two categories refer to circumstances for those who are absolutely without housing. The third and fourth categories describe the varied circumstances for persons whose shelter arrangements lack permanence and those who are at risk of becoming homeless. Terms used to refer to persons in the latter two categories include technically homeless, near homeless, precariously housed, provisionally or temporarily accommodated, inadequately housed, at-risk or at imminent risk. New research has revealed the significance of hidden homelessness in Ontario as a poorly understood aspect of homelessness (Kauppi et al., 2017).

The frequency and duration of homeless episodes can have important implications for how the problem is understood and addressed. Taking into account the time element, homelessness may be divided into three categories including chronic, cyclical and temporary forms (Kauppi, Shaikh, Pallard & Rawal, 2013). According to the HPS (2012), chronic homelessness is a term used to describe people who have been continuously homeless for six months or more in the previous year. Chronic homelessness is often experienced by those with recurring or continuing illness or addiction problems. The Government of Ontario and the HPS have also identified the need to study episodic homelessness, which involved three or more episodes of homelessness in the previous year. Episodic homelessness may be cyclical and may result from changes in circumstances, for example release or discharge from an institution such as prison or hospital (Kauppi et al., 2013). Thus, complexity in the categorization of homeless people must be recognized given the inter-related and overlapping nature of the concepts; categories of people who are considered to be chronically, episodically and cyclically homeless are not always distinct. The frequency and duration of homeless episodes can have important implications for how the problem is understood and addressed.¹

The purpose of the current study was to gather up-to-date information about various subgroups within the homeless population in the City of Greater Sudbury, including information

¹ The definitions of chronic and episodic homelessness are from the “Homelessness Partnering Strategy Directives 2014-2019” www.canada.ca/en/employment-social-development/services/funding/homeless/homeless-directives.html

such as age, gender, socio-cultural data and history of homelessness. The questionnaire included all mandatory questions identified and developed by the Government of Ontario and the HPS.

2.0 OBJECTIVE

The City of Greater Sudbury required the completion of an enumeration project that included a point-in-time count (PIT) and a period prevalence count of homeless persons—including a count of chronically and episodically homeless people—in order to obtain information about their socio-demographic/linguistic characteristics, histories of homelessness and prior experiences. The enumeration study was conducted in a manner consistent with the invitation of Employment and Social Development Canada to participate in *Everyone Counts: the 2018 Coordinated Point-in-Time (PiT) Count*. The enumeration included a PiT count on March 19th while data collection continued with a PPC for seven additional days, as well as the days on which food banks were operating.

The enumeration is linked to the objectives of the Province of Ontario to end homelessness in Ontario and, specifically, to end chronic homelessness by 2025. The enumeration in 2018 is intended to help Service Managers and the Ministry of Housing to better understand the extent and nature of homelessness and to guide policy and program design.

3.0 METHODOLOGIES FOR COUNTING AND STUDYING HOMELESSNESS

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 for the current study because it captures most of the population. Including the agencies offering front-line services and programs to people experiencing forms of homelessness can yield results that capture the complexity of the forms of homelessness as well as increase accuracy in counting people in various socio-demographic groups (e.g. by gender, socio-cultural/linguistic group and age).

The PPC method is based on the guide, *Period Prevalence Counts of People Experiencing Homelessness: A Guide for Rural and Northern Communities* (Kauppi, 2017). The guide provides information about the PPC approach and how to implement it as one of the accepted enumeration methods to be used by service managers in 2018. This methodology was promoted by the Ministry of Housing as it can capture most of the population and is deemed useful in northern and rural communities. It involves community outreach and the involvement of agencies offering front-line services and programs to people experiencing forms of homelessness, including food banks; the PPC method can yield results that capture the complexity in the forms of homelessness as well as accuracy in counting the number of people in various socio-demographic groups (e.g. by gender, socio-cultural/linguistic group and age).

Data were collected from people experiencing forms of homelessness and hidden homelessness using a structured questionnaire, which includes all mandatory questions identified and specified by the Government of Ontario, in order to gather information from them regarding forms of homelessness. We used the same methodology as we have successfully employed in the past in our PPC studies of persons accessing a broad range of front-line services for poor and homeless people, with the exception that a PiT count was completed during one day on March 19th. The PPC data collection activities took place when food banks and meal programs were operating before and after the PiT count, that is from March 5th to 18th and March 20th to 26th. The PPC survey of people experiencing homelessness continued over 7 consecutive days after the PiT count, that is from March 20th to 26th. Continuing the PPC for 7 days, while collecting information allowing for the elimination of duplicate cases (de-duplication), yields information leading to more accurate data than studies/counts that take place over a shorter time via the PiT. In the USA, based on extensive experience with homelessness enumeration, HUD (2014) has acknowledged that some people do not access services every day and thus counts may be extended to 7 days to allow for greater accuracy.

In 2018, as in the 2015 enumeration of homelessness in the City of Greater Sudbury, we successfully implemented the PPC method by including food banks and other food services in the study. As food services are provided in most Wards of the City of Greater Sudbury, this approach allowed us to conduct the PPC in various Wards across the City in March, 2018.

The report of Ontario’s Expert Advisory Panel on Homelessness, “A Place to Call Home” (MMAH, 2012) identifies hidden homelessness as an important issue. The Panel stated that approaches to enumeration used in big cities may not be appropriate for use in rural and northern communities where hidden homelessness is prevalent. A study funded by the Ministry of Municipal Affairs and the Ministry of Housing on hidden homelessness in Ontario examined varied forms of homelessness in rural and northern Ontario. The report, “Homelessness and Hidden Homelessness in Rural and Northern Ontario” (Kauppi, O’Grady, Schiff, Martin and Ontario Municipal Social Services Association, 2017), provides a framework for measuring hidden homelessness.

4.0 CONDUCTING A SURVEY OR COUNT OF HOMELESS PERSONS

4.1 Ethics Approvals

The Centre for Research in Social Justice and Policy had previously received approval from the Research Ethics Board at Laurentian University (LU REB) for conducting period prevalence counts in various communities, including the City of Greater Sudbury. A revised application was submitted to the LU REB in February, 2018. Ethics approval was received on March 6, 2018. The Canadian Mental Health Association Sudbury Branch (CMHA) also required the completion of ethics applications. The procedures for data collection and all aspects of the study met the standards required by all ethics review committees.

4.2 Qualifications and Experience of the Research Team

Carol Kauppi has directed a team of researchers conducting studies on homelessness since 2000. Her teams have conducted 10 period prevalence counts in Sudbury between 2000 and 2015, and counts in Timmins (2011), North Bay (2011), Hearst (2012), Moosonee (2012) and Cochrane (2013). She is the author of the guide *Period Prevalence Counts of People Experiencing Homelessness: A Guide for Service Managers in Rural and Northern Communities* (2017). She is also the lead author of the report, *Homelessness and Hidden Homelessness in Rural and Northern Ontario* (2017), conducted with support from the Ontario Ministry of

Housing. From 2010 to 2016, Carol Kauppi was the director of *Poverty, Homelessness and Migration*, a \$1,000,000 project funded by the Social Sciences and Humanities Research Council. She has also conducted studies on homelessness for the Homelessness Partnering Strategy, Employment and Social Development Canada, notably the study, *Understanding and Addressing Family Homelessness in a Northern Community, Timmins, Ontario* (Kauppi et al., 2014). She has extensive experience in conducting large scale research projects at the national, provincial and regional levels, as well as policy research and action research projects. She has managed these large scale projects effectively and provided the agreed deliverables in a timely manner. As a recognized leader in research on homelessness, she has in-depth knowledge of the needs of people experiencing homelessness, based on 17 years of experience in working with them as research participants.

The research team included four additional university researchers, Dr. Emily Faries, Dr. Henri Pallard, Dr. Phyllis Montgomery and Dr. Michael Hankard and the staff of the Centre for Research in Social Justice and Policy, as well as upper year social work students who were involved as research assistants. In total, the research team comprised over 40 members, including research assistants who were hired and trained to work on the project. The lead university researchers were from the School of Social Work, the Department of Indigenous Studies, the Department of Law and Justice and School of Nursing. The research team included Anglophone, Francophone and Aboriginal faculty members and students from varied schools and departments. The project team had the required skills and knowledge to conduct the project activities, including bilingual capacity and connections to the key cultural communities (i.e. Francophones, Aboriginals, and Anglophones) in Sudbury.

4.3 Geographic Area

The study sought to include all regions within the City of Greater Sudbury (CGS). The 2018 period prevalence count involved data collection not only in the downtown area of the CGS, but also the Donovan, New Sudbury, Chelmsford, Val Caron, Hanmer, Capreol and Minnow Lake; the decision about locations was made following a consultation with service providers in January and February 2018. The areas outside the downtown had been included in the 2015 enumeration but not in any of the previous homeless counts in Sudbury as the prior

studies (2000 to 2009) focussed on the city centre. The 2015 study showed that homeless people also are found in areas outside the downtown core. In order to obtain an accurate count of homeless persons in the City of Greater Sudbury, especially since an overall purpose of the study is to gather baseline data to guide initiatives in the future, it was important to conduct the survey in outlying population centres as well as downtown Sudbury and New Sudbury. The PPC project followed the Ministerial Directive and the Provincial Guidelines for Homelessness Enumeration. It was completed in a manner that addressed all provincial requirements. The study covered regions of the CGS in which a more than 30 percent of the total population resides.

