

Report on Homelessness in Sudbury: Time 4

Comparison of Findings:
July 2000 to January 2002

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INTRODUCTION

The rapid emergence and institutionalization of food banks across Canada, beginning in the 1980s, was an indicator of the rising homelessness that would soon follow. Steady increases in homelessness have been observed in all Canadian provinces in the last two decades. Mounting homelessness has been linked to the political climate, economic policy and social policy. The withdrawal of funding from social programs such as social assistance and social housing has been cited a key factor contributing to homelessness since 1980 (cf. Mulvale, 2001), especially since it has occurred during a period in which there has been increasing poverty and wealth inequality in Canada (Morissette, Zhang, & Drolet, 2002).

In the early 1990s, O'Reilly-Fleming (1993, pg. 1) observed that homelessness was an enigma — a social crisis with no audience — since little attention was given to the issue by politicians, policy-makers, or even social advocacy groups. In the last few years, there has been more acknowledgment of the rising numbers of homeless people. The Mayor's Homelessness Action Task Force and the Toronto Disaster Relief Committee, as well as national organizations such as the Federation of Canadian Municipalities (FCM) and the Canada Mortgage and Housing Corporation have been documenting the problem through research and calls for action. The Government of Canada has acknowledged that homelessness is an issue affecting large urban centres as well as many smaller communities across the country and announced funding of \$305 million through the *Supporting Communities Partnership Initiative* to develop local strategies for reducing and preventing homelessness.

In Sudbury, the Advisory Committee on Emergency Shelter (ACES), subsequently renamed and restructured as the Task Force on Emergency Shelters and Homelessness, has worked with local government and community partners to gather information, engage in planning, and coordinate local services. The Task Force has worked with the Social Planning Council of Sudbury and faculty from the School of Social Work at Laurentian University to ensure that the findings and recommendations of the research on homelessness have been implemented to address the issue at the local level.

This study is the fourth in a series of seven studies being conducted on homelessness in Sudbury. This research 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 will enable us to examine 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.

The Time 1 and Time 2 studies have established baseline data on homelessness in Sudbury during the summer (July 2000) and the winter (January 2001); the first study identified 407 homeless people, including those who were precariously housed. The Time 2 study found that 100 people were absolutely homeless in January 2001 and a further 241 were deemed to be at high risk of losing their housing. These studies also identified the characteristics of homeless people, and examined the reasons for homelessness. Neighbourhood surveys have examined residents' personal experiences with homelessness, established the presence of "hidden homelessness," and gathered information

on opinions and attitudes toward homelessness among local people. The Time 3 study confirmed the general magnitude of the homeless population established in the prior studies, indicating that in July 2001 there were 144 people who were absolutely homeless and a further 255 people who were at high risk of experiencing homelessness.

In conjunction with the City of Greater Sudbury, the Task Force on Emergency Shelters and Homelessness, and a team of researchers from the School of Social Work at Laurentian University, the Social Planning Council developed a research plan to track the key trends in homelessness over a period of three years and seven data collection points. 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

January, 2002 (Time 4)

This study repeated three phases of the Time I study: 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 three earlier studies to determine how patterns of homelessness differed in the summer and winter. Service providers were asked to provide the information on homeless people using their services during a one-week period at the end of January, 2002. The data collection instrument used in conducting the unduplicated count was the same as that used in Time I with two additions made in Time 2: first, a category was added to differentiate between people who were absolutely homeless and those who were at high risk of homelessness and, second, the measure of linguistic group was revised to ensure that Francophones would be identified more consistently. In addition, a broader range of agencies was asked to participate in conducting the count of homeless people.

Each stage in the research plan also includes a unique component and the Time 4 study has focused on examining services to particular sub-groups of homeless people. Since the Time I study indicated that additional services for homeless women, families, and First Nations people were needed, the Time 4 study examines the issues for these groups and the extent to which the available services meet their needs.

Overview of the Current Report (Time 4)

This report describes the following:

- the numbers of people who are absolutely homeless and those at high risk of homelessness;
- breakdowns on background characteristics including children, youth, women, men, cultural groups (i.e. those of Anglo/European origins, Aboriginal people, and francophones);
- reasons for homelessness;
- local residents' personal experiences with homelessness;
- local residents' opinions regarding homelessness and perceived solutions;

- observations of the sites in the city centre where homeless people may be found in the winter (January, 2002);
- comparisons with the Time 1, Time 2, and Time 3 findings; and
- a summary of the main themes emerging from eight focus groups involving homeless people and service providers in four groups: women, families, Aboriginal people, and Francophones.

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 in the street in the immediate future” (p. 24). The broader definition of homelessness enables the development of strategies to address the problem 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 3 studies, the Time 4 study was conducted in three phases that were ongoing simultaneously during the week of January 23rd to 29th, 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. Finally, Phase IV of the Time 4 study involved eight focus groups conducted with homeless people and service providers. The methodology for each of these phases is described below.

Agency Count of the Homeless Population

In order to obtain a complete count of homeless people, it was essential to obtain participation from the majority of the service providers in the Region of Sudbury. A list of providers from the three 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 chart to be used for the count. Every provider was subsequently contacted by telephone in order to set a date and time for a meeting to review the information to be collected in the study and to determine how the data could be collected from each agency. The data collection 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 we were reducing the chances of violating confidentiality of the clients and intruding on the services offered by the providers. In the Time 2, 3, and 4 studies, however, it was necessary to have research staff collect data in one agency, due to limited staff resources in the agency to perform this task.

The service-based method used in this study was designed to obtain an unduplicated count of the homeless population in Sudbury. In order to accomplish this, the week of January 23rd to 29th was identified as the time period in which the count would take place. The timing of the Time 1 through Time 4 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, and 24 agencies in Time 4. The data collection was operationalized by using an data collection chart (slightly revised and expanded 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, 3, and 4 studies 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 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, eighteen of these sections were selected in generating the sample for the neighbourhood survey. Included in this number were five areas that were predetermined for inclusion in the study because of their low income housing status. Low income neighbourhoods were 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 study (n=21) in order to provide a representative sample of neighbourhoods in the city. Seventeen research assistants were trained to gather data and the neighbourhood survey was conducted between January 23rd to 29th. 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

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.

on the street. Each team remained in a section for approximately three hours. Unfortunately, the team members were prevented from entering key low income buildings in Time 4. This may have affected the findings on hidden homelessness (i.e. since only two were identified in the Time 4 neighbourhood survey).

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 gathered demographic information about the participant. As part of the survey, respondents were asked if there was anyone living with them who fit the definition of 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 very similar in all neighbourhood surveys conducted to date— 62% in Time 1, 63% in Time 2, 67% in Time 3, and 61% in Time 4. 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 three studies. Approximately two-thirds of the respondents were women in Time 1 (64%), Time 2 (67%), Time 3 (65%), and Time 4 (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. This allowed us to conduct the field observations.

A member of the research team accompanied the workers of L'Association des jeunes de la rue and the Youth Action Centre IDU Outreach Program while performing their duties. 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.

Focus Groups with Homeless People

Service providers from the Greater City of Sudbury were contacted to assist with the recruitment of participants for focus groups with Francophones, Aboriginal people, women, and families. The lists of service providers generated from the Time 1 through Time 3 studies were used and agencies were selected based on the number of clients they serve, the gender of clients, and reasons clients are served.

Procedure

The team of researchers comprises individuals with varying backgrounds, enabling us to conduct focus groups in a manner that was sensitive to issues such as gender and ethnicity. The interviewers included a bilingual man (French/English), a bilingual woman (French/English), two Anglophone women, and two Aboriginal women.

Service providers were contacted to identify potential participants with a range of characteristics and circumstances who were willing to participate in the various focus groups. Prior to each focus group, the researcher explained the purpose of the group discussion and outlined ethical considerations such as voluntary participation, withdrawal, and confidentiality. A letter was given to each participant that explained the purpose of the study, the ethical considerations, and provided contact information regarding the study. The interviewer also asked permission for the interview to be tape recorded for research purposes. If the participants agreed, signed consent was obtained. At the end of the groups, a debriefing was conducted during which the researchers thanked the participants and provided lists of community resources. In addition, at the end of the debriefing session, each participant was given a ten dollar honorarium in recognition of the contribution to the study.

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 567 people who had used services during the week of the Time 4 (T4) study (January 23rd to 29th). 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 January 23rd to 29th; as was noted above, some people were served by the same agencies more than once but this information was not recorded.

In all previous studies (T1 to T3), four agencies have identified three-quarters of the homeless population; these were the Elgin Street Mission, Salvation Army Family Services, YWCA Geneva House, and the Salvation Army Shelter. In Time 4, these four agencies identified two-thirds of the total homeless population in January 2002. 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 Time 4 study.

In contrast to previous studies, the neighbourhood survey identified only two additional people who were absolutely homeless and staying temporarily in the homes of the survey respondents (i.e. the hidden homeless). Our previous studies had identified between seven and ten additional individuals staying temporarily in low income households; this number had indicated that hidden homeless people were located in approximately two to four percent of low income households surveyed. Unfortunately, in January 2002, cold weather and difficulties in obtaining permission to conduct the neighbourhood survey in key low income buildings were contributing factors that prevented the survey team from completing the survey in some areas of the city (please refer to the methodology section for further information).

**Table 1: Shelters and Agencies Identifying the Homeless Population
July 2000, January 2001, July 2001, and January 2002^a**

| Agency Name | July 2000 | | January 2001 | | July 2001 | | January 2002 | |
|--|-----------|------|--------------|------|-----------|------|--------------|------|
| | N | % | N | % | N | % | N | % |
| Elgin Street Mission | 103 | 22.3 | 50 | 15.2 | 105 | 21.4 | 48 | 8.5 |
| Salvation Army Family Services | 86 | 18.6 | 130 | 39.6 | 125 | 25.5 | 179 | 31.6 |
| Salvation Army Shelter | 79 | 17.1 | 27 | 8.2 | 112 | 22.8 | 132 | 23.3 |
| YWCA Geneva House | 51 | 11.0 | 37 | 11.3 | 29 | 5.9 | 23 | 4.1 |
| YMCA Employment/Career Services | 20 | 4.3 | 16 | 4.9 | 3 | 0.6 | 8 | 1.4 |
| Ontario Works | 18 | 3.9 | 1 | 0.3 | 7 | 1.4 | 2 | 0.4 |
| Foyer Notre Dame House | 15 | 3.2 | 7 | 2.1 | 2 | 0.4 | 4 | 0.7 |
| Pinegate Men's ^b | 14 | 3.0 | -- | -- | 17 | 3.5 | -- | -- |
| Canadian Mental Health Association | 11 | 2.4 | 8 | 2.4 | 6 | 1.2 | 12 | 2.1 |
| Greater Sudbury Housing Corp. | -- | -- | -- | -- | 13 | 2.6 | 3 | 0.5 |
| Sudbury Action Centre for Youth | 10 | 2.2 | 9 | 2.7 | 8 | 1.6 | 11 | 1.9 |
| Sudbury Regional Police Services | 10 | 2.2 | -- | -- | 1 | 0.2 | 1 | 0.2 |
| Rockhaven ^b | 9 | 1.9 | -- | -- | 16 | 3.3 | 3 | 0.5 |
| Elizabeth Fry Society | 8 | 1.7 | 5 | 1.5 | 10 | 2.0 | 12 | 2.1 |
| Red Cross Sudbury-Housing Registry Program | 7 | 1.5 | 3 | 0.9 | -- | -- | 13 | 2.3 |
| Crisis Intervention Program ^b | 4 | 0.9 | -- | -- | -- | -- | 4 | 0.7 |
| N'Swakamok Native Friendship Centre | 4 | 0.9 | 2 | 0.6 | 4 | 0.8 | 13 | 2.3 |
| Inner City Home of Sudbury | 3 | 0.6 | 2 | 0.6 | 1 | 0.2 | 3 | 0.5 |
| Pinegate Women's ^b | 2 | 0.4 | -- | -- | 7 | 1.4 | 3 | 0.5 |
| Inner Sight Community Home | -- | -- | -- | -- | 7 | 1.4 | 19 | 3.4 |
| Participation Project | 1 | 0.2 | -- | -- | -- | -- | -- | -- |
| Overcomers | -- | -- | 4 | 1.2 | 3 | 0.6 | 6 | 1.1 |
| Service Familial de Sudbury - Family Service | -- | -- | 14 | 4.3 | -- | -- | 14 | 2.5 |
| John Howard society | -- | -- | 6 | 1.8 | 6 | 1.2 | -- | -- |
| Lakeside Centre | -- | -- | -- | -- | 1 | 0.2 | -- | -- |
| VON Health Clinic | -- | -- | -- | -- | 1 | 0.2 | -- | -- |
| The Corner Clinic | -- | -- | -- | -- | -- | -- | 40 | 7.1 |
| Northeast Mental Health Centre | -- | -- | -- | -- | -- | -- | 5 | 0.9 |
| Sudbury Mental Health Survivors | -- | -- | -- | -- | -- | -- | 9 | 1.6 |
| Street survey/other | 10 | 2.5 | 20 | 5.9 | 7 | 1.4 | -- | -- |

^a Note that this list includes the duplicated cases.

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 their first, middle, or last initials, or the data on date of birth, gender, or marital status was incomplete. *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 459 different homeless individuals who used the services of one or more of the agencies during the week of January 23rd to 29th, compared to 399 in July 2001 and 341 the previous January. It is also important to note, however, that the reasons for homelessness or risk of homelessness were not provided for 66 individuals (these were identified by the Salvation Army Family Service).

Table 2 shows a breakdown of all homeless individuals identified in the T1 to T4 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 T4 was higher than has been found in any of the previous studies.

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

| | July 2000 | January 2001 | July 2001 | January 2002 | Row Totals |
|-----------------------------|----------------------|-------------------------|----------------------|-------------------------|-----------------------|
| | N | N | N | | N |
| Duplicate cases | 36 | 89 | 78 | 97 | 300 |
| Verified unduplicated cases | 407 | 341 | 399 | 459 | 1606 ^a |
| Unknown | 19 | 34 | 14 | 11 | 78 |
| TOTAL | 462 | 464 | 491 | 567 | 1984 |

^a Note that this total does not indicate the unduplicated count across the three data collection points.

The number of agencies participating in the study has varied somewhat across the three studies; therefore Table 3 provides information on the total number of homeless people identified as using any of the agencies that participated in all four studies (i.e Time 1 through Time 4). The findings on Time 1 to Time 3 in Table 3 suggested a pattern similar to the general results of the unduplicated count and indicated that the number of homeless people using these shelters and related services was higher in the summer than in the winter.

However, the Time 4 results clearly indicate that a larger number of people were homeless in January 2002 compared to the study conducted one year earlier in January 2001. In January 2002, a larger number of people had used the services of the Salvation Army Family Services and the Salvation Army Shelter, as well as five other agencies listed in Table 3 than was the case one year earlier.