4.4 Data Collection Tool

The data collection instrument to be used included the required questions specified by the Province of Ontario and the HPS. Additional questions on health, mental health, migration, and history of homelessness were included. The data collection instrument consisted of a questionnaire for collecting information from each homeless person using shelters and allied services. The definitions of homelessness used in previous studies in Sudbury and other northeastern Ontario communities were also employed in 2018. The definitions are consistent with the Canadian definition of homelessness published by the Canadian Homelessness Research Network (CHRN, 2012), and incorporates its four major categories of (i) unsheltered, (ii) emergency sheltered, (iii) provisionally accommodated, and (iv) at risk of homelessness, as set out above (1.0 Background and Definitions of Homelessness).

4.5 Data Collection Procedures

Using a service-based methodology, data were collected from homeless persons using a structured questionnaire in order to gather information regarding background, experiences and forms of homelessness. We used the same methodology that we have used successfully in the past in our period prevalence studies of persons accessing a broad range of front-line services for poor and homeless people. The survey was conducted in March, from the 5th to the 27th. Prior to March 19th—the date of the PiT count—we conducted the enumeration in food banks and meal programs, especially those outside the downtown core. The extended data collection period for food banks was required since many operate on specific days of a week or month.

As the questionnaire collects specific information that allows for the elimination of duplicate cases, extending the time frame of the study did not raise concerns about counting the same person more than once. Expanding the timeline and the geographic area allowed us to collect data about persons accessing services in the outlying areas. Our procedure led to more accurate data than studies/counts that take place over a shorter time and in a single central area.

The data collection activity addressed all requirements specified by the City of Greater Sudbury, including:

- type of current housing/lodging;
- reasons for homelessness;
- number of chronically homeless persons;
- number of episodically homeless persons;
- number of persons with Indigenous identity;
- number of persons with racialized identity;
- age and number of youth under the age of 18 not connected to a family unit;
- family homelessness and number of women and children;
- number of veterans;
- gender identity, sexual orientation, number of LGBTQQ persons; and
- health.

The survey was conducted in a manner that allowed all people experiencing forms of homelessness to participate, including those who had prior military service.

There are inherent difficulties in conducting research involving people experiencing forms of homelessness, as noted above. The research team worked closely with local service providers in the CGS in order to create an accurate snapshot of the homeless population. It must be recognized that any count will produce an under-estimate of the total homeless population. However, the participation of a large majority of service providers offering services to poor and homeless people in the CGS made it possible to obtain a reasonable estimate of the homeless population and provided baseline data for ongoing homelessness initiatives, including Housing First. In the 2015 study, we included food banks and services where meals were offered (e.g., Out of the Cold Dinners), which had not been involved in prior studies in Sudbury. In addition, through a consultation with service providers located in the Samaritan Centre, permission was obtained for research assistants to administer questionnaires in a common area at all times when

the Centre was open. In 2018, many organizations participated that had not previously been involved with enumeration studies.

A preliminary list of providers was developed from existing lists of programs and services and it was expanded early in 2018 to ensure that all organizations serving this population, within the boundaries of the City of Greater Sudbury, were invited to participate. Particular attention was given to the participation of the local shelters and organizations in the Homelessness Network/Réseau sans-abri. Searches were conducted to identify and locate additional services, notably food banks in the outlying communities of the City of Greater Sudbury. Using the internet, telephone directories and the networks of identified service providers, a list of services was produced. Every provider known to serve extremely poor and homeless people was contacted by telephone in order to explain the study and to set a date and time for a meeting. The purpose of the meeting was to review the information to be collected in the study and to determine how the data could be collected from that agency.

Following the telephone contact, 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. By involving service providers in discussions about the data collection, strategies were developed to reduce the level of intrusiveness of the data collection and to maximize confidentiality. A few service providers decided not to participate due to limited resources or to a reluctance to allow research assistants to collect data on the agency premises. However, those that did not participate stated that they informed people accessing their services about the survey and locations where they could complete the questionnaire.

Given the service pressures and limited staff resources to collect the data, research assistants were made available to administer the questionnaire in most agencies. A job advertisement was posted online to recruit and hire a team of research assistants; they included bi-lingual and Indigenous people. In total, more than 40 research assistants collected data in agencies, services or programs that agreed to participate. The research team members were trained and closely supervised to ensure that the study protocols were followed. Fifty agencies, programs or services participated in the study (see Appendix A). In 2018, we established a data

collection station at the Transit Terminal downtown for the day of the PiT count and the seven-day PPC. A substantial proportion of the participants completed the survey at this location as it was accessible. The staff were trained to give attention to the goal of limiting participation to a single completed survey from each individual. However, the honorarium of \$5.00 was an incentive that led to a substantial number of duplicates, which were identified and removed using de-duplication procedures (see the section below, *4.7 Unduplicated Count*).

4.6 Timeframe for the Study

The PPC was conducted at agencies or services located in the CGS from March 5th to 26th. As noted above, data collection proceeded at food banks and meal programs from March 5th to 18th. The PiT count was conducted on March 19th, 2018 and the PPC was completed from March 20th to 26th. Duplicate cases were excluded as explained below.

4.7 Unduplicated Count

The data collection instrument allowed for the identification of duplicate cases. An unduplicated count was obtained by examining the first, middle, and last initials as well as the date of birth, gender and sociocultural/linguistic background. Individuals with identical information were considered to be the same person and the duplicated case was eliminated from further analysis. As in prior studies, most individuals provided the information required to identify duplicate cases. In 2018, approval was sought to require the provision of the de-duplication information as part of the consent process. Any questionnaires that were missing the de-duplication information were excluded from data entry. Three research assistants examined the data to identify duplicates and then the lead researcher completed the procedure. In any cases where there was some uncertainty as to whether questionnaires were duplicates, the physical questionnaires were compared in order to further examine similarities or differences and to allow us to verify unique cases. Duplicate cases have been excluded from the analyses and results.

5.0 RESULTS

5.1 Number of Adult and Youth Participants

The number of questionnaires completed by adults or youth in the PiT and PPC studies was 2,698; this number includes 569 duplicate cases or potentially duplicate cases (which were deleted). In addition, 175 individuals did not provide information about their homeless status and these individuals are not included in the analysis. This yielded an unduplicated count of 1,954.

De-duplication

A rigorous de-duplication procedure was followed. Firstly, a unique identification (ID) code was created for each case by combining the initials, date of birth and location where they were born (e.g., ABC200978S). The cases were sorted and all individuals with the same ID were identified as duplicates. Three research assistants and the project director completed the task of identifying duplicates. In addition, any cases that were missing some or all de-duplication information and could not be verified as unique cases were identified as duplicates. If there was any doubt, the questionnaires were examined to verify whether they were the same individual or different individuals. All duplicate cases and cases in which de-duplication information was not fully provided were removed for the analysis.

Number of participants and dependent children in custody

As shown in Table 1, the unduplicated results are based on 1,954 adult and youth participants in addition to their 224 dependent children under the age of 18, of whom participants had custody, for a total count of 2,178. The number of participants and children who were absolutely homeless (n=581), living with hidden homelessness (n=734) as well as those who were at risk of homelessness (n=863) is shown in Table 1.

In 2017, tally sheets were used to count people who were observed to be homeless but who did not want to participate in the survey. In total, 89 people were observed but not interviewed. Most of these individuals were in the hospital (68 individuals). Individuals counted on tally sheets may be added to the overall count ($89 + 2178 = 2267$).

Table 1: Number of unduplicated individuals in the period prevalence count

	Absolutely homeless Number	Hidden homelessness Number	At risk of homelessness Number	Total Number
Number of participants	564	701	689	1954
Dependent children under 18	17	33	174	224
Total	581	734	863	2178

5.2 Results for Specified Data Points Required by the CGS

The CGS only required data about absolutely homeless people. However this report provides information about absolutely homeless persons as well as those living with hidden homelessness or the risk of homelessness. It is important to include all categories of people living with forms of homelessness because prior studies and the published literature show that there is a strong interrelationship between these categories. For example, in 2015, 45 percent of persons at risk of homelessness previously had been absolutely homeless. These two groups are not distinct from each other as people who are at risk of homelessness are vulnerable to hidden homelessness or to becoming absolutely homelessness. Moreover, some who fit accepted definitions of absolute homelessness may not self-define and self-report as homeless.

Table 2 shows the results for data points required by the City of Greater Sudbury. Dependent children are not included in the results except where they are specifically noted. As typically occurs with surveys, some people choose not to answer certain questions. The number of “missing values” is within accepted parameters and therefore appear not to have impacted on basic trends in the data because the number of participants was fairly large.

Table 2: Age, cultural background, sexual orientation and military service by type of homelessness

	Absolutely homeless Number	Hidden homeless Number	At risk Number	Total Number
<i>Cultural background</i>				
Indigenous identity (including Inuit)	210	322	243	775
Racialized identity (e.g., Asian, Arab, Black, Filipino, Hispanic)	21	23	25	69
<i>Age, gender and sexual orientation</i>				
Youth under age 18 not connected to a family unit	12	29	8	49
Female/Women	140	183	283	606
Male/Men	354	432	354	1,140
LGBTQ (Trans, two-spirit, genderqueer, don't know, not listed)	24	39	29	92
<i>Chronic and episodic homelessness</i>				
Chronic	159	162	54	375
Episodic	158	169	78	409
<i>History with child welfare</i>				
Was in foster care or group home	151	200	193	544
<i>Military service</i>				
Veterans	36	25	33	94

Note: Missing values are within acceptable parameters.