**Table 3: Number of Homeless People Served
by Shelters and Agencies Participating in all Data Collection Periods
(T1, T2, T3 and T4 Studies)^a**

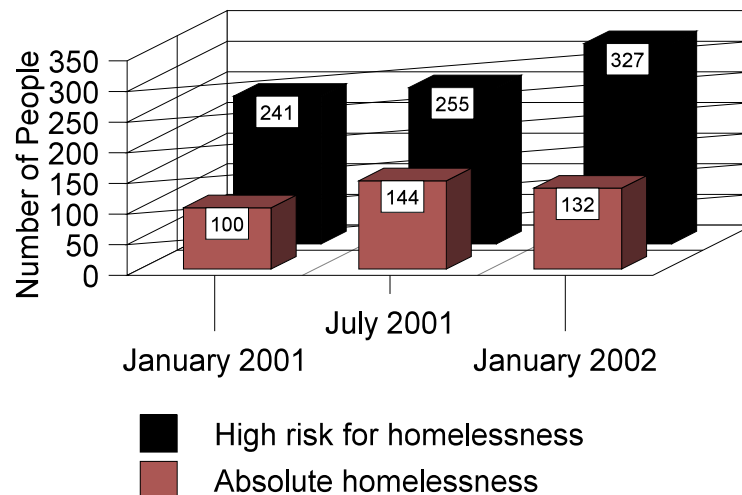
| | July 2000 | January 2001 | July 2001 | January 2002 |
|-------------------------------------|----------------------|-------------------------|----------------------|-------------------------|
| Agency Name | Number | Number | Number | Number |
| Elgin Street Mission | 103 | 50 | 105 | 48 |
| Salvation Army Family Services | 86 | 130 | 125 | 179 |
| Salvation Army Shelter | 79 | 27 | 112 | 132 |
| YWCA Genevra House | 51 | 37 | 29 | 23 |
| YMCA Employment/Career Services | 20 | 16 | 3 | 8 |
| Ontario Works | 18 | 1 | 7 | 2 |
| Foyer Notre Dame House | 15 | 7 | 2 | 4 |
| Canadian Mental Health Association | 11 | 8 | 6 | 12 |
| Sudbury Action Centre for Youth | 10 | 9 | 8 | 11 |
| Elizabeth Fry Society | 8 | 5 | 10 | 12 |
| N'Swakamok Native Friendship Centre | 4 | 2 | 4 | 13 |
| Inner City Home of Sudbury | 3 | 2 | 1 | 3 |
| Street survey/other | 10 | 20 | 7 | -- |
| | 418 | 314 | 419 | 447 |

^a Note that this list includes the duplicated cases.

High Risk Versus Absolute Homelessness

The Time 2 study determined that the number of homeless people who were absolutely without housing was 100 in late January, 2001. The next study (T3) showed that nearly 50% more people (n=144) were absolutely homeless (i.e. in July 2001). The Time 4 study identified a similar but slightly lower number of people who were absolutely homeless (n=132) as in Time 3. However, it should be noted that ten of the absolutely homeless people in the 2002 study had used the services of one of the three agencies that had not participated in any of the previous studies (Clinique du coin/Corner Clinic, Northeast Mental Health Centre, and Sudbury Mental Health Survivors). Thus, the larger number of absolutely homeless people during the winter in Time 4 (January 2002) compared to Time 2 (January 2001), as shown in Figure 1, may in part represent an improvement in the measurement of the homeless population rather than an increase in absolute homelessness during the winter.

Figure 1: Number of Homeless People
T2 to T4



Absolute Homelessness

Ninety two percent (22 of 24) of the participating agencies identified one or more of their clients who were absolutely homeless, compared to 82% in Time 3. Table 4 compares the characteristics of the homeless population who were absolutely without housing in the Time 2 through Time 4 studies. The Time 3 study indicated that more men, Anglophones, and adults were absolutely without housing during the summer of 2001 compared with the winter (T2). In Time 4, 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 age distribution among homeless people was similar to that found in Time 3, except that there were more homeless adolescents in Time 4. The January 2002 study identified one preschool child, five school-age children, seven adolescents aged 16-17, and 18 youth aged 18 or 19. In Time 3 and 4, 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).

Table 5 shows the sources of income for this population. As our prior studies have found, half of those who were absolutely homeless (52% in T3 and 50% in T4) indicated that they had no source of income. The main source of income, Ontario Works, was received by a quarter of the absolutely homeless people in the Time 4 study (and one-fifth in T3). After Ontario Works, the source of income mentioned by the largest number of individuals was a disability pension (i.e. ODSP or CPP). A few individuals were receiving employment income (n=6 in T3 and T4) or employment insurance benefits (n=7 in T3 and n=4 in T4). Very few absolutely homeless people had other sources of income (n=3) and only one person mentioned that theft was used as a means to obtain income.

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

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

**Table 5 : Sources of Income
for Absolutely Homeless People, T3 and T4**

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

Reasons for Absolute Homelessness

Information was collected in Times 3 and 4 to provide an understanding of the reasons for absolute homelessness. The main reasons given are shown in Table 6. Structural problems such as unemployment, poverty, and a lack of affordable housing are clearly the primary factors contributing to absolute homelessness in Sudbury. While there were slight differences in the number of individuals citing each reason in the prior studies, homeless people identified unemployment as the primary cause of their homelessness in both Time 3 and Time 4. In Time 4, inability to pay the rent was reported by a similar proportion of absolutely homeless people as those citing unemployment (i.e. one-sixth); it should also be noted that several others noted that they had been evicted or kicked out of their homes; defaulting on the rent is often a cause of eviction.

Substance abuse was identified as a cause of homelessness by fewer people in January 2002 compared with July 2001. The Time 3 study has verified that Sudbury has a significant transient population, with a quarter of the absolute homeless indicating that they were transient or travelling and a similar number in Time 4 also reported that they were transient. Difficulties with Ontario Works (OW) were cited by one-quarter of those in Time 3 and one-fifth in Time 4. The largest number of people who experience 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 illness or mental illness are also persistent causes of homelessness in Sudbury and have been identified in Time 3 and Time 4 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 Time 4, 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 Time 3 and Time 4, were made for housing, addictions, or income/financial assistance.

Table 6 : Reasons for Absolute Homelessness, T3 and T4

| Reasons | July 2001 | | January 2002 | |
|---|--------------------|-----------|--------------------|------------------------|
| | Cases ^a | Responses | Cases ^a | Responses ^a |
| | N | % | N | % |
| Unemployment/seeking work | 60 | 18.2 | 43 | 17.4 |
| Substance abuse | 40 | 12.2 | 21 | 8.5 |
| Transient | 35 | 10.6 | 28 | 11.3 |
| Problems with OW | 33 | 9.9 | 25 | 10.1 |
| Unable to pay rent or mortgage/low wages/no money | 30 | 9.4 | 40 | 16.2 |
| Family issues | 26 | 7.9 | 27 | 10.9 |
| Domestic violence | 23 | 7.0 | 17 | 6.9 |
| Illness/mental illness | 23 | 7.0 | 24 | 9.7 |
| Out of jail | 11 | 3.3 | 7 | 2.8 |
| Evicted or kicked out | 11 | 3.3 | 9 | 3.6 |
| Divorce or separation | 8 | 2.4 | 1 | 0.4 |
| Other | 27 | 8.8 | 5 | 2.2 |

^a Based on multiple responses.

Gender and Absolute Homelessness

While substantial proportions of both men and women mentioned unemployment and an inability to pay the rent as reasons for homelessness, there were some notable gender differences in the reasons given. Eighty percent of those who noted that domestic violence was a cause of absolute

homelessness were women. In contrast, mental illness and eviction were cited as factors by more of the men. Since men have outnumbered women among the homeless population in Sudbury (i.e. nearly two-thirds of absolutely homeless people were male in January 2002), there were more transient males in the Time 4 count; however, it is important to note that transience was mentioned by similar proportions of absolutely homeless men and women as the a primary reason for homelessness. The ongoing risk of homelessness was also identified for many of those who had no housing; the four main factors were domestic violence, problems with Ontario Works, unemployment or poverty, and problems with affordable housing.

Characteristics of the Total Homeless Population

Age

The 459 people identified in the Time 4 homeless count included 60 infants and children under age 13, 46 adolescents aged 13 to 19, and 13 older adults over the age of 60. 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 results suggested that the number of homeless children was about the same in January 2002 as the numbers observed in July 2000; however, there were fewer homeless adolescents identified in the Time 4 study than the first two studies. Data on the age of homeless people were collected more reliably than in prior studies, since it was available for 98% of the homeless individuals studied in Time 4.

**Table 7: Homeless Population by Age Groups^a
T1 to T4**

| Age Groups | July, 2000 | | January, 2001 | | July, 2001 | | January, 2002 | |
|------------|------------|------|---------------|------|------------|------|---------------|------|
| | N | % | N | % | N | % | N | % |
| 0 - 5 | 30 | 7.4 | 21 | 6.5 | 12 | 4.3 | 23 | 5.1 |
| 6 - 12 | 23 | 5.6 | 22 | 6.8 | 20 | 7.1 | 37 | 8.2 |
| 13 - 19 | 61 | 15.0 | 57 | 17.6 | 37 | 13.2 | 46 | 10.2 |
| 20 - 29 | 79 | 19.4 | 68 | 21.0 | 82 | 29.3 | 107 | 23.8 |
| 30 - 39 | 87 | 21.4 | 61 | 18.8 | 56 | 20.0 | 85 | 18.9 |
| 40 - 49 | 82 | 20.1 | 58 | 17.9 | 47 | 16.8 | 87 | 19.4 |
| 50 - 59 | 27 | 6.7 | 33 | 10.5 | 19 | 6.8 | 51 | 11.4 |
| 60 - 69 | 13 | 3.2 | 3 | 0.9 | 3 | 1.1 | 10 | 2.2 |
| 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 Time 1 through Time 4 studies. While there appears to have been a *slight* increase in the number of homeless women during the winter (i.e. T2 and T4 compared with T1 and T3), the difference is not statistically significant. The proportion of women (about 40%) remained about the same in all data collection periods. These findings are similar to those reported for Toronto, where women represent 37% of those who use the emergency shelter system (CMHC, 1999).

Figure 2: Homeless Population By Gender
T1 to T4

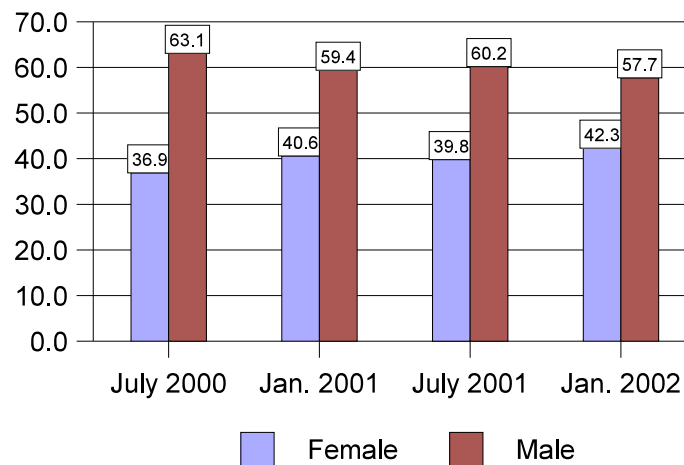


Table 8 shows the proportions of homeless males and females in the various age groups. The greatest fluctuations in the gender ratio have been among adolescents and seniors. For example, the proportion of homeless adolescents who were female has ranged from a high of 61% in January 2001 to a low of 35% in January 2002. Similarly, women aged 60 years and over represented less than a tenth of the homeless seniors in Time 1 to over half in Time 4. In contrast, the proportion of women aged 36 to 59 has remained relatively constant in all four studies, at approximately a third or less of the homeless population in this age group.

In the Time 1 to Time 3 studies, the gender split had widened among older age groups, with males predominating among homeless adults; thus the Time 4 results suggest an anomaly. Since the number of homeless seniors is small ($n=13$ in T4), the gender difference in this age category may be more unstable. An examination of the average age of homeless men and women indicates that there has been a consistent and significant gender difference² in the average (mean) age of homeless

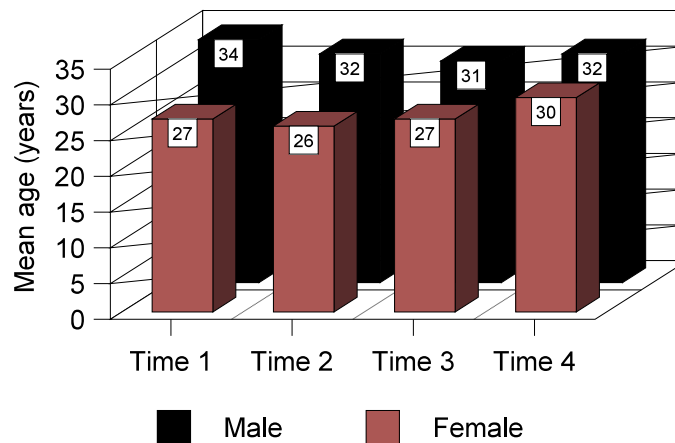
² $p < .0001$

people in all of the Time 1 to Time 4 studies (see Figure 3). The average age of women has been consistently lower compared to men. However, this gap was smaller in the Time 4 study than was found in the Time 1 to Time 3 studies.

Table 8: Percentage of Homeless People by Gender and Age, T1 to T4

| | July 2000 | | January 2001 | | July 2001 | | January 2002 | |
|-------|-----------|--------|--------------|--------|-----------|--------|--------------|--------|
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 36646 | 56.7 | 43.3 | 52.3 | 47.6 | 41.7 | 58.3 | 47.8 | 52.2 |
| 36865 | 39.1 | 60.9 | 50 | 50 | 40 | 60 | 54.1 | 45.9 |
| 36909 | 54.1 | 45.9 | 38.6 | 61.4 | 40.5 | 59.5 | 65.2 | 34.8 |
| 20-35 | 61.1 | 38.9 | 60.4 | 39.6 | 64 | 36 | 51.9 | 48.1 |
| 36-59 | 69.8 | 30.2 | 69.9 | 30.1 | 77 | 23 | 64.1 | 35.9 |
| 60+ | 94.4 | 5.6 | 75 | 25 | 57 | 43 | 46.2 | 53.8 |

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



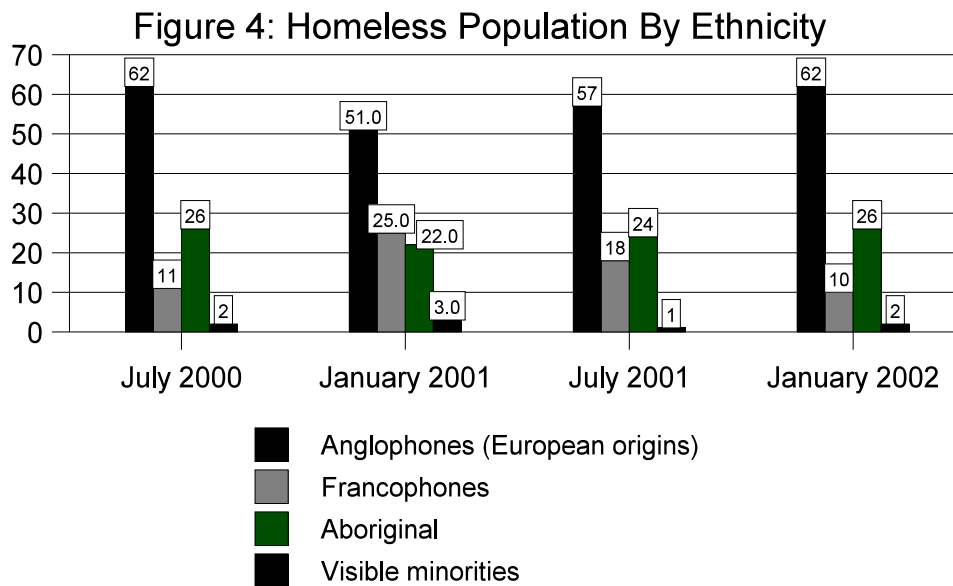
Ethnicity

As was also found in all previous studies, the majority of homeless people in the Time 4 study had European backgrounds (72.5% in T1, 75.6 in T2, 74.4% in T3, 72.1% in T4) and most of these (two-thirds) were Anglophones. A smaller proportion of homeless people were Francophones (10%) in the Time 4 study compared with Time 2 and Time 3 (see Figure 4). However, there were two people who identified themselves as both English and French, and six Aboriginal people indicated that their language was French. Thus, in total, 12% of the homeless people indicated that they spoke French. Francophones have represented between 11 and 24% of the homeless population in the four studies conducted to date.

It is also notable that the new agency which opened in the fall of 2001 to provide health services to the homeless population, Clinique du coin/Corner Clinic, identified 10% of all homeless people but it served a third of the homeless Francophones. This agency, operated by the Centre de santé communautaire and located in the downtown core near other emergency services, is most readily identifiable as providing French language services to this population. Francophones used the other agencies participating in the study (see Table 1) to a lesser extent (e.g. the Elgin Street Mission identified only 20% of the homeless Francophones in T4). It is possible that Francophones would use other agencies to a greater extent if they were more visible to this group as providing culturally sensitive services in French. Fully a third of the homeless clients of Clinique du coin were Francophones.

As in all of the earlier studies, Native people were greatly over-represented among the homeless population in Time 4, with 25.8% being Aboriginals. They have made up approximately a quarter of the homeless population in all four studies (refer to Figure 4).

It was also found in Time 4, as in all prior studies, that the number of homeless people who were members of visible minority groups has been consistently very small (between one and three percent of 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

All four studies have shown that the majority of men and women who were homeless were single/unattached (see Table 9). As in the first three studies, the Time 4 data showed that more homeless men were single compared to the women while women were more likely to be married, in a common law relationship, or divorced (only a few homeless men and women were widowed). 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 T4

| Family Status | July, 2000 | | January, 2001 | | July, 2001 | | January, 2002 | |
|--------------------|------------|-------|---------------|-------|------------|-------|---------------|-------|
| | Women % | Men % | Women % | Men % | Women % | Men % | Women % | Men % |
| Married/Common Law | 22.8 | 10.8 | 17.3 | 6.8 | 20.2 | 14.4 | 21.9 | 14.2 |
| Single/unattached | 50.0 | 66.5 | 77.4 | 84.8 | 65.9 | 73.1 | 54.4 | 73.4 |
| Divorced/widowed | 27.2 | 22.7 | 5.3 | 8.4 | 13.9 | 12.5 | 23.8 | 12.4 |

Social Support/Welfare Benefits and Reasons for Homelessness

Receipt of Social Support/Welfare Benefits and Sources of Income

The overall percentage of absolutely homeless people *not* receiving any government support benefits in January 2002 was 50% (see Figure 5); most of those who reported that they were receiving financial support from government indicated that they were receiving benefits from Ontario Works. 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 January 2002 (also see Table 10). However, youth and single people 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 Time 3, all of the 18 and 19 year-old absolutely homeless youth reported that they were not receiving any benefits. The results were similar in Time 4, 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

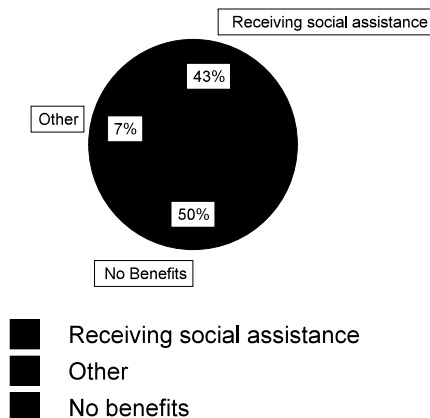
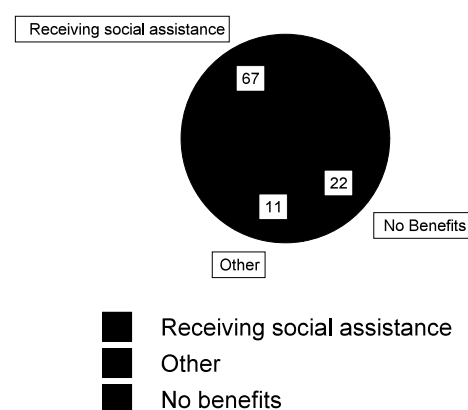


Figure 5a: Percentage of At-Risk Homeless People by Receipt of Social Assistance Benefits, T4



Sources of Income

Table 10 compares the sources of income for people who were absolutely without housing in July, 2001 and January 2002 with those who were at high risk of losing their housing. A key difference between the two categories of homeless people was that a slight majority of those who were absolutely homeless had no income while most of those who were precariously housed had some source of income. Only a small minority of the at-risk population were receiving employment income; furthermore, in January 2002 fewer of those at-risk of homelessness had any employment income compared with those in the Time 3 study in July.

Table 10: Comparison of Sources of Income for Absolutely Homeless People and Those at High Risk of Homelessness, T3 and T4

| Sources of Income | July 2001 | | January 2002 | |
|--|-----------------------|---------------------------|-----------------------|---------------------------|
| | Absolutely Homeless % | At-Risk of Homelessness % | Absolutely Homeless % | At-Risk of Homelessness % |
| No income | 51.9 | 35.8 | 50.4 | 22.4 |
| Ontario Works | 20.2 | 26.5 | 23.6 | 40.4 |
| ODSP | 11.6 | 12.8 | 13.0 | 19.6 |
| EI | 5.4 | 4.4 | 3.3 | 2.3 |
| OAS | 2.3 | 1.8 | -- | 0.8 |
| CPP | 0.8 | 0.9 | 2.4 | 3.1 |
| WSIB | -- | 0.4 | -- | 0.3 |
| Employment | 4.7 | 13.7 | 4.9 | 7.5 |
| Other (inheritance, private pension, or private insurance) | 3.1 | 3.7 | 2.4 | 3.6 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

Reasons for Homelessness

Table 11 summarizes the main reasons for homelessness in Sudbury in the Time 1 to Time 4 studies. As Table 11 shows, the total number (n) of multiple responses indicating the reasons for homelessness was larger in Time 4 than in prior studies; this was because service providers were asked to identify up to seven reasons for homelessness in Time 4 compared to a maximum of three reasons in the prior studies. At all data collection points, the same sets of reasons have been given, although the data collection tool provided for both open and closed ended responses. While the relative importance of the reasons has differed slightly, the main reasons have been the same: unemployment, problems with social assistance, and housing problems are cited by most homeless people as the factors leading to homelessness. More people were experiencing these problems in January 2002 than had been found in the three previous studies.

The number of people reporting, in January 2002, that they were having problems with social assistance payments was 34% higher than in July 2001. 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 eleven who stated that they had been cut off from social assistance (compared to 15 in July 2001) and 29 who had been deemed ineligible for benefits (compared to 13 in July 2001).

With regard to housing problems in Time 4, over twice as many people stated that they were unable to pay their rent compared to Time 3. A similar number of people in the Time 4 and Time 3 studies reported that they had been evicted (T4=12, T3=11).

While the *frequency* with which people mentioned family problems and mental illness in January 2002 was higher than in any of the prior studies, the proportion of responses accounted for by these causes of homelessness was about the same as in July 2001. The proportion of individuals citing domestic violence as the reason for homelessness has fluctuated in the four studies. It was highest in Time 2 and lowest in Time 3.

The number of people citing transience, relocation, or moving as a reason for homelessness has remained at about the same level throughout the last three studies (i.e. about 50 people) whereas the number of people identifying substance abuse as a reason for homelessness was lower in January 2002 compared with the previous study in July 2001.

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 Time 4 reinforce the view that there are more commonalities than differences in the main reasons for homelessness among the various sub-groups. Most notably, the structural problems with welfare, unemployment or low wages, and inability to pay rent or mortgage were cited as main reasons for homelessness for all subgroups, in the last three studies, as shown in Boxes 1 and 2. As noted above, the problems with social assistance included circumstances such as being deemed ineligible for benefits or being cut-off, the inadequacy of welfare benefits or other government benefits in covering the costs of living, and cheques being late in arriving which leaves people without financial resources.

Table 11: Main Reasons for Homelessness, T1 to T4

| Reasons for homelessness ^a : | July 2000 | | Jan. 2001 | | July 2001 | | Jan. 2002 | |
|--|------------|------------|------------|------------|------------|------------|------------|------------|
| | n | % | n | % | n | % | n | % |
| Problems with work: • Unemployment • Seeking work • Low wages | 89 | 22.7 | 34 | 11.6 | 83 | 18.0 | 120 | 20.8 |
| Problems with social assistance: • Welfare not adequate/late • Social assistance cut • Waiting for disability pension • Does not qualify for welfare • No money | 80 | 20.4 | 51 | 17.6 | 88 | 19.1 | 118 | 20.5 |
| 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 |
| Domestic violence | 45 | 11.5 | 65 | 22.4 | 25 | 5.4 | 35 | 6.1 |
| Substance abuse | 37 | 9.4 | 8 | 2.8 | 48 | 10.4 | 37 | 6.4 |
| Family Issues • Divorce or separation • Family problems (violence, abuse etc.) | 28 | 7.1 | 17 | 5.9 | 45 | 9.8 | 55 | 9.5 |
| Travelling/transient/ relocated, transferred or moving | 25 | 6.4 | 47 | 16.2 | 50 | 10.8 | 50 | 8.7 |
| Illness or mental illness | 11 | 2.8 | 15 | 5.2 | 37 | 8.0 | 48 | 8.3 |
| Out of jail | 8 | 2.0 | 8 | 2.8 | 12 | 2.6 | 15 | 2.6 |
| Other | 13 | 3.3 | 6 | 2.1 | 30 | 6.5 | 9 | 1.6 |
| TOTAL RESPONSES | 392 | 100 | 290 | 100 | 461 | 100 | 576 | 100 |

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

^aResults are based on multiple responses.

Transience and relocation have also been important factors related to homelessness in the Time 1 through Time 4 studies. All cultural groups and both adolescent and adult males have cited this as a reason for homelessness. In the Time 4 study, a number of female adolescents also reported that transience/relocation was a cause of their homelessness.

It has been noted in our earlier studies that certain differences have been evident in the relative importance of the causes of homelessness among the various subgroups of homeless people. Notably, domestic violence has been appeared most often as a key factor related to homelessness for women, Francophones, and Aboriginal people. Mental illness or illness has also been an important cause of homelessness among adult men and women, Anglophones and Francophones, and it was noted as a key factor in homelessness for adolescent males in Time 4.

Family issues/conflict or divorce have been another recurring set of factors linked to homelessness, particularly for adolescents; in all of our studies, family issues have emerged among the top four factors that male and female teenagers cite as a cause of their homelessness. Family issues have also been identified quite consistently by adult women, Anglophones, and Francophones.

Box 1: Main Reasons for Homelessness by Gender and Age (Adults), T2 to T4

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

Box 1a: Main Reasons for Homelessness by Gender and Age (Adolescents), T2 to T4

| July 2001 | | July 2001 | | January 2002 | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 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 |
| Inability to pay rent | Family issues | Unemployment/ seeking work | Problems with welfare | Unemployment/ seeking work | Family issues |
| Unemployment/ seeking work | Domestic violence | Transience/ relocating | Inability to pay rent | Inability to pay rent | Problems with welfare |
| Family issues | Unemployment/ seeking work | Problems with welfare | Unemployment/ seeking work | Transience/ relocating | Transience/ relocating |
| Problems with welfare | Inability to pay rent | Substance abuse | Divorce or separation | Mental illness | Inability to pay rent |

Box 2: Main Reasons for Homelessness by Ethnicity (Anglophones and Francophones) T2 to T4

| January, 2001 | | July, 2001 | | January 2002 | |
|-----------------------------------|--------------------------------|--------------------------------|----------------------------|--------------------------------|--------------------------------|
| Anglophones | Francophones | Anglophones | Francophones | Anglophones | Francophones |
| Relocated/ transient | Domestic violence | Unemployment/ seeking work | Family issues/ divorce | Problems with welfare | Unemployment/ seeking work |
| Domestic violence | Problems with welfare | Substance abuse | Unemployment/ seeking work | Unemployment/ seeking work | 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 |
| Inability to pay rent or mortgage | Unemployment/ seeking work | Transient | Domestic violence | Transient/ relocating | Domestic violence |
| Problems with welfare | Relocated/ transient | Problems with welfare | Problems with welfare | Family issues/ divorce | Mental illness or illness |
| Family issues/ divorce | Mental illness/illness | Family issues/ divorce | Substance abuse | Mental illness or illness | Family issues/ divorce |

Box 2a: Main Reasons for Homelessness by Ethnicity (Aboriginal People), T2 to T4

| January 2001 | July 2001 | January 2002 |
|--|--|--|
| <ul style="list-style-type: none"> • Domestic violence • Unemployment/seeking work • Relocated/transient • Substance abuse • Problems with welfare • Inability to pay rent or mortgage | <ul style="list-style-type: none"> • Unemployment/seeking work • Inability to pay rent or mortgage • Substance abuse • Problems with welfare • Relocated/transient • Illness or mental illness | <ul style="list-style-type: none"> • Unemployment/seeking work • Problems with welfare • Inability to pay rent or mortgage • Domestic violence • Relocated/transient • Family issues/divorce |

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 all studies, at approximately 63%. In Time 4, the participation rate was 63.2% among the households in which the residents opened the door for the researchers.

In Time 4, January 2002, the sample size was 184 compared to 195 in Time 2 and 377 in Time 3. As has been found in the three previous neighbourhood surveys, the participants were nearly twice as likely to be female (63%) than male (36%). The participants ranged in age from 17 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 47% of the respondents describing themselves as English Canadians or of British, Irish, Scottish, or Australian origins. A further 35% were Francophones, and 19% reported a European heritage (primarily Italian, German, Polish, Ukrainian, and Finnish). A small number of the respondents (4%) were Aboriginal people (4%) or members of a visible minority group (1%) such as Asian or African. The ethnic composition of the sample was nearly identical to those obtained in the Time 1 to Time 3 studies.

As in the previous neighbourhood surveys, due to the intentional over-sampling of low income neighbourhoods, over half of the respondents (55% in T4, compared to 64% in T3 and 67% in T1) described their income level as below average. Just over 20% of the respondents reported that their household incomes were average for Sudbury while 24% reported above average income.