Note: Type of current housing/lodging, reasons for homelessness/housing loss, family homelessness, health and income sources are reported below.

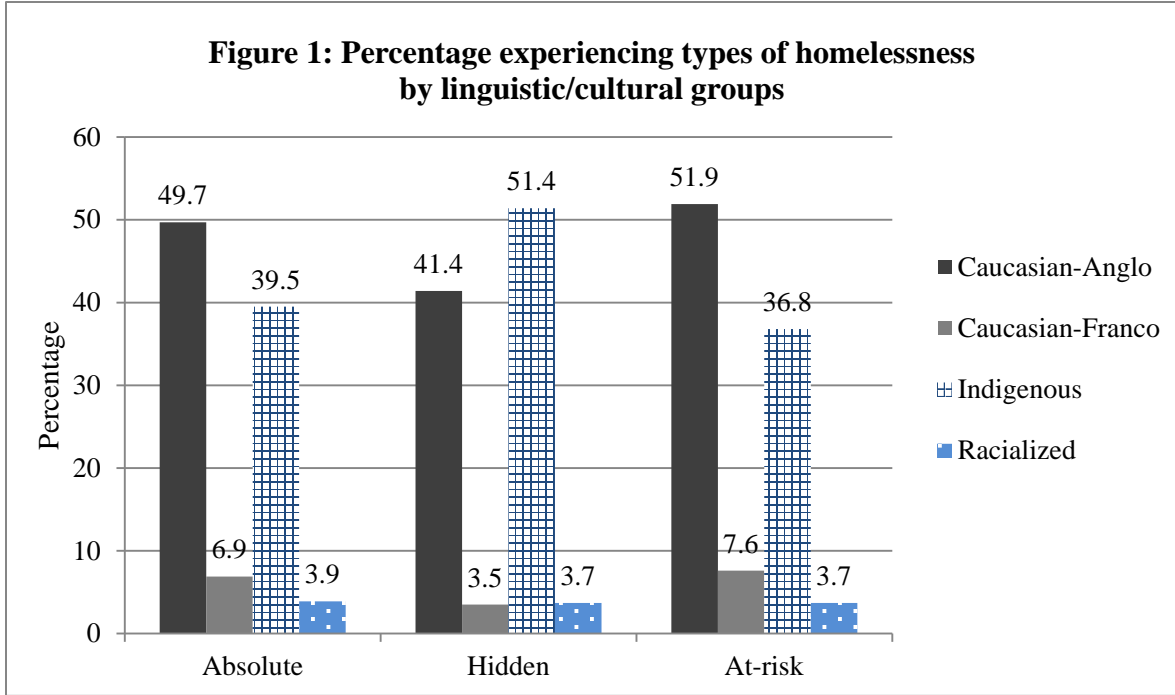
5.3 Demographic Results

As we have consistently found in prior studies in northeastern Ontario, Indigenous people (including First Nations and Métis) were present within the study sample in proportions greater than their numbers in the total population of the CGS, according to 2016 census data (Statistics Canada, 2017). Indigenous people were 9.4 percent of the population of the CGS but they

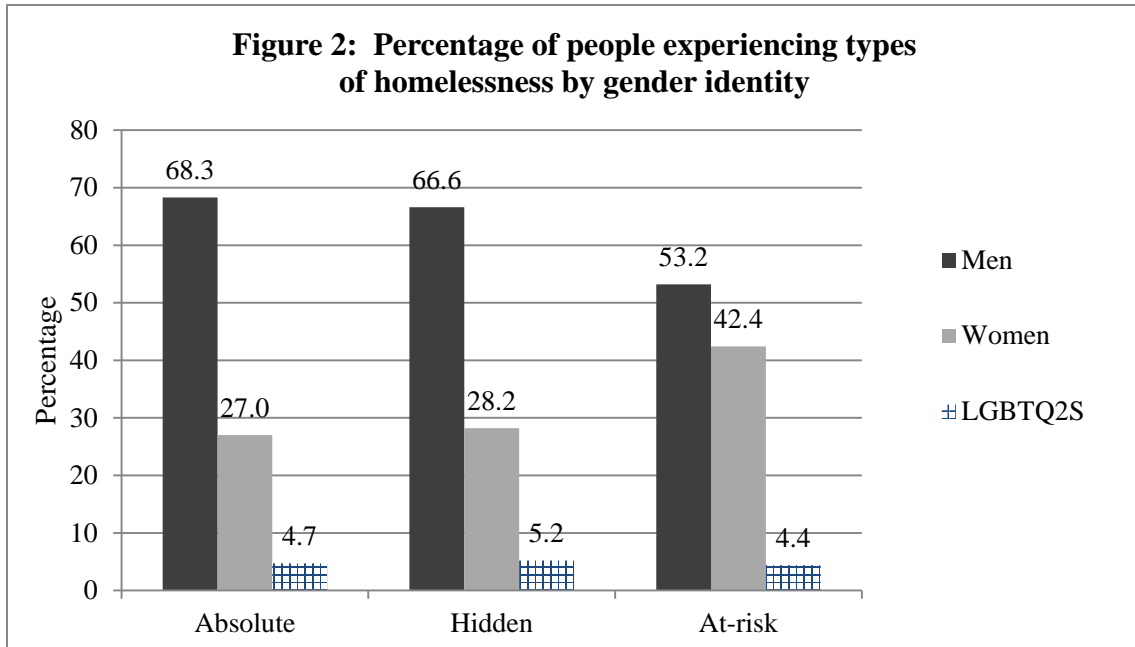
comprised 42.5 percent (n=775, excluding children) of the participants who provided information about their Indigenous ancestry (n=1,820) for the study.

Among those who were *absolutely* homeless, Indigenous people, including First Nation, Métis or Inuit, constituted over a third (39.4%) of this subsample (i.e., 210 of 533). Indigenous people were the largest subgroup amongst those who were living with hidden homelessness. They also made up more than a third of those who were at-risk of homelessness. In contrast to Indigenous people, Francophones (n=109) were under-represented among the study participants (6.0%) compared to their proportion within the total population in the City of Greater Sudbury (39.7%) as reported in the 2016 census (Statistics Canada, 2017). Francophones comprised 6.9% of those who were absolutely homeless. Similar to Francophones, people who self-identified as being in a racialized group were a small subgroup of the homeless population in Sudbury (n=69) and they were 3.8 percent of the sample. Francophones and racialized people were less than 10 percent of those experiencing various forms of homelessness. Caucasian anglophones constituted close to half of those who were homeless (47.6%) and they were the largest subgroup amongst people living with absolute homelessness and the risk of homelessness. Figure 1 shows the percentage of each cultural/linguistic group in the categories of absolute homelessness, hidden homelessness and those at-risk.

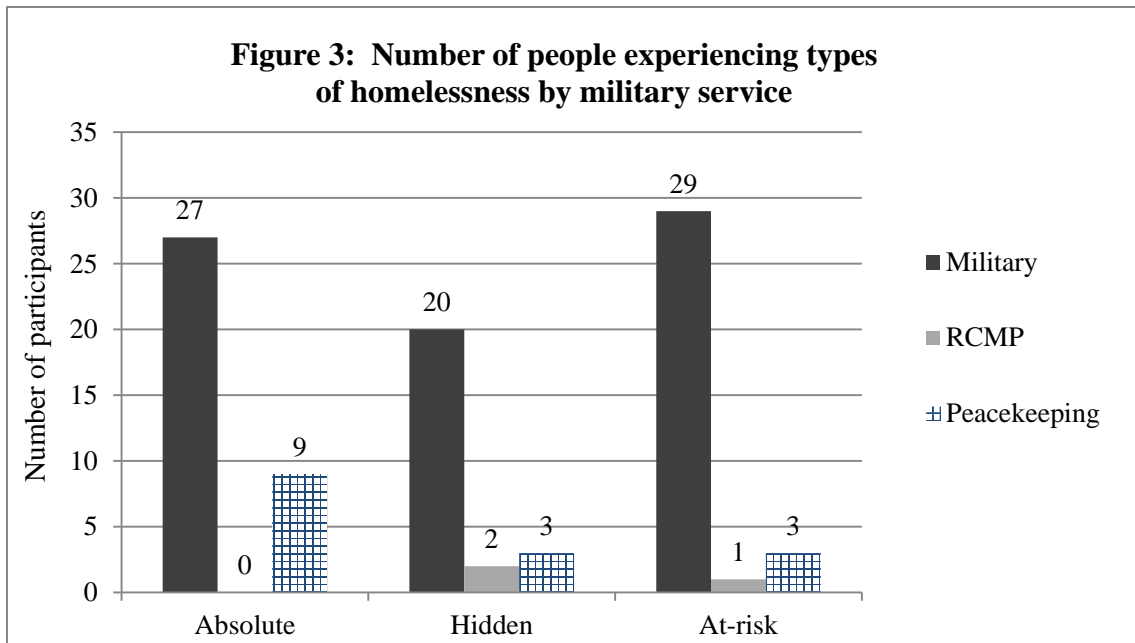
The number of young people up to age 24 was 207; these youth were not connected to a family unit when they participated in the survey. Of these, 74 were absolutely homeless. They included individuals were living with hidden homelessness and those at risk of homelessness. It is important to note that homeless youth are extremely vulnerable; it is possible that more young people were present among homeless people but may not have participated in the survey in order to remain part of the hidden homeless population.