Is Homelessness a Problem?

Most of the residents who participated in the Time 4 study reported that, in their opinion, homelessness is a problem (84%). Not surprisingly, given local media attention to the issue of homelessness, just over two-thirds (67%) stated that they have been hearing something about homelessness in Sudbury.

Perceived Reasons for Homelessness and Factors Related to Homelessness

Perceived Reasons for Homelessness

The responses of participants to the general question, “In your opinion, why are there homeless people in Sudbury” has generated a very similar set of responses in all prior studies. Table 12 compares the responses of the residents with the explanations given by homeless people in all four studies. Residents of Sudbury have identified the same factors as being the primary causes of homelessness at all data collection points — unemployment and reductions in social spending and welfare policies were identified as the most important causes of homelessness in all four studies. In the Time 1, Time 3, and Time 4 studies, the third major response has pertained to the lack of affordable housing. In this sense, a majority of the responses were consistent with the main reasons for homelessness that have been identified by homeless people themselves.

Table 12: Comparison of Residents' and Homeless People's Explanations of Homelessness in Sudbury, T1 to T4

| Reasons | Residents | | | | Homeless People | | | |
|--|-------------------------|------------|------------|------------|-------------------------|------------|------------|------------|
| | Percentage of Responses | | | | Percentage of Responses | | | |
| | T1 | T2 | T3 | T4 | T1 | T2 | T3 | T4 |
| Unemployment/Lack of education & qualifications | 30.3 | 23.7 | 25.8 | 28.4 | 22.7 | 11.6 | 18.0 | 20.8 |
| Lack of affordable housing/High costs of living and rent/low income or poverty | 21.6 | 8.6 | 14.3 | 14.2 | 14.3 | 14.1 | 9.3 | 15.5 |
| 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" | 20.1 | 25.8 | 19.8 | 16.4 | 20.4 | 17.6 | 19.1 | 20.5 |
| Personal failure/life style or choice of life style <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 | -- | -- | -- | -- |
| Unhealthy family relationship <ul style="list-style-type: none"> • Lack of family support • Kicked out • Family cycle • Youth who left home/teenage runaway • Divorce | 5.3 | 8.1 | 5.9 | 2.2 | 7.1 | 5.9 | 9.8 | 9.5 |
| Need for support or information/ people with no where to go/transient or relocated | 4.6 | 8.3 | 2.9 | 1.8 | 6.4 | 16.2 | 10.8 | 8.7 |
| Mental illness/health problems | 3.4 | 8.1 | 6.7 | 14.7 | 2.8 | 5.2 | 8.0 | 8.3 |
| Substance abuse | 1.9 | 2.2 | 3.4 | 6.2 | 9.4 | 2.8 | 10.4 | 6.4 |
| Selfish community | 1.6 | 0.8 | 1.0 | -- | -- | -- | -- | -- |
| Lost hope | 1.6 | 0.3 | 2.1 | 1.0 | -- | -- | -- | -- |
| Abuse, sexual abuse, or domestic violence | -- | 2.2 | 1.4 | 1.3 | 11.5 | 22.4 | 5.4 | 6.1 |
| Release from jail | -- | -- | 0.3 | -- | 2.0 | 2.8 | 2.6 | 2.6 |
| Other | -- | 0.3 | | 6.2 | -- | 2.1 | 6.5 | 1.6 |
| TOTAL RESPONSES | 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.

In the Time 4 study, the fourth main response was that mental illness or health problems were causes of homelessness; approximately twice as many residents mentioned mental illness in Time 4 compared to all previous studies. In addition, only half as many respondents in Time 4 commented that homelessness was a lifestyle choice or a result of laziness compared with Time 3. As in the previous studies, very few of the residents recognized that abuse and domestic violence are causes of homelessness; people have been more likely to mention unhealthy or unsupportive families rather than domestic violence.

Factors Related to Homelessness

Residents in all four neighbourhood surveys have been 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 that these factors contribute to homelessness in the City of Greater Sudbury. On the whole, the views of the Time 4 residents were not significantly different from those of the residents who participated in the Time 3 study. However, there were three issues on which there were statistically significant changes — mental illness, low wages, and the lack of affordable housing. A larger proportion of the Time 4 residents agreed that these were factors that were contributing to homelessness in Sudbury compared to Time 3.

In addition, it should be noted that, with the exception of divorce/separation, a majority of the participants in all four studies have agreed that all of the factors are linked to homelessness locally. The three factors identified consistently as primary causes of local homelessness in all four studies were alcohol/substance abuse, unemployment, and increased poverty.

Comparison of Attitudes Toward Homelessness: Sudbury and Canada

In Time 4, 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 with Environics. Table 14 shows the results of this analysis.

The results indicate that the attitudes of the Time 4 sample in Sudbury were similar to those of the Canadians in the CMHC/Environics public opinion survey. A majority of the Sudbury 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. Perhaps most striking were the responses to the statement expressing the view that governments should spend more on preventing homelessness: over 60% of the local sample expressed strong agreement with this statement compared to only 28% of the national sample.

**Table 13: Residents' Ratings of Factors Contributing to Homelessness in Sudbury^a
T1 to T4**

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

* Signifies that there was a statistically significant difference between the attitudes of residents in January, 2002 compared with July, 2001 on these factors ($p < .05$).

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

| Attitudes | Sudbury 2002 | | | CMHC 2000 | | |
|--|--------------------------|--------------|----------------------|--------------------------|--------------|----------------------|
| | Strongly Agree (%) | Agree (%) | Dis- agree (%) | Strongly Agree (%) | Agree (%) | Dis- agree (%) |
| The number of homeless people in Canada is increasing a lot. | 50 | 32 | 2.9 | 44 | 36 | 14 |
| The homeless population in Canada is changing to include more young people, women, and children than before. | 59 | 24 | 3.4 | 54 | 35 | 7 |
| Organizations like food banks and temporary shelters are sufficient solutions (good enough solutions) to handle the problem of homelessness. | 6 | 6 | 76 | 7 | 13 | 79 |
| The homeless include people who must “double up” with others because they cannot find accommodation. | 37 | 26 | 17 | 40 | 37 | 21 |
| People may have income and still be homeless | 48 | 22 | 14 | 33 | 36 | 28 |
| Homelessness only really harms the people who are homeless themselves; there is no real cost of homelessness to society. | 6 | 5 | 82 | 4 | 9 | 86 |
| Governments should spend more on preventing homelessness. | 61 | 18 | 10 | 28 | 39 | 30 |

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

Differences in Opinions on Homelessness by Income Groups

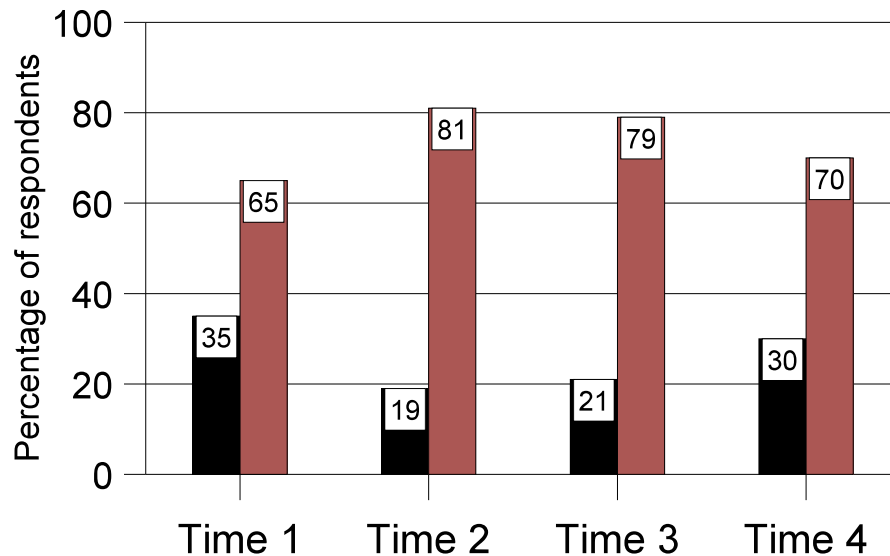
Since we over-sample low income neighbourhoods in completing the survey, an analysis was conducted to examine differences in the opinions of respondents who reported that their incomes were average or above average compared to those reporting low income. The results showed that nearly all low income people strongly agreed (71%) or agreed (14%) that governments should do more to prevent homelessness. Middle income groups in Sudbury also strongly favoured government intervention (61% strongly agreed and 20% agreed). Only the highest income groups were less favourable about government intervention to prevent homelessness (35% strongly agreed and 27% agreed). When compared with CMHC's national results from 2000, however, it is evident that, regardless of income, Sudburians were more likely to favour government action on homelessness.

Personal Experiences with Homeless People: Unspecified Locations and Sudbury

Unspecified Locations

The survey 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 anyone they knew, living in Sudbury, had ever been homeless. The results are shown in Figures 6 and 7. First, between 19 and 35 % of the samples in the Time 1 to Time 4 studies have reported that they or someone they knew have experienced homelessness. The Time 4 results were most similar to those in Time 1, with approximately a third of the residents reporting that they, a family member, or a friend of theirs had been homeless.

Figure 6: Distribution of Responses for those with Personal Experience of Homelessness, T1-T4



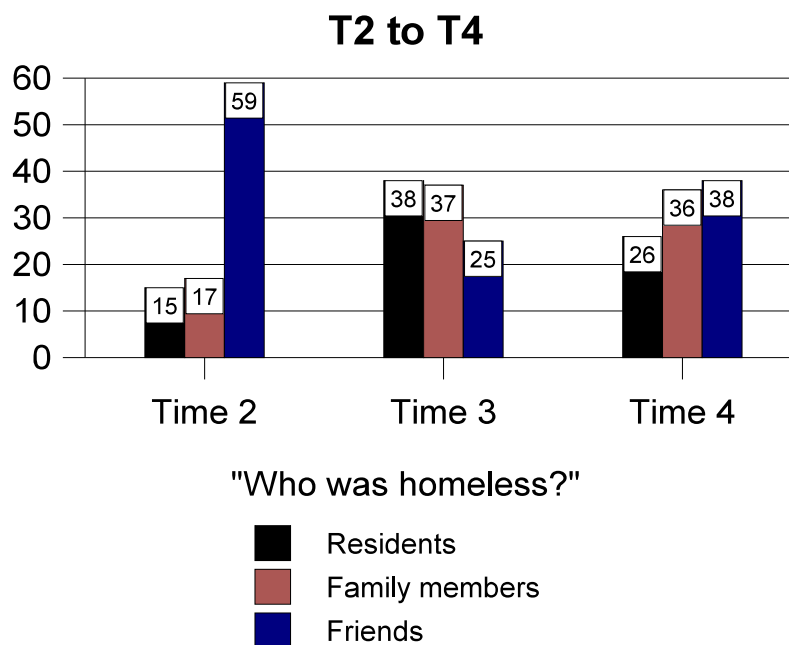
"Have you, a family member, or a friend ever been homeless?"



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

Second, 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 Time 2 to Time 4 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 Time 4, just over a quarter of the respondents with such personal experiences stated that they had experienced homelessness in the past. In Time 3 and Time 4, over a third reported that a family member had been homeless. Several individuals (n=7) in Time 3 and two individuals in Time 4 indicated that both family members and friends had been homeless at some point in time.

Figure 7: Who was homeless?

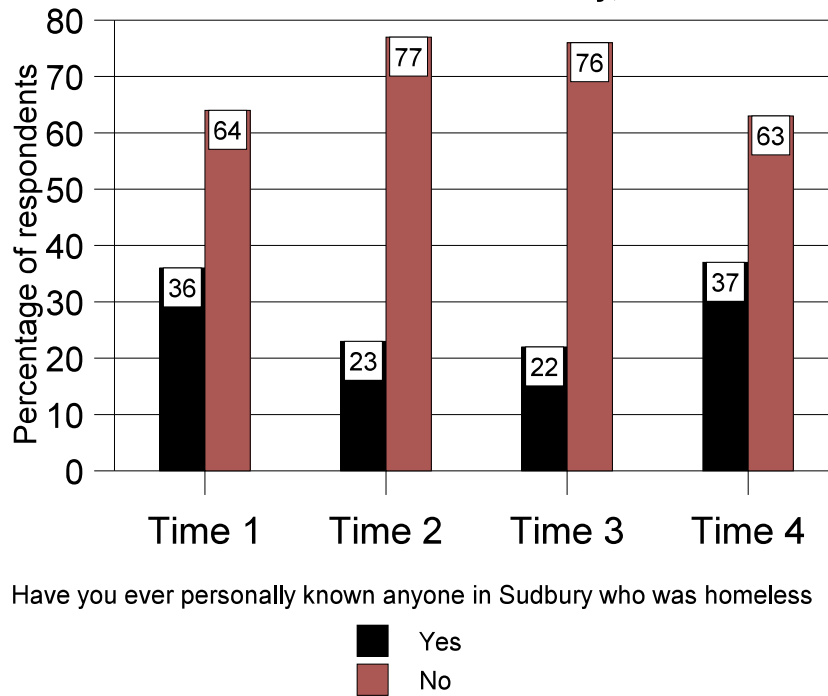


Personal Experiences with Homelessness in Sudbury

As noted above, the residents were asked whether they personally knew someone who had been homeless in Sudbury. The responses to this question varied across the four studies (see Figure 8). The results in Time 4 were similar to those from Time 1, compared to the Time 2 and Time 3 studies⁴. 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 Time 4, 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?”

Figure 8: Percentage Reporting Personal Experience with Homelessness in Sudbury, T1-T4



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 given by residents focused on unhealthy family relationships. In Time 4, the second reason most often given was that there was nowhere for the person to go; relocation or transience was often the result. Other key reasons cited for the residents' homelessness or that of family members or friends were substance abuse, mental illness, lack of affordable housing, or unemployment.

Sudbury

The most common explanations for homelessness among people they knew in Sudbury (see Table 15) were similar to the responses to the previous question on personal experiences with homelessness mentioned above (i.e. among themselves, family, or friends in unspecified locations). Family issues, such as a lack of family support, being "kicked out," or teenage runaway, were identified as the main causes of homelessness. Substance abuse was the second main reason given, followed by mental illness. In addition, the structural issues of poverty, lack of affordable housing,

unemployment, and government policies were also mentioned by a fifth of the respondents. When combined to form a single category, structural factors were the second category of reasons provided for homelessness in Sudbury.

Table 15: Reasons Given for Homelessness among Individuals in Local Residents' Personal Networks: Unspecified Locations and Sudbury, T3 and T4

| | Unspecified Locations | | | | Sudbury | |
|--|-----------------------|------------|-----------|------------|-----------|------------|
| | Time 3 | | Time 4 | | Time 4 | |
| Reasons | N | % | N | % | N | % |
| Unhealthy family relationship (lack of family support, kicked out, family cycle, youth who left home/teenage runaway, divorce) | 38 | 35.5 | 13 | 27.1 | 18 | 25.3 |
| Substance abuse | 14 | 13.1 | 6 | 12.5 | 11 | 15.5 |
| Abuse, sexual abuse, or domestic violence | 12 | 11.2 | 3 | 6.3 | 6 | 8.5 |
| Welfare cut backs or lack of social assistance | 9 | 8.4 | 1 | 2.1 | 2 | 2.8 |
| Unemployment/Lack of education & qualifications | 8 | 7.5 | 4 | 8.3 | 10 | 14.1 |
| Mental illness/health problems | 8 | 7.5 | 6 | 12.5 | 9 | 12.7 |
| Lack of affordable housing/High costs of living and rent/low income or poverty | 7 | 6.6 | 5 | 10.4 | 8 | 11.2 |
| Need for support or information/ people with nowhere to go/transient or relocated | 4 | 3.7 | 8 | 16.7 | 1 | 1.4 |
| Release from jail | 2 | 1.9 | -- | -- | -- | -- |
| Lost hope/no confidence | 1 | 0.9 | -- | -- | -- | -- |
| Personal failure/life style or choice of life style | 1 | 0.9 | 2 | 4.1 | 6 | 8.5 |
| Other | 3 | 2.8 | -- | -- | -- | -- |
| TOTAL RESPONSES | 107 | 100 | 42 | 100 | 71 | 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.

Residents' Perceived Solutions to Homelessness

In all four studies, respondents have been asked an open-ended question about the solutions to homelessness. Table 16 shows the residents' views on how to address homelessness in Sudbury and compares the responses to the three earlier neighbourhood surveys (T1, T2 and T3). The results were quite consistent with the previous studies. As Table 16 shows, the primary solution identified by the residents at all four data collection points was to provide more government funding for welfare, social services and programs to support homeless people. In Time 4, a second priority was to establish more shelters and outreach services. Addressing the structural problems pertaining to the lack of affordable housing and unemployment was another priority. A substantial number of respondents also believed that more should be done to increase public awareness of the issue.

Only a small minority of the respondents, in all four studies have stated that the government should crack down on the homeless by reducing government spending or introducing tougher regulations on workfare and welfare support. Thus, the open-ended, qualitative data supported the findings reported above from the structured questions on opinions about homelessness, wherein a majority of the respondents expressed the view that governments should be doing more to address homelessness.

Table 16: Residents' Views on Strategies for Addressing Homelessness, T1 to T4

| | T1 | T2 | T3 | T4 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Strategies | % 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 | 20.7 |
| Increase public awareness of the issue | 14.1 | 1.7 | 7.3 | 15.1 |
| Create more/better jobs and job assistance | 12.4 | 10.7 | 17.0 | 13.4 |
| Affordable housing | 11.4 | 13.2 | 13.5 | 16.2 |
| Establish more shelters | 9.4 | 20.5 | 14.8 | 20.7 |
| Community should provide donations | 4.0 | 0.9 | 2.4 | 5.6 |
| Change the provincial government | 3.0 | 3.4 | 2.4 | -- |
| Conduct more research on homelessness locally | 1.0 | 7.3 | 2.6 | -- |
| Reduce government spending/introduce tougher regulations on welfare | -- | -- | 3.0 | 1.6 |

Phase III: Field Observations

As an integral part of the study, a qualitative field component involving observations of locations inhabited by homeless people in Sudbury was conducted during the week of the study (January 23rd to January 29th). 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 emerging from the field observations in Times 1, through 4 were quite similar, as is shown in Box 3 (except for the obvious differences related to the weather and keeping warm in January). A key difference was that all team members in Time 3 and Time 4 directly observed the link between street life and prostitution, whereas this had been absent in previous studies.

Box 3: Themes from Field Observations, T1 to T4

| Themes | July 2000 | January 2001 | July 2001 | January 2002 |
|--|----------------------|-------------------------|----------------------|-------------------------|
| Mental illness | ✓ | ✓ | ✓ | ✓ |
| Substance abuse | ✓ | ✓ | ✓ | ✓ |
| Homelessness among “regular folks” | ✓ | ✓ | ✓ | ✓ |
| Supportive relationships among homeless people | ✓ | ✓ | ✓ | ✓ |
| Accessing support services | ✓ | ✓ | ✓ | ✓ |
| Health issues | ✓ | ✓ | ✓ | ✓ |
| Daily hassles and 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

It is difficult to document the prevalence of mental health problems among homeless people. When asked about the reasons for homelessness, individuals may not self-identify as having mental health problems for a range of reasons including the pervasive negative stigma that persists in our society. Our 2002 agency count indicated that approximately 10% of homeless people reported mental illness as a reason for homelessness; however, the research literature indicates that there is a much higher rate of mental illness among homeless people (cf. Mayor's Homelessness Action Task Force, 1999). It has been found that the prevalence of mental illness among people using shelters in Toronto is two to three times higher than among the general population, with two-thirds having received a lifetime diagnosis of mental illness (Mental Health Policy Research Group, 1997). A study of homeless street youth in Toronto found that half were suffering from clinical depression (McCarthy & Hagan, 1998). Most young people become homeless because they have experienced forms of abuse; hence, the cumulative effects of childhood adversity and the harsh realities of street life can impact negatively on mental health (Wrate & Blair, 1999).

In all of our prior studies, outreach workers in Sudbury have shared with the research team their general knowledge of mental illness among people who spend considerable time on the streets. Key informants have expressed the view that a majority of the homeless people are suffering from forms of mental illness. In addition, the research literature has shown that being homeless also can produce mental illness due to the difficulties and stressors of coping with life on the streets. The following field note was recorded during the week of the Time 4 study while talking with outreach workers:

A homeless woman has often been seen downtown pushing a baby cart and sleeping in several downtown areas. I had been told that she could only be approached with permission. I was now told that she has been seen sleeping outdoors, at the bottom of some stairs in the city centre. I was astonished to know that someone might be sleeping underneath them, since, consisting of metal grates, they could not afford much warmth. I asked again, "She has been seen sleeping there? In winter?" Again the informant answered in the affirmative and said that she had been sighted there this winter. Another informant said that this woman had been taken in for treatment at the North Bay psychiatric hospital.

The outreach workers were aware of the specific mental health problems of a number of homeless people, including some who have suffered brain injury.

Substance Abuse

It is also difficult to determine the extent of substance abuse among homeless people. However, the field notes of our researchers contain numerous references to the smell of alcohol and the use of various street drugs. Evidence of substance abuse can also be seen on the streets including used syringes and empty bottles in locations in the downtown core that are inhabited by homeless people. One incident observed during the Time 4 study illustrates the consumption of substances used as a replacement for alcohol:

The outreach worker was approached by a man who seemed to be under the influence of some substance. The man was slurring his words and said that he is an alcoholic and that he needed help. The outreach worker told me that the man's breath smelled of Listerine, which is sometimes drunk if there is no access to alcohol.

Another field note described the situation of a woman who is chronically homeless, sleeps in the downtown core, and is not permitted to seek shelter at the women's detox facility. When asked about hangouts for homeless people, key informants have frequently mentioned the "Booze Can":

The "Booze Can" is said to be a local outdoor hangout where people get together to socialize and drink. I was also told that people gather to drink on the train tracks behind the old City Lights on Froot Road.

It is important to note that the research literature on homelessness has been unable to disentangle the sequence of cause and effect regarding any link between substance abuse and homelessness. There are many alcoholics who never become homeless and many homeless people who do not abuse substances. However, substance abuse may become a means of coping with the difficult circumstances of homelessness. As Wagner (1993) has observed: "...once homeless, many people start to drink, and many begin to exhibit signs of depression and even bizarre behaviour" (pg. 149).

Homelessness Among Regular Folks

The field component of our prior studies has described the comments of police officers and outreach workers indicating that there are many homeless people on the streets whose appearance does not reveal their desperate circumstances. For example, relocation is a circumstance that leads to homelessness for some. Women escaping abusive relationships are among the homeless population. The Time 4 field notes described the case of a 25 year-old woman who had been physically abused by her husband for three years:

She moved to Calgary and tried to begin a new life. She did not have much and found herself to be on the streets every now and then. In Calgary, she began seeing another man who also began to be very abusive—verbally and physically. She left him and decided to take a bus to Sudbury and, once again, make a fresh start. She has met a few people her age... All the individuals in this group are leaving for Toronto. She admits that they do not have a place to stay yet but will figure things out once they arrive.

The Time 3 study had identified an entire family with three children that had moved from Vancouver to Sudbury and had slept in the park for many weeks before moving into a burned out building.

In addition to the presence of "regular folks" among the homeless people, outreach workers are also hearing about many homeless people who are "couch surfing" or "bunking down" (i.e. staying temporarily with a number of friends or moving from one friend's home to the next in order to have accommodation). One worker noted in Time 4 that the incidence of couch surfing is increasing and

that this form of homelessness cannot be measured. Indeed, the neighbourhood survey located only two homeless individuals who were “couch surfers”; however, developing a methodology to capture this phenomenon is challenging. Even systematic sampling procedures are inadequate for this task. As the outreach worker commented, “We will never get the real picture of what homelessness looks like.”

Supportive Relationships Among Homeless People

All of our prior studies have described the supportive community that homeless people form to help each other. The Time 4 study documented several aspects of this caring community. A key informant reported that the downtown area in Sudbury is generally quite safe and there is typically little trouble there. The field notes described the comments about street people:

People from the streets are not generally aggressive. They are pretty harmless and quite friendly.

The outreach workers also described the presence of “natural helpers” who assist in supporting the homeless population. These are individuals who were formerly homeless, are trusted by homeless people, and help to reach out to individuals who are difficult to serve.

The natural helper has been doing this for five years. Most of the absolute homeless have put a great deal of trust in this man and feel comfortable dealing with him.

Services that can draw on the strengths of the members of the homeless population (and former members) may have a better chance of being effective in supporting individuals who have become entrenched in the street life to become reintegrated into housing and a stable life in the community.

Accessing Support Services

Our prior studies have described the vital role that agencies serving the homeless population make in providing for basic needs. Agencies providing emergency food services, such as the soup kitchens, are locations where people can be seen enjoying each other’s company.

There were about 32 men and 8 women in the Mission, eating pasta. They were in interactive groups of three to five people, sitting at tables and eating.

A homeless woman mentioned that the Mission was a warm and inviting place where she could interact with her friends from the street.

Outreach workers and police officers can offer some assistance so that homeless people do not suffer from exposure. However, the Time 4 findings indicated that there are times when there is little they can do:

The worker explains that, on nights like this (-23°), there aren’t many clients out since they have found some kind of shelter. She adds that there have been times when a client

had asked her to find a place to stay for the night, but there was no room in any shelter. Those are times when she can do nothing else but hand out plenty of warm clothing and blankets.

We leave Tim Horton's and move on to verify the alleys and flash the lights to see if anyone might be asleep in a snow bank. The key informant tells me that this has indeed happened before and that, in these cases, they must wake the individual to prevent hypothermia or death.

The work of outreach workers is an important means of connecting homeless people with services, as well as in bringing items such as food, clothing, clean needles, and condoms to people on the streets.

Health Issues

The health risks for homeless people can be serious. In the winter, as noted above, these can include exposure to cold weather.

A man was found in Massachusetts Laneway one night. He had 14 coats wrapped around him and was taken in by the police to warm up. He had just gotten into town.

A key informant mentioned that a man was in the hospital after severe exposure to the elements. His toes and feet were discoloured black and purple from prolonged frostbite. Although his feet were treated, his toes could not be saved.

The cold weather in winter clearly poses health risks for homeless people. Other health problems observed in our prior studies have included chronic illnesses for which homeless people have difficulty obtaining treatment. There are also serious risks from infectious diseases for homeless people who sleep in shelters. In addition, the health risks for intravenous drug users and prostitutes have been established. The creation of a new health service, Clinique du coin/Corner Clinic, serving homeless people in the downtown core has been an important addition to the network of services for this population.

Daily Hassles and Stressors

The major preoccupation of homeless people is meeting basic needs of food and shelter. This requires the ease of mobility; hence, they cannot be burdened by carrying personal possessions. A common observation in field notes is that people are wearing many layers of clothing. A member of the research team recorded the following field note about a homeless young man she had met in the summer:

...I saw him on the streets again; the same red hair blowing, but now he was layered with warmer clothing; the many layers made him appear deceptively larger and fuller. He must

have acquired clothing along the way because he did not often carry much on his person, as was the case with most people from the street.

In the winter, homeless people are often more invisible to the general public since the cold weather forces them to find more hidden locations that are sheltered from the cold. The field notes did not document the same kinds of struggles observed in the July studies, of people searching for food in dumpsters or pushing bags of belongings in a carriage. However, it was noted that attending to personal hygiene appears to be difficult for homeless people. Clothing was described as being grimy or dirty and the smell of body odour was also described in field notes. The provision of washroom facilities in the new Clinique du coin/Corner Clinic can help to ease the difficulty of finding places to attend to basic needs.

Finding a Place to Sleep

The outreach workers are knowledgeable about the places where homeless people can be found. As one key informant noted: “You have to walk in their shoes. Go where you would look for a place to sleep.”

Several locations in the downtown core have been described in our prior studies. The current study identified a wide range of spaces that offer some shelter and privacy:

Behind the building of Brady Square, there was a spot where someone had slept recently, before our visit. There were branches that created an indentation in the ground when someone had sat or lay down on them. This was a good place for a homeless person because there were no cameras, the rock created a windshield, and it was in a place where the person could be hidden, but could still be aware of any movement coming from around the building.

There was a spot at the top of the rocks under an overpass where people could hide... The worker then took me to a ditch. He showed me that there was a trail from the sidewalk down to the ditch where people go to hang out or sleep. It is a good hiding place... We went down most of the lanes in the downtown area. There was a cul de sac between two buildings downtown. The way this little cove was situated, there was a section where there was no wind, so no snow got in there, and it was a little warmer. During the summer, there are more people in the lanes, under porch staircases, and in doorways of storefronts [compared to the winter].

The last place I visited was the Elgin Street bridge. I took a step back when I came across a bed: there before me was a green plaid sleeping bag and a fleece blanket. Above me, I could hear the muted sounds of cars passing and the wind was howling through the underpass.

Other key informants pointed out additional areas where homeless people hang out or even sleep outside in the winter. These included parking garages, under stairs, bridges, and underpasses, hot air vents, small openings in buildings accessed from back alleys, and alleys with overhanging roofs.

A striking encounter reported in field notes describes outreach services being provided to people living in an abandoned van. Natural helpers were reportedly supplying the residents of the van with basic items and food on a regular basis. It was said that the people staying in the van do not want to go into a shelter. Members of the research team encountered other homeless people who stated that they did not want to use shelters because of strict rules regarding behaviour, length of stay, and conditions (e.g. such as crowding).

American research has shown that there are treatment approaches that have achieved success with some of the most difficult cases. For example, Cox et al. (1998) described an intensive case management approach that was successful with people who were “chronic public inebriates.” According to the authors, the program was successful because it focussed on goals that were relevant to clients such as income and residential stability and reduced drinking rather than abstinence. The emerging literature on best practices in work with homeless people is pointing to the need to “break out of the mould of traditional service provision and become responsive to their needs” (Levy, 2000, pg. 260). This approach requires attentiveness to clients’ needs and goals rather than those of the service providers.