Women (n=606) comprised 34.7 percent of those who indicated their gender as male or female (n=1,748); men (n=1140) comprised 65.3 percent of this sample. Persons who self-identified their gender as two-spirit (n=29), transwoman (n=14), transman (n=11), genderqueer (n=12) or not listed/don't know (n=21) comprised 4.7 percent of the participants based on self-reports of gender identity. Figure 2 shows the percentage of people experiencing forms of homelessness by gender identity. Men were a majority of the participants in each category of homelessness but women made up a larger proportion of people who were experiencing the risk of homelessness, compared with those who were absolutely homeless or living with hidden homelessness. The proportion of those who identified as gender fluid, gender queer or transgender was similar for all types of homelessness (i.e., above 4% in all three categories). Regarding sexual orientation, 86 percent of participants self-reported that they identified as heterosexual while 14 percent indicated that they identified as LGBTQ2S.

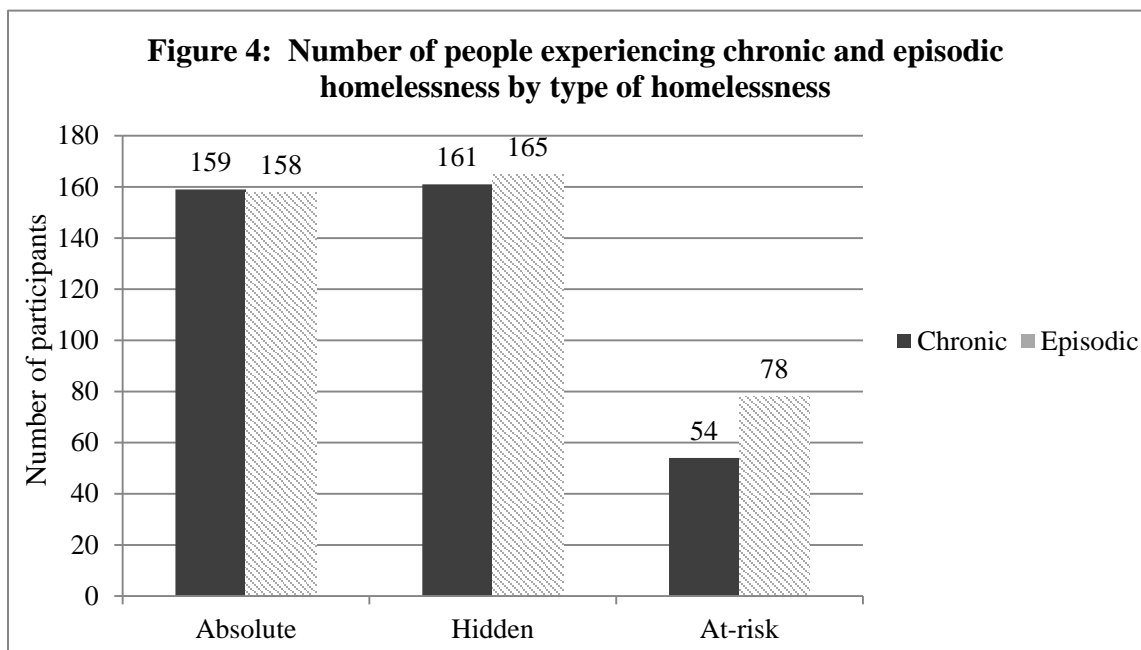


The number of people with backgrounds involving military service who participated in the survey was 94. Over a third (38.3%) were absolutely homeless. A majority stated that they had been in the military (n=76), a few indicated that they had been in the RCMP (n=3) and 15 individuals indicated that they had been involved with peacekeeping (Figure 3).



5.4 Chronic and Episodic Homelessness

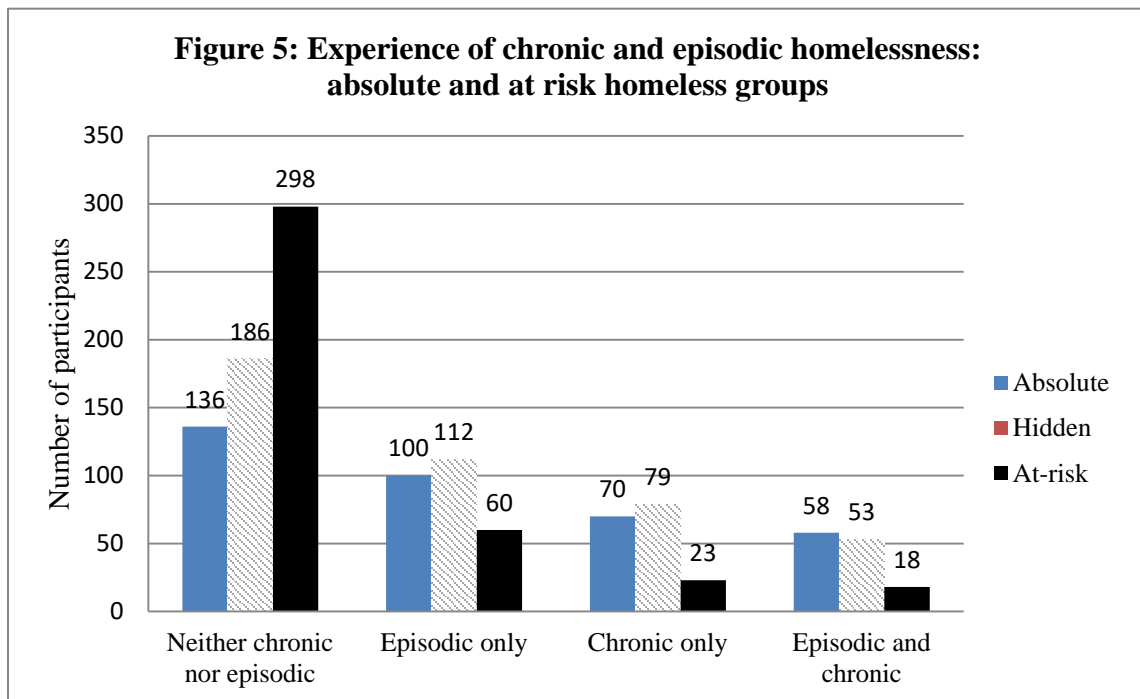
An examination of the length of time during which participants had been homeless and the number of episodes of homelessness experienced reveals the interconnected nature of categories of homelessness. As shown in Figure 4, in 2018, the number of people reporting chronic and episodic homelessness was about the same for people who were absolutely homeless (close to 160) and those living with hidden homelessness. It is possible that people who were at risk of homelessness had experienced chronic or episodic homelessness prior to becoming housed. However, it is notable that 78 individuals in the at risk population—a proportion that is approximately half of the absolutely homeless subgroup—reported that they had been episodically homeless, while a smaller number reported chronic homelessness (n=54).



A cross tabulation of the subgroups that were chronically and episodically homeless showed that there is a statistically significant relationship between these forms of homelessness among both absolutely homeless and at risk people (Figure 4). Those who were *not* episodically homeless tended *not* to have experienced chronic homelessness. Yet there was an overlap between chronic and episodic homelessness in that 27 percent (n=115) of absolutely homeless

participants indicated both forms of homelessness compared to 5 percent (n=50) of participants who were at risk of homelessness at the time of the study.

Figure 5 compares the pattern of results from the cross tabulation of *episodic* (defined as more than 2 episodes in a one-year period) and *chronic* (continuously homeless for six months or more) homelessness among participants living with absolute or hidden homelessness or at risk of homelessness. In this analysis, the subsamples for the absolute, hidden and at risk were, respectively, 364, 430 and 399 individuals. The results show that, for all types of homelessness, the largest subgroup was people who had not experienced either chronic or episodic homelessness. The largest number of people who did not report chronic or episodic homelessness was those at-risk of homelessness. Slightly more people living with hidden homelessness reported both episodic and chronic homelessness compared with those who were absolutely homeless. However, there were no significant differences between people in the absolute and hidden homelessness groups. It is noteworthy that people in these two groups reported similar experiences of chronic and episodic homelessness.



$\phi = .42, p < .001$

A larger number of participants who were absolutely homeless or living with hidden homelessness reported that they had experienced *both* episodic and chronic homelessness compared to those who were at-risk. The results clearly show that it was more common for homeless people to experience three or more episodes of homelessness than to be homeless continuously for six months or more.

5.5 Experiences of Housing or Shelter

Table 3 provides information about experiences of housing or shelter among those who participated in the survey. The responses to the mandatory question about current lodging indicated that many people do not know where they will stay at night. Nearly 200 people (n=177) gave more than one response and up to 8 responses. The dominant response for people who were absolutely homeless was that they intended to stay in an emergency or domestic violence shelter, or a transitional shelter. Amongst those living with hidden homelessness, the dominant response was that they would stay at someone else's place (i.e., couch surfing) while people who were at-risk of homelessness typically had their own place to stay. It is worth noting, however, that many people pay rent to stay in accommodation that is severely substandard and not appropriate for human habitation. It is important to note that the 14 individuals who were absolutely homeless but indicated that they would stay in their own place had also indicated a range of places listed in Table 3. Some people have accommodation but are not able to stay there due to safety issues or eviction. It is possible that such circumstances impacted on these individuals.