Homeless Adolescents

All four of our studies have documented the presence of homeless adolescents in Sudbury. Interviews conducted with homeless young people have revealed that they come to the streets because they are fleeing abusive situations. This finding from qualitative data has also been confirmed through the agency count of homeless people, which has shown that family issues are cited by youth as a key reason for their homelessness. Field notes for the Time 4 study described one such case:

According to the key informant, a homeless young man must have been only 16 or 17 years of age and was recently assaulted on the street. I was told that he was no longer living at home because his parents did not approve of his being a homosexual.

Other key informants believed that it is critical to reach out to homeless youth and to support them in becoming reintegrated into a stable residential situation. The longer they are left on the streets, the more difficult it becomes to achieve success:

There is a certain length of time that people can be on the street before they become socialized into the street culture. After a person is socialized this way, it is difficult to get off. People need to develop a different mentality in order to survive. With a street mentality, people become self-protective and need to look after themselves. This makes it especially difficult to secure employment and social relationships where one needs to interact with others in a pro-social and less guarded fashion.

This view has also been supported by the research literature, which reports greater success in working with street youth if the intervention occurs soon after they become homeless.

Prostitution

Reports of prostitution were recorded throughout the field notes of all three researchers conducting the qualitative field research.

At 8:30 pm, we encountered a woman working on the streets. I was informed that she was an IV user. She asked for and was given needles and condoms She is a regular.

I see another woman on occasion. I was told that she is an IV drug user and that she often prostitutes—apparently, she will offer sex acts for as little as \$5.00. She appears to be in her late forties, but looks among people on the street can be deceiving.

I was told that Sudbury has male prostitutes on the street, that it was not just a female profession... I was informed that prostitution stems from a larger network than one might think because rings come from Quebec and Southern Ontario. Most are addicted to crack and cocaine... I was told that there is a young prostitute from the Garson area who overdosed and police were called in to deal with it.

The issue of prostitution raises concerns about health, safety, and human rights. Sex trade workers are often exploited and abused. The Time 3 and Time 4 studies have indicated that prostitution is an integral part of street life in Sudbury.

Phase IV: Focus Groups with Homeless People

The Time 1 through Time 3 studies suggested that there is a need to understand the issues for particular sub-groups of homeless people in Sudbury including women, families, Aboriginal people, and Francophones. A series of focus groups was conducted with these groups and the results are reported below. The analysis for women and families has been combined into a single section since all but one of the focus group participants who discussed family issues were women and there was considerable overlap in the themes identified by the women in the two focus groups. The themes have been presented together in the following section in order to avoid repetition.

A) Issues for Women and Families⁵

Income Security and Social Services

The results of the agency count of homeless people have consistently shown that poverty, lack of affordable housing, and gaps in the social safety net are identified by homeless people as the primary causes for homelessness. The women who participated in the focus groups generally confirmed this and they discussed the various aspects of the service system that have contributed to their problems with homelessness. A number of problems with services were discussed including health problems, difficulty in qualifying for a disability pension, inadequate income, and stigmatization of homeless people.

Disabilities and Lack of Income/Financial Dependency

One participant linked poverty and a lack of income to the difficulty of getting formal recognition for her disability through a pension that would provide a permanent source of income:

I have no income to live on. I am dependant upon my two grown up children who were working out of the province. I have absolutely no income and I can say that it's scary when the doctor writes you off as permanently disabled and the government has the last say, "No, we find you're not disabled enough". I mean and then the welfare they say, "Well you're dealing with CPP, ah come and see us when you are finished with them".

The quantitative findings in all four studies have also documented cases of homeless people who reported that they were waiting for disability pensions to be approved. Respondents commented that there is a lengthy application process which can require several attempts before disability pensions are provided, if at all. In a review of social security programs for people with disabilities, Echenberg (1998) has similarly described the deep flaws in the system which result in the disentanglement of disabled people from income and support programs in Canada: "Each [funder] will seek a way to make another funder responsible for supporting the individual" (p. 19).

The financial difficulties for people with disabilities are exacerbated when drug plans do not cover the medications they require. They are faced with the choice of paying for needed drugs or other essentials (e.g. housing costs or food). A participant described how an ex-husband was permitting her to remain listed as his dependent so that she could continue to receive medical coverage.

Yeah, well, CPP is the worst one to get and your drugs are not covered on it. And that's why I am not asking for divorce of my ex-husband. While I am separated and not divorced, I'm not getting anything from him, other than I am covered through his benefits. The minute I ask for a divorce I am not covered by anything.

⁵ This section was analysed and written by Carol Kauppi.

The inadequacies in the support system for women with disabilities may force them to continue to be dependent on former partners, even if the relationship was abusive.

Social Assistance and Inadequate Income

The participants discussed a range of problems they have experienced with income security and social support programs. A general comment was, “*They expect too much from us.*” It was noted that the programs do not take into account their circumstances and needs.

*It is hard to [make ends meet] with like the rent keeps going up and government funding and whatever, you know, it **doesn't go up** too. And that's why I think so many people have a hard time with finding a place because rent is so high. The thing is the rent — it's hard for like a single person to get by and if you go on social assistance a single person is \$520 a month. Well, if your rent is \$450, that doesn't leave you nothing you know. It is impossible but the government doesn't look at it that way.*

The focus group participants could not understand why the social assistance payments did not realistically reflect the cost of housing: “*Why don't they set it realistically so your rent is paid for and then you have a certain amount to pay for your food and that*”? The disparity between the cost of living and the level of financial support from Ontario Works was cited as a primary cause of homelessness. This finding corresponds to the results from the quantitative components of the Time 1 to Time 4 studies.

Another frequent problem with Ontario Works that was frequently mentioned was the poor treatment received when applying for benefits:

...[We're] feeling like cattle; just going in through the stalls and actually having to lay your complete life story out. And how we're [treated], like, [we're worth] next to nothing.

Women who have been in contact with the law encounter further barriers to becoming reintegrated into the community. One woman described the serious lack of responsiveness of the service system in assisting her to obtain housing:

It's craziness, just craziness! Like one time I was released from jail, like the jail here. And I had my duffle bag of clothes, and they said, “Okay, you have to attend this meeting at 10:30; if you're not there you won't get your cheque.” So I go there and it's all about job resume writing and I am sitting there like [thinking] what the hell, what is this? How can you think about this? I don't even have a place to lay my head tonight. It's all just like craziness.

The focus on employment, in the Ontario Works program was described as failing to take into account the need for people to deal with their basic human need to obtain shelter before they could be expected to begin a job search.

Need for Schooling

The participants recognized the need to complete their schooling in order to be able to support themselves in the future:

I have to get high school so I can get work — hopefully I can [complete the courses]. I need about six credits to graduate.

However, a number of the women in the focus groups discussed weaknesses in the social security system that were preventing them from achieving their educational goals. For example, it was reported that the Ontario Student Assistance Program (OSAP) does not provide sufficient income to cover basic living costs and yet places limitations on the level of employment income permitted:

Yeah but for the entire school year you are only allowed to earn \$600 before it affects your OSAP.

One of my friends, she is living on her own and she's going to school full time. And she's got her OSAP but her parents cannot afford to help her. ...The other day she hadn't eaten in four days, and she stole chicken fingers from her boyfriend's mom's freezer so that she could have something in her stomach. And it's just OSAP doesn't give you enough to eat and pay your rent.

Another participant described the impossible pressures of attempting to work full-time while attending school:

...You are twenty years old — you want to have at least one night a week where you can do something [other than work]. If you are working full time and you're going to school you can't do that, but if you don't do that then you starve. What's the choice here?

Poverty had led to homelessness for two of the focus group participants who were students; they could not maintain rent payments while in school full-time and ended up living on the streets.

Employment Insurance System

Other problems were inherent in the weak links and communication between the Employment Insurance (EI) system and mental health/substance abuse services. One of the participants of the women's focus group described how she became homeless after she was erroneously told by an EI worker that she did not qualify for EI benefits:

*So I went into detox because I was smoking major amounts of marijuana; it was ridiculous the amount of weed I would smoke. Um so I went into the detox centre and I came out of detox and tried to get on employment insurance because I never claimed it and I was working for like ten years. I was short [a small number of] hours so they refused me. Um so then actually this was prior to losing my apartment — **because** they refused me, I lost my apartment. I came out of detox and went back to see if I could*

qualify again and they said, “Yeah, yeah.” Because I had a medical reason and they told me that “Yeah, you qualified actually a month ago”. I mean I lost it, I lost my apartment, my, my belongings, my automobile, everything because some pin head didn’t tell me that, “Yeah you qualify”.

This woman believed that if more support had been provided to her, she would not have lost her housing and all her possessions. Preventing homelessness and the associated expenses of becoming re-established is a more effective strategy for supporting people than is the current, reactive approach.

Stigmatization and Link Between Homelessness and Substance Abuse

A concern voiced by a number of participants was that service providers and the general public believe that people become homeless because they abuse substances. However, some of the participants were clear in stating that substance abuse had not led to homelessness, but rather, the reality of living on the streets had led them to use alcohol and drugs. The following exchange reveals how the participants of the women’s focus group described the relationship between substance abuse and homelessness:

R: The system seems to think that it is the drugs and the alcohol that make you homeless because [it says] “You do drugs [or] because you drink alcohol, you’re gonna be homeless.” But that’s not it. Once you become homeless you are having such a hard time, you can’t cope. You can’t cope [and] you need the altered state of reality to...

R: You say, “What do I have to lose now? I have lost everything”.

R: Exactly! Exactly. And it’s like, like when I was out in Ottawa, I was doing a lot of drugs, and it wasn’t because I was a big druggie; that’s not why I was on the streets. I was smoking them because I was on the streets because I was saying well like I need something to take me away from this reality. Reality is too harsh and I need something to soften the blow. And I find that’s what a lot of it is with my friends here from Sudbury too— [they use drugs or alcohol] to take the edge off.

Another participant affirmed how the use of drugs or alcohol was used as a means of coping with the many unpleasant aspects of street life including the cold, threatening men, and feeling down:

That’s something [i.e. drugs] to take the edge off a cold night. Something to take the edge off the fact that there is a creepy guy standing across the street staring at you and you know he’s crazy because you saw him earlier harassing a little old lady. Like you know it [drugs/alcohol] puts you in an altered state of reality so that you don’t, so you don’t feel so bad for yourself.

This perspective on the causal links between substance abuse and homelessness has also been articulated in prior research. Gaetz, O’Grady, and Vaillancourt (1999) reported that being homeless was a strong predictor of drug use while other key factors such as age, gender, or social support were insignificant. Substance abuse can lead to homelessness in some cases but in many others, it is a

consequence of homelessness. The distinction between the two forms of substance use may be important since many homeless people will respond well to efforts to re-integrate them into the community while intensive programs, such as intensive case management, are required for people who are strongly addicted to substances.

Experiences of Homelessness among Family Members or Ex-partners

Several themes regarding relationships to family members were raised by the women. A few mentioned that other family members had also been homeless. Two of the women described the circumstances of a sibling or former partner who were living on the streets in Toronto:

I have a brother who is homeless in Toronto right now. A couple of days ago my mother got a phone call regarding that he was living on the streets and that they had to take him to the hospital because he was frozen on his one whole side there his arm, his leg and he is in the hospital right now and because of his homelessness he turned to alcohol and he is an alcoholic right now and ah he also has cirrhosis of the liver so he doesn't have much time to live ... and ah I am glad that he is in the hospital and he is able to stay warm and eat because it is cold out there and I and I don't want my brother to die on the streets. We've tried to help him. He just struggles. He definitely doesn't want no help from anyone.

This participant has alluded to the disconnect between some homeless people and services for this population. Indications that segments of the homeless population are not helped by service providers reinforce the need for flexible, non-judgmental, alternative services emphasizing congruence between the goals of service providers and the recipients of services as well as the responsiveness of services to the needs of homeless people (cf. Cox et al., 1998).

A second participant mentioned that her former partner was homeless in Toronto. This woman expressed a fear that her daughter would follow him there and become homeless herself.

And I was a bit concerned about that because two of my children are in the same foster home and my son lives in a different home. I had concerns because my 16 year old was going to go down south and look for her father because he's out in Toronto and he's a crack addict. He is heavily into drugs and I had to explain to her that um, there was a 16 year old that came into Toronto to visit friends and she never, she never made it home; she went back [home] in a box because she experimented with drugs there and ecstasy. And she went back home in a box and I told my daughter that, "I don't want that happening to you."

A third participant spoke of the difficulty of dealing with a former partner who was using drugs.

I haven't seen my ex for two and a half years. I was into drugs and that. I just got out from a treatment centre Friday. And I got out Friday and he is hanging around the downtown... During my relationship with him, I was and he was always into drugs too.

Some participants in the Time 3 interviews had mentioned the need to stay away from former partners or friends who were involved in the street subculture and substance use. However, the qualitative components of the Time 1 to Time 4 studies have also shown that homeless people form a supportive community for each other. Ironically, the decision to remain uninvolved with members of this community can increase the social isolation and vulnerability of some homeless people who are attempting to become rehoused and reintegrated into the broader community.

Family Support

Some of the women described the importance of family support to them. Two of the participants mentioned that family members, especially parents provided financial support and emotional support:

In my case there's no drugs, there's no alcohol, there's nothing like that and because I don't do any of these things that's why my family's helping me.

My mom has been helping me a lot.

However, many homeless people are not connected to their family members or do not have families from which they can obtain support. One of the participants in the women's focus group described the loss of family members which had left her without social support:

Me, like, my parents passed away and I don't, I don't [have anyone to turn to]... like anytime I want it is so hard, you know. Like, I depended on my mom I would just pick up the phone and say well, "Can I have some money Mom?" I need that emotional support.

Another woman described the situation for a relative in Sudbury who was currently "couch surfing" with her child.

...My relation, her name is XX and um she is living on her baby bonus, \$187 I think it is, with one child. And she's living from one house to another house to another house to another house.

A couple (man and woman) who had just come to Sudbury from Sault Ste. Marie also discussed the importance of family support. They were "bunking" or doubling up temporarily with extended family members. This couple stated that they had moved to Sudbury because of the more extended system of services and a perception that housing was more affordable. The man, a Francophone, explained the reason for their move to Sudbury:

...Why I come to Sudbury, [it's] because I have been here in Sudbury [before]. And Sault Saint Marie... it costs me too much money. The house had rent ... too high. And the house everywhere is cracked and I said "I got enough"! I'm gonna move to Sudbury. I know here in Sudbury, the housing is more cheap. You got more help here in Sudbury than in the Sault Saint Marie.

The quantitative results from the agency counts of homeless people have shown that approximately ten percent of the absolutely homeless population comprise people who have relocated here or are transient. The Time 3 interviews with homeless people also found that Sudbury is viewed as a destination for people from smaller communities in the north who are seeking work or services.

Dealing with Child Welfare

Several of the women who participated in the focus group were attempting to regain custody of their children. They mentioned the strain of losing their children as well as the difficulty of re-establishing stable lives in the community, dealing with agency regulations or staff, and obtaining sufficient resources to provide adequately for their children.

Some women recounted how they had been forced by the CAS to leave their housing and go into a shelter; the alternative was to lose custody of their children. One participant believed that it had not been in the best interests of she and her children to go into a shelter:

So the next time I was in there [shelter], Children's Aid made me go in there. And I had my own place and I called Children's Aid and said why do you want me to go in a shelter for eh? And last time we stayed I said we caught head lice in there. Um and Children's Aid is telling me that If I don't go in there they are going to apprehend my children. I told them about the head lice and I told them about the IV use [witnessed] they just ignored it.

In discussing the child welfare issues, these women strongly expressed the view that they had been targeted unfairly by the CAS and that their legitimate concerns about their children's welfare were ignored. These women felt that they did not have a voice when it came to dealing with CAS.

Another problem related to the transition from homelessness into stable housing regarded the difficulty of establishing a household. One woman had recently obtained housing but the struggle to obtain other necessary items meant that she did not have enough money to purchase food:

I am trying to get back my kids, and they come in the evening. They come 4:30 till 6:30 and I am supposed to have supper for them. So when I do have food I just try to keep it for them, for their suppers when they come over. And then I go out and go to the soup kitchen or whatever, you know.

This woman explained that the CAS had, in the past, provided food vouchers to help with food expenses. However, she was being told that she was not entitled to this support because she did not have custody of her children:

R: They [CAS] won't help me out because they [the children] are not in my care.

R: Oh that is so wrong

R: Yeah I will be getting them back in the end of June. I will, like, I try and save food for them.

This experience was echoed by another woman who had experienced similar difficulties in obtaining food for her children. Both of these women mentioned using strategies such as skipping meals and eating at soup kitchens so that they could save the food they purchased for their children. The circumstances for these women reinforce the importance of supporting families adequately so that they have enough income to pay for shelter and food. Increasing the basic allowance can also ensure that they do not lose their housing and possessions. When this occurs, it is very costly for them to establish a household equipped with the items they and their children need.

There is clearly a serious problem with the interface between the income security system (Ontario Works) and the child welfare system. Until homeless women regain full custody of their children, their payments from Ontario Works are based on the amounts for a single person, including the basic needs and shelter allowances (e.g. according to the Ontario Works Directive 29.0, the basic needs allowance for a single person is \$195/month and the maximum monthly shelter allowance is \$325/month). However, as is noted above, the inadequate income makes it difficult for parents to maintain contact and provide for their children during visits. The system is structured in a way that creates stressors, pressures, and barriers for women who are attempting to rebuild their lives and become re-established after a period of homelessness.

Documenting the Need for Support

Almost all of the women in the focus group mentioned problems they had experienced in attempting to obtain food from a food bank or other emergency services. This issue generated a great deal of discussion. A number noted that one problem with the system stems from the need to provide a statement of income as well as an address/home in order to be given food:

R: I can't even go to the food bank because they need a statement of income and a statement of address. I have no address; I have no income. I can't even go to none of the food banks.

I: You can use the food banks?

R: No. They said you need an address [but] I don't have an address. People who are homeless, like, they need it [food], right?

Other participants reinforced this view:

R: When I go they ask for two things, a statement of income and a statement of address. If one of the two is missing, then no food.

R: They are pretty anal about it.

Other respondents also recounted problems with the eligibility requirements for receiving food. Aboriginal and Francophone women believed that a local service discriminated against members of their cultural groups. One participant noted that having documentation in French had prevented her from receiving services because the service provider could not read the documents:

I had my papers in French stating that I was waiting for it [a food basket] but it was an Anglophone that was serving me. "Oh," she says, "it is this number here" [in examining

the proof of income]. I says, "It's not that one, nor that one". She couldn't even read French. And I was given the run around.

One participant described being humiliated in front of a long line of people waiting for food:

I will never go to [Service X] again! ...I was screamed at in front of everybody there. He pointed at everybody [and] he said do you see all the people, here even the volunteers, they are all working with no income. Blah blah blah blah blah blah. I looked at him and said how dare you, they are volunteering their time I have no income to live. I was so pissed off I was nearly in tears. And that's the last time I will go to a food bank.

Another problem with food banks that was identified by some women in the focus group was that, when they had received food in the past, the quantities were inadequate for their needs.

Then they only give enough food for one person. Well there is 9 people living there; we are all between the ages of 16 to 25. You can't live off of what food what you are going to give to one person. So you have people going in because every, like we have four person go in and say and just use a different number from the building. I am from this number, I am from this number [i.e. different apartment numbers]. I know that is cheating but what else could we do?

The discussion indicated that many people who have no food are being turned away from food banks because of stringent requirements for documenting the need. Homeless people are disadvantaged further in this process because they do not have the required paperwork.

Low Income and Lack of Affordable Housing

The participants in the focus group mentioned the difficulty for women of finding a job that would pay them enough to support themselves, given the gender disparities in wages (i.e. women generally earning less than men). They also noted that the lack of jobs in Sudbury compounded this difficulty.

There is absolutely no jobs in this city for people who don't have like have fifty degrees. And I'm trying to work my way through school, you know. So sue me! (laughing). I am 20 years old I haven't had the time to go through school three or four times yet. I just got out of high school two years ago. But there's no jobs.

Lack of Affordable Rent and Discrimination

Discrimination issues were also raised with regard to the difficulty of finding affordable housing.

We were looking for an apartment and... We saw a one bedroom apartment, [and] we had \$800 a month ready to hand out for rent, and no body would take us there.

Aboriginal people and women fleeing abusive relationships had experienced situations in which landlords would not rent units to them. People who had come into contact with the law discussed the problems they had in obtaining employment; the unemployment, in turn, created problems when they attempted to obtain housing. It was noted that landlords did not want to rent apartments to people on social assistance. It is well known that people with serious mental illness also have difficulty in obtaining housing for this reason. Such discriminatory actions pose a serious challenge to homeless people when they try to become reintegrated into the community.

Shelters

Considerable discussion was generated when participants were asked about their experiences with shelters. These women saw shelters as being a vital source of support for them. As the following quote indicates, women often recognized that finding a safe place to sleep had to be a priority:

But normally I would be somewhat screwed on welfare, and I remind myself of that every day. You know I will use soup kitchens if I have to and I will have to go stay in a shelter because, "What's my priority, right" [i.e. food and shelter]?

However, going into a shelter was not an easy decision. The participants discussed their emotional reactions to becoming residents of shelters, most notably, fear and anxiety.

[Agency X] is scary, the family services, I have a girlfriend there who wanted me to stay there [in another city].

It was scary. Like, just like she said — the needles, and like you see that everywhere — well not like everywhere but I mean certainly was there.

As indicated above, some women commented that they feared using shelters, in part, because of evidence they had seen of substance abuse in shelters (e.g. seeing IV needles or women using them). They also mentioned concerns about the loss of privacy, theft of personal possessions, noise, crowding, health issues (e.g. head lice, exposure to second-hand smoke, or stress), and lack of respect for the needs of other residents, including the children in the shelter. As the following participant noted, shelters provide for the basic needs, such as food, quite effectively but other needs are less easily addressed:

I can go [into a shelter]. Well they fed me good in there. I was in and out of there quite a few times. But um one time I went in there with my, my son, one of my boys he was how old, six. I caught a girl IV using in the smoking room there. And ah um your stuff gets stolen, you know. And it's real cold, you know, because there is like two bunk beds, you know, four girls share a room there and stepping all over a bunch of stuff.

Like you have to keep watching your stuff too because sometime when you have the bunk beds and sometimes there's three families like I mean the mother and the kids you know all sleeping on one little bed.

There's people there that slam the door real hard there like that while the children are sleeping. And there is a sign on the door that says after nine o'clock please close door quietly, like we're not supposed to slam it out of respect for the children that are sleeping there you know. They didn't do that last night and I didn't fall asleep until two this morning and I got up at six this morning.

These accounts indicate that staying in a shelter creates some additional stressors for homeless women.

Discrimination and Racism

Aboriginal women believed that shelter staff were biased against Aboriginal women. They described experiences of being treated unfairly:

I am staying there right now I don't want to say how long I have been there. But I find that some of the workers there are biased against us Natives.... And they're not very nice.

The Aboriginal women did not feel that they were welcome in a shelter that was designed for the non-Aboriginal population. They did not feel adequately supported due to the unavailability of the part-time Aboriginal staff. Another Aboriginal participant mentioned that she had experienced racism when she had sought help from different local service provider:

Uh I went to that place, that building and [I was turned away] because I was Native. They said, "You have a Friendship Centre you can go to". So I just slammed that door and I never went back to that place. I cursed at him and I say well I feel sorry for him because ah he has no idea, he's in charge of Agency X. He doesn't like French people either who are uh waiting for their insurance.

Another Aboriginal woman described widespread discrimination both because she was Native but also as a former inmate in a federal penitentiary as a key barrier:

Um my biggest uh hurdle is discrimination, I come across it every day. Almost everyday, I am so emotionally drained.

The Time 1 through Time 4 studies have documented the large proportion of homeless population that is Aboriginal. Yet there are relatively few agencies serving the homeless population (e.g. emergency food services and shelters) that are identified as specifically serving Native people. Similarly, few local agencies may be perceived by Francophones as providing culturally appropriate services. The results of the Time 4 agency count of homeless people indicated that the Clinique du coin, an agency that is clearly identified as serving people in the French language, was well used by Francophones (i.e. 30% of the homeless people using the service were Francophones). This finding suggests that it is important to provide culturally sensitive services to the homeless Francophone community.

Depression

Some of the participants mentioned the link between mental health problems and homelessness. The women described both how mental health problems can lead to homelessness and how such problems can make it difficult to begin to change their circumstances. The first quote illustrates how depression led to homelessness while the second quote shows how feeling down can produce a negative dynamic characterized by inertia, making it difficult to become reintegrated into housing:

It was really bad. I had severe depression last March. I just didn't, I couldn't [function]. My daughter was taken away from me because at that point I just really didn't care. I just really did not care because my life was somewhere else. So I didn't maintain a job essentially I lost my apartment and had to sell all my furniture, and I lost my car — I lost everything.

That's the thing in a lot of respects it's too easy to wallow in your self pity and say, like, "Poor me". And those are your scapegoats. Eventually they become your inhibitors because you so convinced yourself that you are [no good]. You just stop functioning. Right? So you can say yeah, sure, "I may not be able to get to school in March because I don't have a bus pass, and I may not be able to pay my rent.

The Time 3 report described the traumatic experiences that many homeless people had lived through. Changes to the social security system are clearly required to provide adequate financial support to low income people and those who become homeless, often due to personal tragedy, illness, trauma typically combined with poverty. Supportive counselling services are also needed to assist homeless people in resolving their personal issues.

Need for Counselling

Some of the participants mentioned that counselling services had helped them to deal with personal troubles such as abusive relationships.

The counselling services that they have is really good. Like the counselor I have she's a Native counsellor I still go to her. I still go to her even though I am not there [at the shelter].

Unfortunately, some of the participants did not have access to supportive services as the following exchange illustrates:

R: I stayed at Agency X actually for a couple of weeks and it's awful in that place. They just treat me like I was just trash. Like they knew my circumstances, all of the counselors knew I had been on criminal record. I was just kicked out of the house and the women's shelter was full. This was the only place and they were just so disrespectful. And I had more respect as a 23 year old than they are ever going to have, just based on their behaviour. You don't put people into a situation and start

judging them. You accept them... They were rude to me; they, ah, just attitude right, didn't have the time of day to sit and have a conversation with you. They had pretty much the time to tell me how to be and I was only there for two weeks. And within the first three days I landed two jobs and I was working 60 hours a week so, I mean, two weeks I was there, three days of it I was unemployed.

I: You were really doing well they just couldn't seem to...

R: I was afraid; I should be more of a rock.

Another woman stated that she had sought help from “every level of government” without success. She believed that existing government files describing her history of problems labelled her as being a problem case and prevented her from receiving the help she needed:

The file reports, “Anna [pseudonym] is a Native woman, chronic alcoholic. And I am like, pardon me, where does this chronic alcoholic come in? Where did you get that? “Anna is superficial, Anna is egotistical”. And how do you know that when you have never asked me, “Oh how are you today?” None of them really sat down and got to know me.

This woman described her need for therapy to deal with her recurring problems, but had been unable to receive any:

It is like once a year I go to jail. And I sit there and I cry, “What am I going to do? This has got to stop,” like you know. And I have asked that question to a lot of agencies; they can't help me here... Yes I've been sexually abused, and they say that's why people get addicted to drugs. That may be so, you know, but I wish to leave that sexual abuse where it is, where it is safe, where no body can touch it. Just leave it be now. I am trying to put it to rest, let it sleep.

Supportive services can assist homeless people to rebuild their lives. It is unfortunate when service providers, however inadvertently, contribute further to the oppression and degradation of homeless people. One of the participants of the women's focus group described the circumstances for her friend, who was also homeless and banned from accessing services:

R: I know a woman, I should have brought her here; she would be a good candidate [for this group]. She sleeps in, ah, you know when you go into the bank; open the door, she sleeps in there! She sleeps in there...and the thing when the hot air comes out of [i.e. the hot air vent], she sleeps on top of that.

I: She's been sleeping there this winter?

R: Yup, that is, yeah, a Native woman. I guess she has been turned away from some of the shelters and she's banned from some of the shelters because of her alcoholism, her addiction.

Another of the participants in the women's focus group recounted the poor treatment that she had received by staff in an agency serving homeless people in Ottawa. She described being made to feel

that she did not deserve the support from the agency because of a perception on the part of the staff that she was on the streets by choice.

Um I personally was treated like you don't belong here. You are just a spoiled little rich kid from out of town, it's your choice to be here, you know, "You're choosing to live on the streets why don't you go back home with mom and dad. You are just being stupid. You are taking the place away from kids who really need it". They treated me like I had choice just because my parents are middle class, we are not rich by any means, but I wasn't like being raised in the Ottawa ghetto like all those kids.

The literature on homelessness demonstrates that the circumstances and backgrounds of individuals who are homeless vary greatly. It can be difficult for workers in agencies serving homeless people to understand the range of issues that have contributed to homelessness for young people but they should be cautious about making any assumptions regarding the circumstances of individuals.

For example, it should not be assumed that young people are on the streets by choice. A recent review of the literature on homelessness among young women indicated that family poverty is not the main factor accounting for homelessness among youth (Novac, Serge, Eberle & Brown, 2002). Novac et al. (2002) argued that family conflict, disruption, and abuse were common among homeless youth, regardless of their socio-economic backgrounds. Research indicates that over two-thirds of homeless female teenagers had experienced physical or sexual abuse and the same proportion described their fathers as menacing. A number of the women participating in our Time 4 focus group stated that they had been sexually assaulted, some before the age of 13.

Danger on the Streets and Feelings of Isolation and Fear

The participants of the women's focus group discussed the dangers of homelessness for women. They emphasized the need to be cautious:

R: You have to be really careful.

R: I was pan handling down town and I asked some guy if he could help me out with a couple of bucks and he told me to shut up bitch, come with him and he will show me what the real world is all about.