It is particularly remarkable that 165 people who were absolutely homeless indicated the location where they would sleep was a public space, vehicle, makeshift shelter, abandoned building or other unsheltered location due to the cold weather. During the PiT count on March 19th and the PPC from March 20-26th, the minimum temperature ranged between -10° C and -17° C. Only the night of March 26th was somewhat warmer with a minimum temperature of -5° C. The Homelessness Network of Sudbury announces an *Extreme Cold Weather Alert* when the temperature is predicted to reach -15° C or lower.

Table 3: Current lodging/homelessness

	Absolute		Hidden		At risk	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Own apartment or house	14	1.8	–	–	690	98.3
Someone else's place	93	12.0	624	92.4	10	1.4
Motel/hotel	7	.9	31	4.6	1	.14
Hospital, jail, prison, remand	12	1.6	20	3.0	1	.14
Emergency or DV shelter	315	40.7	–	–	–	–
Transitional shelter	107	13.8	–	–	–	–
Public space	39	5.0	–	–	–	–
Vehicle	29	3.8	–	–	–	–
Makeshift shelter, tent, shack	31	4.0	–	–	–	–
Abandoned/vacant building	29	3.8	–	–	–	–
Other unsheltered location	37	4.8	–	–	–	–
Do not know	61	7.9	–	–	–	–

Note: Data are based on the number of responses. Some participants did not answer all questions while others gave multiple responses.

Note: In addition to those who were surveyed in institutions (hospital, jail) in Table 3, 68 people were counted on tally sheets while in hospital.

Note: Percentages may not sum to 100 due to rounding error.

5.6 Reasons for Homelessness

Table 4 shows the reasons given for homelessness or the loss of housing. The reasons have been sorted based on the most frequent responses given by people living with absolute homelessness. As indicated, the top five reasons were addictions, job loss, inability to pay rent or mortgage, unsafe housing conditions or conflict with spouse or partner. These five reasons were also given most frequently by people living with hidden homelessness or at risk of homelessness. It is also significant that illness or a medical condition was cited by more than 100 people living with hidden homelessness and close to a hundred of those who were absolutely homeless.

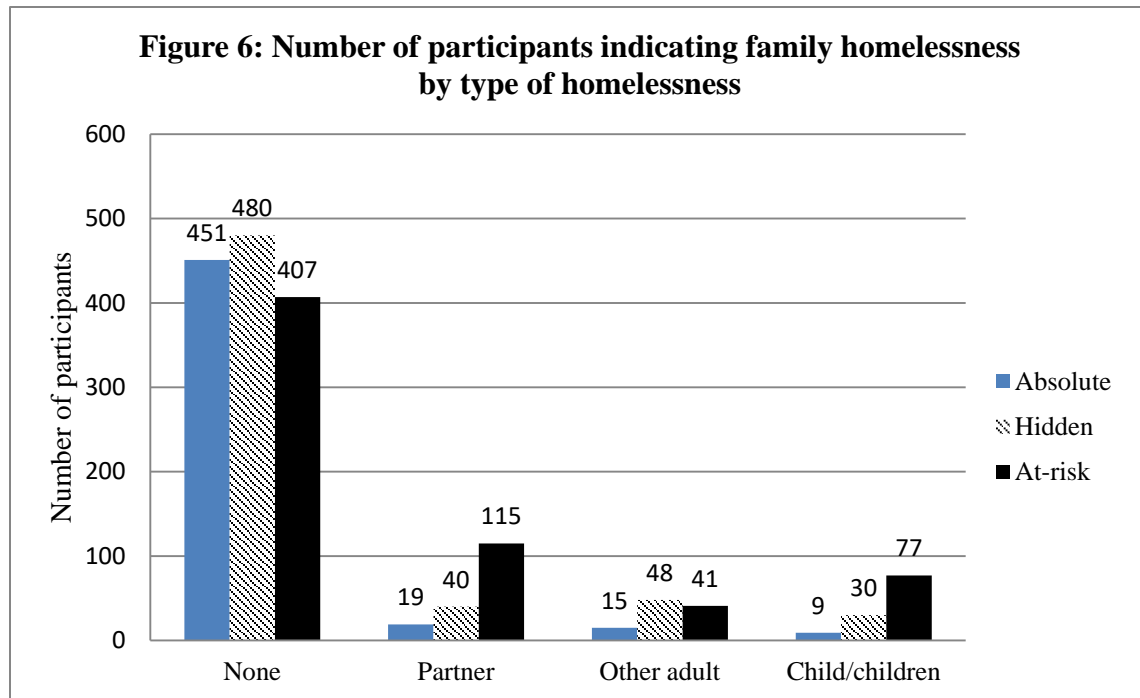
Table 4: Reasons for homelessness

Reasons	At-risk	Hidden homelessness	Absolute homelessness
Addiction/substance use	141	262	245
Job loss	100	200	182
Unable to pay rent or mortgage	112	145	129
Unsafe housing conditions	89	90	110
Conflict with spouse/partner	80	90	110
Illness/medical condition	78	102	97
Experienced abuse by spouse/partner	55	74	80
Incarcerated	32	63	80
Conflict with parent/guardian	39	65	62
Other	70	75	56
Hospitalization or treatment program	21	25	48
Experienced abuse by parent/guardian	23	40	44
Decline	98	42	24
Don't know	31	18	10

Note: Results are based on multiple responses as participants were invited to check all reasons that applied to them.

5.7 Family Homelessness

The analysis of responses regarding family homelessness indicates that most people living with forms of homelessness are on their own, including those living with the risk of homelessness. According to Figure 6, few people who are absolutely homeless have partners, other adults or children with them. Similarly, few of those living with hidden homelessness are sharing the experience with other adults or children.



5.8 Health Issues

According to Figure 7, a substantial number of people indicated that they have health issues. It is notable that the most prevalent issue was addictions or substance use. People living with hidden homelessness were most likely to report that they were homeless due to addictions, followed by people who were absolutely homeless and people at-risk. This same pattern was evident for mental health issues. However, people at risk more often reported physical disabilities or chronic medical conditions. Similar proportions of people living with hidden homelessness and absolute homelessness reported these physical health challenges.

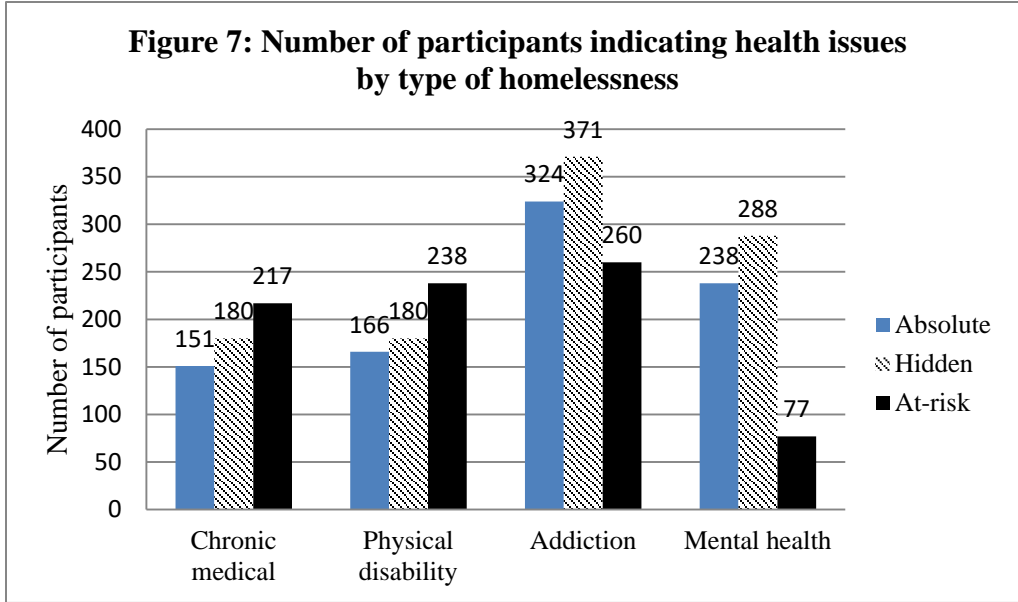
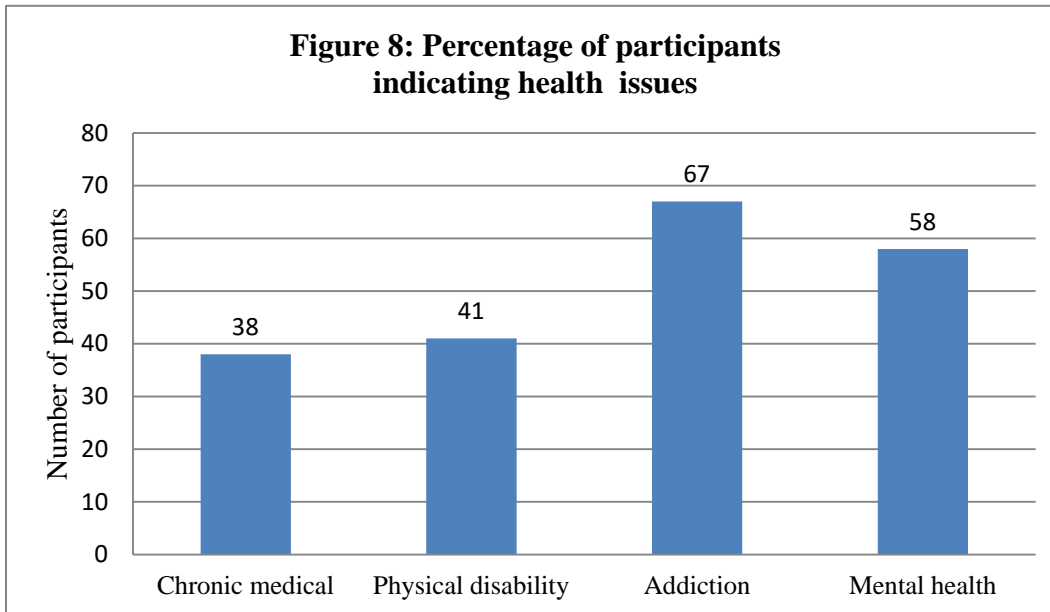
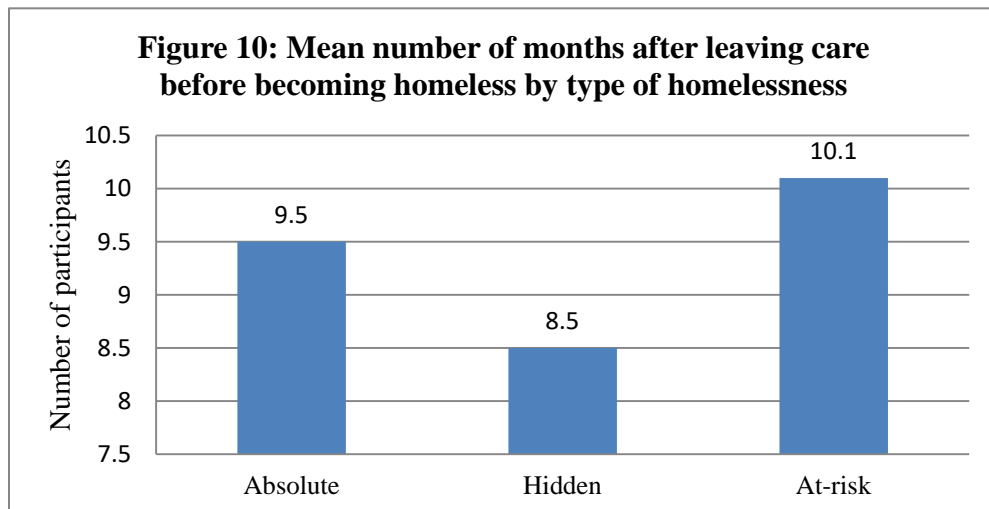
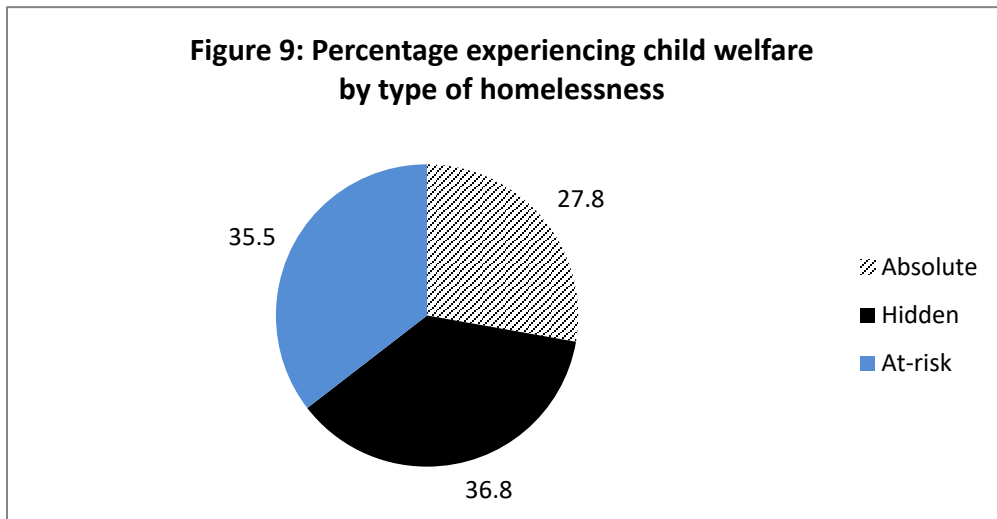


Figure 8 shows the percentage of participants reporting the four types of health issues. The results indicate that a majority of participants (two-thirds) were experiencing addictions or substance use issues and mental health challenges (over half). Well over a third reported chronic medical challenges or a physical disability.



5.9 Experiences of Child Welfare or Foster Care

Close to or more than a third of the participants in each subcategory of homelessness had been in the child welfare system, including foster care or a group home (see Figure 9). Figure 10 shows that, on average, individuals who had been in the child welfare system became homeless in less than a year. Those living with hidden homelessness indicated that they experienced homelessness within the shortest period after leaving foster care compared with those absolutely homeless or at-risk. However, the differences between groups of homeless people were not statistically significant.



5.10 Income Sources

Table 6 shows the number of responses for each source of income. The analysis is based on multiple responses as it is possible that people can have more than one source of income. The responses are ordered from the highest to lowest based on people living with absolute homelessness. The largest number of participants were receiving income supports from social assistance (Ontario Works) or Ontario Disability Support Program. The third main response of people living with absolute or hidden homelessness was that they had no income. While few people who were at-risk of homelessness had no income, 21 people reported that they were in this situation.

Table 6: Sources of income

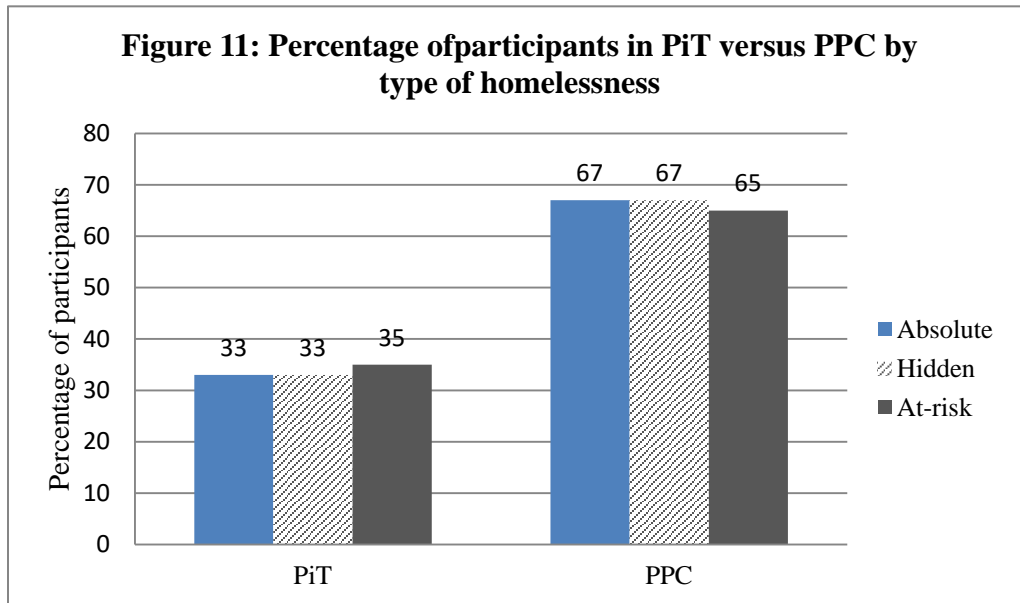
Sources	At-risk	Hidden	Absolute
Welfare/social assistance	235	308	217
Disability benefit	296	168	135
No income	21	68	89
Money from family/friends	32	52	48
Informal/self-employment	18	41	46
Employment	77	52	37
GST refund	34	35	33
Other source	37	28	31
Employment insurance	18	9	20
Seniors benefits	25	11	9
Child and family tax benefits	35	9	2

Note: Results are based on multiple responses, therefore, the number of responses may be larger than the number of participants.

5.11 Results for the PiT and PPC Studies

Figure 11 shows the percentage of respondents who participated in the Point-in-Time count on March 19th, 2018 compared with the number who participated in the Period Prevalence Count conducted at food banks and meal programs between March 5th and March 18th and then

for seven consecutive days following the PiT count. The PiT count generated approximately a third of the responses while the PPC generated two-thirds. The PiT count was only slightly more effective in obtaining participation from people at-risk compared with those who were absolutely homeless or living with hidden homelessness. An advantage of the PPC method is that it can obtain more complete data because it is conducted over a longer period of time. The information about the study can be disseminated more broadly to people living with homelessness and they can participate even if they are not present or able to participate on the first day of the enumeration. The data indicate that the PiT method undercounts; in the 2018 enumeration in Sudbury, the PiT count data only reflects a third of the homeless population.



5.12 Differences Between 2015 and 2018 Enumerations

The same methodology was used in all studies conducted in Sudbury since 2000 but some modifications were introduced in 2015 and 2018. In 2015, the enumeration was expanded to outlying communities within the City of Greater Sudbury. This was continued in 2018. Some additional changes were introduced in 2018 due to the provincial requirement to conduct homelessness enumeration and due to the need to combine PiT and PPC methods for consistency with the national PiT count. Notably, the enumeration was conducted over an additional day of

data collection: a PiT count was conducted on March 19th and the PPC continued for seven consecutive days afterwards. The extra day of data collection likely contributed to the higher number of participants in the 2018 enumeration compared to the 2015 study.

Another factor accounting for the higher number of participants is that 50 organizations participated compared to 32 in 2015. The additional 18 organizations included Health Sciences North, a methadone clinic, detox services and outreach to sex workers; in addition, a broader range of food banks in outlying areas participated. An important addition to the 2018 survey was a survey station maintained at the Greater Sudbury Transit Terminal downtown. This station remained open every day of the study (8 days) to allow people to participate in a neutral location and 426 people participated at this location.

5.13 Incorporation of the Database into the PPC Database

The data collected for the current study are subject to requirements of the Laurentian University Research Ethics Board (LU REB) and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2010) as ethical review was required for the study. These requirements have implications for the storage and use of data. The data collected for the PPC study allow for comparisons with data collected in Sudbury and other towns and cities in northeastern Ontario. The data will be added to the existing database.

6.0 DISCUSSION AND CONCLUSION

The number of participants in the 2018 enumeration was larger than in the 2015 study. At 564, the number of people who were absolutely homeless was 33 percent higher than in 2015. In contrast, the number of people at-risk of homelessness was 18 percent lower. However, the 2018 study identified a substantial population of people living with hidden homelessness in the City of Greater Sudbury that was not previously identified as such.

In 2018, the data collection and analysis were altered in order to allow for data collection and an analysis of people living with hidden homelessness. The addition of new questions to the survey enabled the identification of people living with hidden homelessness. The primary

difference between absolute homelessness and hidden homelessness is that people who are hidden from view and without a home stay with others who have a place to live. It was important to study this group because it is now recognized that, in northern and rural places, much homelessness is largely invisible as many people cope with homelessness by finding others who allow them to stay temporarily, such as through “couch surfing” and other strategies to remain hidden (Kauppi, O’Grady and Schiff et al., 2017).

The 2018 study shows that the hidden homeless population is large and very similar to those who are absolutely homeless on many measures but in some ways is more disadvantaged. Compared to individuals who are absolutely homeless, more of those living with hidden homelessness are Indigenous, young, in the LGBTQ2S population, chronically and episodically homeless. More individuals report having been in the child welfare system in foster care or a group home, experience addiction, health challenges and job loss and are unable to pay the rent or mortgage. As relatively little is known about people living with hidden homelessness, the findings of the current enumeration study provide information to better understand the issues and needs of this subgroup of the homeless population.

The prevalence of conflict and violence in relationships is an important factor linked to homelessness in the current study. In identifying reasons for homelessness, responses to four statements provide evidence about the extent to which homelessness is connected to conflict and violence or abuse from spouses/partners or parents/guardians. Combining the responses to these statements reveals the extent to which homelessness results from conflict, abuse and violence.

We identified a change in the homeless population since 2015. In field notes, the research assistants noted a level of aggressiveness that was not evident in 2015. The aggression was linked to a desire to obtain money by participating in the survey more than once. While de-duplication procedures allow for any duplicate cases to be identified and removed from the analysis, the staff were instructed to maintain a high level of awareness about individuals who wanted to do the survey more than once, apparently motivated by the honorarium of \$5.00. Careful attention was paid to gathering the de-duplication information so that any duplicates could be identified. However, aggressive behaviour impacted on the staff during the study. A relatively small group of individuals were aggressive in their approach, as noted by research

assistants: “Twelve individuals attempted to do the survey again... three became erratic and upset that they could not take the survey a second time.” In other locations, research assistants noted: “The day started off with people becoming extremely aggressive, almost physical.” “I refused a guy to fill out the survey as I completed one with him a couple of days ago. He was not happy but left without saying a word”. Service providers also commented on the difficulties of working with people in the homeless population due to increased aggression which appears to be linked to substance use and addictions—the availability of certain street drugs is believed to be leading to more aggressive behaviours. The desperation of people on the streets may also be connected to comments made about the difficulty of obtaining money from panhandling, a factor that was mentioned to research staff. The high level of addictions was shown in data about the physical and mental health issues experienced by people living with homelessness, as well as in the reasons for homelessness, as addictions were identified as the primary reason for homelessness. Training and monitoring the research staff ensured their safety during the data collection.

A final point for discussion pertains to the weather during the March 2018 enumeration in relation to decisions about lodging and accessing services. While more moderate weather typically occurs in March, the spring weather in 2018 was unusually cold, with temperatures falling as low as -17° C at night. The data provide for insights into the survival strategies of people living with homelessness in Sudbury. It is possible that the cold weather led to more people accessing services during the study than might have occurred in warmer weather when they can more easily maintain independence. In the survey, a substantial number indicated the possibility of staying in an emergency or domestic violence shelter (n=315). However, Sudbury does not have this number of shelter beds. Therefore, it seems likely that many people indicated that one possibility was they would stay in an “emergency shelter or domestic violence shelter” that coming evening; but in fact, they did not follow through and stay in a shelter. Many of these people also ticked other responses such as someone else's place, vehicle, public space, makeshift shelter, abandoned building or other unsheltered location. Therefore, many people stayed in other locations. In interviews, people have told us that they often start to think about where they will stay in the afternoon. Some are flexible and only decide where to stay after they have made contact with others in their networks. The responses to the enumeration question about current lodging should be interpreted as likely places where they may stay but not as definite plans.

The enumeration activities are intended to provide information that lead to the development of strategies to address and end homelessness. The results of the 2018 enumeration provided data about the issues and needs of people living with homelessness in the City of Greater Sudbury. Hidden homelessness is a relatively new aspect of homelessness that has emerged in recent years (Kauppi et al., 2017). Learning how to address the needs of this population can enable Sudbury to be a leader provincially and nationally as many jurisdictions need to implement new strategies for reducing or eliminating all forms of homelessness.

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APPENDIX A

LIST OF PARTICIPATING AGENCIES, PROGRAMS, SERVICES AND FOOD BANKS

1. Garson Food Bank
2. Friendship House Food Bank
- (Chelmsford)
 3. Laurentian Food Bank
 4. Coniston Food Bank
 5. Inner City Food Bank (Downtown)
 6. Holy Redeemer Food Bank
 7. Inner City Food Bank (New Sudbury)
 8. Lively Food Bank
 9. St. Mathews Food Bank
 10. St. Vincent Food Bank and Store (Val Caron)
 11. Good Neighbors Food Bank (Hamner)
 12. Salvation Army Clothing Store and Food Bank
 13. Samaritan Center
 14. YMCA Employment
 15. APANO
 16. YWCA Genevera House
 17. Applegrove Methadone Clinic
 18. Larch Street Methadone Clinic
 19. Sudbury Youth Action
 20. FOYER Notre Dame House
 21. FOYER Notre Dame Drop In
 22. Independent Living
 23. Bus Terminal
 24. Monarch/Rockhaven
25. Out of the Cold Shelter
26. Elizabeth Fry (Bail Supervision Program)
27. Better Beginnings
28. N'swakamok
29. Health Sciences North
30. Sex Worker Outreach
31. John Howard Society
32. Sudbury Jail/ John Howard
33. Pregnancy Care Center
34. Reseau Access
35. March of Dimes
36. Victim Services
37. Native People of Sudbury Housing
38. Withdrawal Management
39. Red Cross
40. CCAC
41. Sudbury Vocational
42. St. Andrews Out of the Cold Dinner (Epiphany)
43. Friendship Center Breakfast
44. BBBF Dinner
45. Action Center (Pancake Breakfast/Hot dog lunch)
46. CMHA
47. Salvation Army Men's Shelter
48. Outreach
49. Community Closet
50. Cedar Place

APPENDIX B

**HOUSING AND HOMELESSNESS IN NORTHEASTERN ONTARIO 2018
MANDATORY QUESTIONS FOR THE PROVINCE OF ONTARIO**

Appendix B: Mandatory Questions for the Province of Ontario

Interviewer's Name	Agency and/or Contact #	<input type="checkbox"/> Research Assistant <input type="checkbox"/> Agency Staff
Survey Date DD/MM/YYYY ____/____/2018	Survey Time ____ : ____ AM/PM	Survey Location: Town/City: Area:

CONSENT (✓): I agree to participate in the survey and to answer A, B, C and D

Screening Questions

A. Participant's Initials: _____ (Last, middle, and first initials of your name)
 Last Middle First

B. Date of Birth: _____ (Day) _____ (Month) _____ (Year)

C. Place of birth: _____ (Country, City/town or Community)

D. Where are you staying tonight? / Where did you stay last night?: Check (✓) Last night Tonight

- | | | |
|--|---|--|
| a. <input type="checkbox"/> DECLINE TO ANSWER | c. <input type="checkbox"/> SOMEONE ELSE'S PLACE | f. <input type="checkbox"/> EMERGENCY SHELTER, DOMESTIC VIOLENCE SHELTER |
| b. <input type="checkbox"/> OWN APARTMENT/ HOUSE | d. <input type="checkbox"/> MOTEL/HOTEL | g. <input type="checkbox"/> TRANSITIONAL SHELTER/HOUSING |
| | e. <input type="checkbox"/> HOSPITAL, JAIL, PRISON, REMAND CENTRE | h. <input type="checkbox"/> PUBLIC SPACE (E.G., SIDEWALK, PARK, FOREST, BUS SHELTER) |
| | | i. <input type="checkbox"/> VEHICLE (CAR, VAN, RV, TRUCK) |
| | | j. <input type="checkbox"/> MAKESHIFT SHELTER, TENT OR SHACK |
| | | k. <input type="checkbox"/> ABANDONED/VACANT BUILDING |
| | | l. <input type="checkbox"/> OTHER UNSHELTERED LOCATION |
| | | m. <input type="checkbox"/> DO NOT KNOW [LIKELY HOMELESS] |

D1: Can you stay there as long as you want or is this a temporary situation?	D2: Do you have your own house or apartment you can safely return to?
a. <input type="checkbox"/> AS LONG AS I WANT	a. <input type="checkbox"/> YES
b. <input type="checkbox"/> TEMPORARY ----->	b. <input type="checkbox"/> NO
c. <input type="checkbox"/> DON'T KNOW ----->	c. <input type="checkbox"/> DON'T KNOW
d. <input type="checkbox"/> DECLINE	d. <input type="checkbox"/> DECLINE

Thank you for agreeing to take part in the survey. You will receive \$5.00 as a thank you for participation.

BEGIN SURVEY

1. Do you have children who are accompanying you? 1....Yes 2....No
 are in your custody 1....Yes 2....No

<input type="checkbox"/> CHILD(REN)/DEPENDENT(S)	1	2	3	4	5	6	7	8
[indicate gender and age for each]								
GENDER								
AGE								

2. What family members are staying with you tonight? [Indicate survey numbers for adults. Check (✓) all that apply]

<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER ADULT - Survey #: _____
<input type="checkbox"/> PARTNER - Survey #: _____	<input type="checkbox"/> CHILD OR CHILDREN
<input type="checkbox"/> DECLINE TO ANSWER	

HOUSING AND HOMELESSNESS IN NORTHEASTERN ONTARIO 2018

For the next questions, “homelessness” means any time when you have been without a secure place to live, including sleeping in shelters, on the streets/bush, or living temporarily with others.

3. In total, **how much time** have you been homeless over the PAST YEAR? [Best estimate.]

- LENGTH _____ DAYS | WEEKS | MONTHS DON'T KNOW DECLINE TO ANSWER

4. In total, **how many different times** have you experienced homelessness over the PAST YEAR? [Best estimate.]

- NUMBER OF TIMES ____ [Includes this time] DON'T KNOW DECLINE TO ANSWER

5. Do you identify as Indigenous or do you have Indigenous ancestry? This includes First Nations with or without status, Métis, and Inuit. [If yes, please specify.]

- YES -----> **If YES:** FIRST NATIONS *Specify:* with status non-status
 NO INUIT
 DON'T KNOW MÉTIS
 DECLINE TO ANSWER HAVE INDIGENOUS ANCESTRY

6. People may identify as belonging to a particular racial group. For example, some people may identify as Black or African-Canadian, other people may identify as Asian or South Asian and other people may identify as white. What racialized identity do you identify with? [Do not list categories. Select all that apply]

- | | |
|---|---|
| <input type="checkbox"/> ABORIGINAL/INDIGENOUS/MÉTIS specify _____ | <input type="checkbox"/> WEST ASIAN (E.G., IRANIAN, AFGHAN, ETC.) |
| <input type="checkbox"/> INUIT | <input type="checkbox"/> BLACK OR AFRICAN CANADIAN |
| <input type="checkbox"/> ARAB | <input type="checkbox"/> FILIPINO |
| <input type="checkbox"/> ASIAN (E.G., CHINESE, KOREAN, JAPANESE, ETC.) | <input type="checkbox"/> HISPANIC OR LATIN AMERICAN |
| <input type="checkbox"/> SOUTH-EAST ASIAN (E.G., VIETNAMESE, CAMBODIAN, MALAYSIAN, LAOTIAN, ETC.) | <input type="checkbox"/> WHITE (E.G., EUROPEAN-CANADIAN) |
| <input type="checkbox"/> SOUTH ASIAN (E.G., EAST INDIAN, PAKISTANI, SRI LANKAN, ETC.) | <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____ |
| | <input type="checkbox"/> DON'T KNOW |
| | <input type="checkbox"/> DECLINE TO ANSWER |

7. In what language do you feel best able to express yourself?

- | | | |
|-------------------------------|--|---|
| <input type="radio"/> ENGLISH | <input type="radio"/> NO PREFERENCE | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> FRENCH | <input type="radio"/> NEITHER/OTHER (please specify) _____ | <input type="radio"/> DECLINE TO ANSWER |

8. \Have you ever had any service in the Canadian Military or RCMP or did you serve in a peace keeping mission?

[Military includes Canadian Navy, Army, or Air Force]

- YES, MILITARY YES, RCMP YES, PEACE KEEPING NO DON'T KNOW DECLINE TO ANSWER

9. What gender do you identify with?

- | | | |
|--------------------------------------|---|---|
| <input type="radio"/> MALE / MAN | <input type="radio"/> TRANS FEMALE / TRANS WOMAN | <input type="radio"/> NOT LISTED: _____ |
| <input type="radio"/> FEMALE / WOMAN | <input type="radio"/> TRANS MALE / TRANS MAN | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> TWO-SPIRIT | <input type="radio"/> GENDERQUEER/GENDER NON-CONFORMING | <input type="radio"/> DECLINE TO ANSWER |

10. How do you describe your sexual orientation, for example straight, gay, lesbian?

- | | | | |
|---|-----------------------------------|---|---|
| <input type="radio"/> STRAIGHT/HETEROSEXUAL | <input type="radio"/> BISEXUAL | <input type="radio"/> QUEER | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> GAY | <input type="radio"/> TWO-SPIRIT | <input type="radio"/> NOT LISTED: _____ | <input type="radio"/> DECLINE TO ANSWER |
| <input type="radio"/> LESBIAN | <input type="radio"/> QUESTIONING | | |

11. What are your sources of income? [Read list and check all that apply]

<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> DISABILITY BENEFIT	<input type="checkbox"/> OTHER SOURCE: _____
<input type="checkbox"/> INFORMAL/SELF-EMPLOYMENT (E.G., BOTTLE RETURNS, PANHANDLING)	<input type="checkbox"/> SENIORS BENEFITS (E.G., CPP/OAS/GIS)	<input type="checkbox"/> NO INCOME
<input type="checkbox"/> EMPLOYMENT INSURANCE	<input type="checkbox"/> GST REFUND	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE	<input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS	
	<input type="checkbox"/> MONEY FROM FAMILY/FRIENDS	

12. Have you ever been in foster care and/or a group home?

YES ----- > **IF YES, HOW LONG AGO WAS THAT?** (Refers to the length of time since leaving foster care or a group home)

NO

DON'T KNOW

DECLINE TO ANSWER LENGTH (IN YEARS) _____

12a. Approximately how long after leaving foster care/group home did you become homeless?

LENGTH _____ DAYS / WEEKS / MONTHS / YEARS DON'T KNOW DECLINE TO ANSWER

13. What happened that caused you to lose your housing most recently? [Do not read the options. Check all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays.]

<input type="checkbox"/> ILLNESS OR MEDICAL CONDITION	<input type="checkbox"/> CONFLICT WITH: PARENT / GUARDIAN
<input type="checkbox"/> ADDICTION OR SUBSTANCE USE	<input type="checkbox"/> CONFLICT WITH: SPOUSE / PARTNER
<input type="checkbox"/> JOB LOSS	<input type="checkbox"/> INCARCERATED (JAIL OR PRISON)
<input type="checkbox"/> UNABLE TO PAY RENT OR MORTGAGE	<input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM
<input type="checkbox"/> UNSAFE HOUSING CONDITIONS	<input type="checkbox"/> OTHER REASON _
<input type="checkbox"/> EXPERIENCED ABUSE BY: PARENT / GUARDIAN	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> EXPERIENCED ABUSE BY: SPOUSE / PARTNER	<input type="checkbox"/> DECLINE TO ANSWER

14. Do you identify as having any of the following?

Chronic/Acute Medical Condition	Physical Disability	Addiction	Mental Health Issue
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> DECLINE TO ANSWER	<input type="checkbox"/> DECLINE TO ANSWER	<input type="checkbox"/> DECLINE TO ANSWER	<input type="checkbox"/> DECLINE TO ANSWER

15. What do you need right now? _____

16. Do you want to get into permanent housing?

Yes No DON'T KNOW DECLINE TO ANSWER

17. Do you want to speak to a housing worker?

Yes No DON'T KNOW DECLINE TO ANSWER

Thank you, merci, miigwetch! If you have any questions about the study, please call Dr. Carol Kauppi (705-675-1151, ext. 5058 or 5060) or email us at homeless@laurentian.ca