One participant explained how she carries a pocketknife for protection and this generated a spontaneous response from all other women in the group. All were carrying knives so that they would be able to protect themselves if attacked:

R: The only protection that I have is a pocketknife. And I feel that I have to carry that because I am a female and I smaller then most guys that are out there walking around on the street. And I'm by myself.

R: But if you carried anything other than a pocketknife you get in trouble with the police.

R: And mine's in my bag as we speak right now

R: I have one in my pocket

R: It's a one-hand opener.

R: I keep mine on a key chain and use it between my fists. So if you are going to punch someone they are getting scissors right in their face.

Many of the group participants mentioned incidents on the street when they had been threatened. Some noted that they also had to be cautious around their male friends:

Like I have a couple guy friends that are with me. In the end, they're all either trying to get... the whole point is to try and get in your pants. Or they just disrespect you [in general].

These women were most fearful of being physically harmed or sexually assaulted:

I don't really know, I'm afraid of rape; [that] is what I'm afraid of. Or them taking me and bringing me to somewhere and no one ever finding me ever again.

Research on experiences of maltreatment and violence among street youth has indeed shown that young women are more likely than young men to be vulnerable to sexual violence while living on the streets (Novac et al, 2002). The participants of the women's focus groups acknowledged that this had happened or they were fearful that it would happen:

I: Have you ever been put in that situation [forced sex]?

R: Yeah

R: It's the scariest thing in the world

R: Anybody who looked at me sideways I was terrified.

The pervasive fear while living on the streets and the strategies the women had developed to deal with the danger were described as a form of socialization. The change in thinking patterns and in strategies for relating to other people has also been described in the literature as a key aspect of homelessness (O'Reilly-Fleming, 1993). Golden (1992) observed that the longer homeless women stay on the streets, the more radical is the change in them. Homelessness is an alienating psychological process that is characterized by mistrust, detachment, and self-sufficiency. The participants of the Time 4 women's focus group also touched on the psychological impact of the fear and danger:

I guess this is part of the street mentality too like just being there. It's so emotional that after a couple of years on the street you really get socialized into it. It's like being institutionalized.

Like you have nowhere [to go to]. That's what I think about it. You feel isolated. There is a lot of crazy people in this world.

That breaks your pride too, especially when have to get enough guts up to go down town and ask people for money to help you out.

Facilitating Access to Services

As was noted above, homeless people live with considerable fear, stress, and anxiety. It is unfortunate that they are also fearful about approaching service providers in the community. Most of the participants of the women's group described negative experiences, including humiliation, rejection, and racism when they had used or attempted to use services. One participant suggested that there should be some form of identification that poor or homeless people could use that would enable them to access emergency services in a more streamlined fashion:

Why don't they issue uh like if someone is on their unemployment insurance waiting period, or when someone is on the CPP disability waiting period, why don't they have a form for us right there so we can go get it, so that when we go to a food bank it's no question. You just show them and you don't have to deal with assholes.

Homeless women believed that some service providers used their powers of discretion to turn away individuals who they did not like. Some believed that racism and ethnocentrism among some service providers were the basis for decision-making regarding access to basic essentials such as food, clothing, shelter, and counselling support. Service providers must review the policies, procedures, and practices followed in agencies to ensure that they are not reinforcing the isolation of homeless people from community services. If homeless people have negative experiences when attempting to access services, this may create additional barriers to reintegration into the community.

Aboriginal People ⁶

Spirituality

Spirituality is very important to Aboriginal people. What is known as the inner fire burns brightly within Aboriginal people wherever they may be, whether it is in the bush, on the reserve or on the streets of urban communities. Their beliefs and practices have been ingrained in their psyche for thousands of years. Spiritual ceremonies mentioned by the homeless were smudging, praying, sweat lodge ceremonies and healing ceremonies.

My native spirituality, my smudging (native tradition) and all that and prayers.

I will go to the Creator and pray.

So I just ask for that strength. Well it's been hard, you know like it's not easy coming to a place where you don't know anybody. You're going through these struggles and a ... trying

⁶ This section was analysed and written by Cheryle Partridge.

to survive daily. You know, I'm just thankful that when I go to bed at night I've gotten through another day. No matter what I've been through whether it was good or bad, like I said I've been asking for that strength to get through what I have to get through on that day. It's all you can do. Right.

In what has become known as “The Sixties Scoop”, a whole generation of Aboriginal children were removed from their homes on reserve and placed in non-Aboriginal homes. In some cases, they were placed out-of-province and even out-of-country. This has caused identity problems and detachment from their culture. However, there were those who expressed the wish to learn about their culture and traditions.

I went to the Friendship Centre one day to ask about because I'm trying to learn more about my culture. I went here to ask about a ... like a ... if they would have any sweats or healing ceremonies or something like that in the future,...

A: Do you ever take part in the different ceremonies or ...

R: No.

A: No?

R: No, because I found that they are set in their ways and I'm not used to being with the Native culture because I've been brought up in a non-Native community and I had to survive on my own.

It has been observed that children who were involved in the child welfare system are over-represented in the homeless population. The homeless are aware that their sense of identity, pride and self-esteem are rooted in spiritual principles and they are actively seeking Elders and spiritual advisors to guide them.

For almost five months now I've been clean from everything: from cocaine and drinking because now I'm doing my Native spirituality and going to the Native medicines and all that 'cause I want to be a medicine woman one of these days to heal people. I'd like to be a counsellor so I could help women. I think I'd be a good one.

There are many services in Sudbury but not many are Aboriginal specific. Since about a quarter of the homeless in Sudbury are Aboriginal people, they have reiterated that it is helpful to be able to receive services from their own people.

.... she does a Native ceremony thing and she does smudging (a Native tradition) and all that so she understands so, which is great, it's nice to have a Native person working here too 'cause there are some Native girls who come in here and they feel more comfortable talking with another Native about the Native spirituality and all that. They know that that person understands.

Substance Abuse

Substance abuse among Aboriginal people has its roots in the residential school system, where Aboriginal students were mentally, physically, emotionally and spiritually abused in order to assimilate them. The residential school syndrome affects Aboriginal people to this day. Students were forbidden to speak their own language, they were forbidden to practice their own spirituality and they were taught to be ashamed of being Aboriginal. When they left residential schools they found themselves not seeming to belong in mainstream society or Aboriginal society. Many turned to alcohol and drugs to cope with their rootlessness and hopelessness. When they did have families, they passed on behaviours that were learned in residential school such as sexual and physical abuse.

I. What is the biggest challenge that you are currently facing?

R. No job, drugs and alcohol and spousal abuse.

I. What kinds of things do you do to help you cope with your situation?

R. I drink and get high.

Well, physically and mentally, or physically abused sexually. My father used to, you know, sexually abuse me and mentally abuse me. I find that because of that, I feel like I'm in this situation. They told me to don't say nothing or else.

Mainly because my dad was an alcoholic and I got beat Me and my parents, we're okay if it's visiting terms, but living, I can't. I'm like my Dad's punching bag.

Employment and Education

Aboriginal First Nation communities, for the most part do not have enough jobs to sustain their membership. As a result, many Aboriginal people leave their reserves and go to urban centres seeking employment and education. Generally speaking, Aboriginal people do not have the education or the training to compete in the job market, and the lower paying jobs do not pay enough to provide a healthy living environment for them/their families. There is a pride inherent in Aboriginal people. They do not want their families 'back home' to know that they are homeless.

I don't like to ask my mom and dad for a ... something. I got myself in that situation right for coming up here and struggling to find a place. And I don't want to move back to the community I came from anyway because of the trouble I've had. It's such a small community, everybody knows everybody's business.

You hear one thing and by the time it goes around the reserve, it gets back, it's worse than what it started at and then it's not even the truth anyway, you know what I mean, so. I don't want to go back to that even though I have family there

.... it's not that I can't go home. I can go home but I don't want to go back to that. There is nothing there for me anymore, like no job there for me.

I didn't let anybody know that I didn't have a place to stay or that I was hungry. Most of my friends would ask me, "Are you all right? Do you have a place to stay?" I would say yeah, because I was too embarrassed to say no I didn't have a place to stay.

Lack of education is a major factor in Aboriginal people not being able to compete for jobs in urban centres. They cannot have economically viable lives without education or employment. It is a catch-22 situation and one which often leads to alcohol and drug addiction.

I'm not a person to go out and you know like get drunk every day and fight with somebody I don't know what you would say but in my drinkin' days, I have lost jobs, because of drinking. I lost my car because of drinking.

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

Francophone People ⁷

⁷ This section was analysed and written by Jean-Marc Bélanger.

CONCLUSIONS

The current study has generally reinforced the trends documented in the Time 1 through Time 3 studies. The overall proportions of the homeless population identified in Time 4 are similar to those noted in previous studies. While the overall number of homeless people was considerably higher in January 2002 compared to one year earlier, and indeed higher than in any previous study, it must also be noted that the number of agencies participating in the Time 4 study was larger. Nevertheless, it has also been shown that the set of 12 agencies that have participated in all of the studies conducted to date recorded a larger number of clients than in any of the previous studies. The number of absolutely homeless people was also larger in January 2002 compared to the previous year.

The current study has confirmed a number of trends in the characteristics of people who are absolutely homeless:

- ▶ Females represent over a third of the homeless population.
- ▶ Aboriginal people are greatly over-represented among those who are absolutely without housing and those who are experiencing relative homelessness.
- ▶ Adults aged 20 to 59 represent two-thirds or more of the homeless population.
- ▶ The major causes of homelessness in Sudbury, as identified by homeless people, are unemployment, poverty, lack of affordable housing, and problems with social assistance. Domestic violence and mental illness are also significant causes of homelessness in Sudbury.
- ▶ Half of the absolutely homeless population in Sudbury was not receiving any financial support from government programs and a large proportion (over a third) of those who are at risk of homelessness were Ontario Works clients.

Focus groups with clients indicated the ways in which services are not responsive to the needs of this population. Too many clients experience fear, humiliation, and rejection when they attempt to access local services. In addition, the structure of the service system and the disconnect between various types of services are exacerbating the problems of homeless people. For example, women who have lost custody of their children but are attempting to reconstruct their lives and rebuild their families experience barriers due to inadequacies in the level of social assistance benefits. Students relying on OSAP funding do not have enough income to support themselves. Men and women who have been in conflict with the law and who are attempting to reintegrate into the community are not being assisted effectively in making the transition. Aboriginal people and Francophones are not being supported in culturally appropriate ways. People suffering from serious mental illness are living on the streets in Sudbury, even in the dead of winter. Sudbury appears to serve as a destination for northern residents from smaller communities who are seeking opportunities, whether through work or improved access to services. As a regional centre, services must focus on strategies for serving this population effectively.

The literature on homelessness has described alternative services that are effective serving the most serious cases among people who are chronically homeless. However, such services must be intensive and focussed on the needs of the clients rather than the needs of the service providers. The incorporation of best practices in working with homeless people into local services is an essential step in addressing the problem in Sudbury.

It is also evident that changes to the local service system will not reduce the prevalence of homelessness; senior levels of government must introduce policy changes that will reduce poverty rates, improve income security, generate employment opportunities, and provide affordable housing.

RECOMMENDATIONS

The United Nations Commission on Human Rights has adopted resolutions on the rights to food and adequate housing (UNHCR, 2001). Canada voted in favour of these resolutions which encourage all nations to implement measures that will enable citizens to realize their basic rights to food and adequate housing. While Canada supported these resolutions in 2001, it has not addressed the serious criticisms of the UN Committee on Economic, Social, and Cultural Rights (1998) about Canada's failure to address poverty and homelessness. The Committee:

...urged that federal, provincial, and territorial governments address homelessness and inadequate housing as a "national emergency" and that they implement a national strategy for reduction of homelessness and poverty (UN, 1998).

In Sudbury, the findings of the Time 1 through Time 4 studies on homelessness have consistently indicated that, at any given time, there are over 100 people who are absolutely without housing and several hundred more who are precariously housed and at high risk of losing their housing. The recommendations in our previous studies have focussed on strategies for addressing both the immediate needs of homeless people for food, shelter, and clothing, as well as the need to address the structural causes of homelessness that stem from poverty, unemployment, and a lack of affordable housing. The following recommendations identify strategies to be implemented at the local level:

1. Establish culturally appropriate shelters and related services for homeless Aboriginal people in Sudbury.
2. Ensure that culturally and linguistically appropriate services for homeless Francophones continue to operate (i.e. Clinique du coin) and examine how other service providers can offer services in French.
3. Ensure that services established under the Supporting Communities Partnership Initiative continue to operate.
4. Examine homeless people's access to food/ food banks and change policies/practices that prevent homeless people from receiving food.
5. The results of the neighbourhood survey indicated that 61% of the local sample believed that governments should be doing more to prevent and address homelessness. It is recommended that the City of Greater Sudbury establish transition housing to support homeless people in making the shift towards reintegration into the community. Work with financial institutions such as

Sudbury Regional Credit Union, Copper Cliff, in order to establish transitional housing in the downtown core.

6. Mental illness is recognized as a cause of absolute homelessness in Sudbury. It is recommended that the Task Force on Homelessness and Emergency Services work with the Canadian Mental Health Association in Sudbury to address the specific housing needs and 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.
7. Address the gaps in the service system for homeless adolescents, most of whom do not have any source of income. Programs must be developed to ensure that adolescents fleeing abusive situations do not become homeless.
8. Enhance outreach programs targeting homeless young people in order to provide early intervention services to reduce the length of time spent on the streets. Such programs can prevent young people from becoming socialized into the street culture.
9. 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.
10. 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.
11. Examine the systemic problems for women who are rebuilding their lives to regain custody of their children and ensure that they are supported effectively by the Children’s Aid Society and the income security programs (e.g. Ontario Works). Hold joint planning sessions to ensure that strategies are developed to support women and their families in making a successful transition from homelessness into stable housing and community life.

In addition to the above recommendations, we draw attention to those included in the Time 1 report regarding actions that must be undertaken by senior levels of government in order to prevent homelessness over the long term. While local responses are important in addressing the immediate needs of homeless people, a broader approach must be taken to deal with the systemic issues that are causing the crisis in homelessness in Canada. Long-term strategies, including those identified in the Time 1 study, are listed below.

Developing Long-Term Strategies for Addressing Homelessness

- Facilitate community partnerships and initiatives, in conjunction with provincial and federal

governments, to address the structural problems of lack of access to education, unemployment, lack of jobs, and low wages for vulnerable groups.

- Urge the federal and provincial governments to increase the benefit levels for recipients of social assistance, students (e.g. OSAP recipients), and people with disabilities so that their financial resources are consonant with the actual costs of food, shelter, medicine, and other essentials.
- The Toronto Report Card on Homelessness 2000 contains recommendations which specify actions that the federal and provincial governments must take in order to remedy the structural problems of poverty, low income, and unemployment, which are the key factors contributing to homelessness in Sudbury. Since the results of the study of homelessness in Sudbury clearly show that the main causes of homelessness are structural, it is vital to press the senior levels of government to implement policy changes that will address the underlying causes of the problem.

***Urge the federal government to:*⁸**

- (a) implement the recommendations of the Federation of Canadian Municipalities Quality of Life Infrastructure Budget Proposal related to housing;
- (b) provide additional support for new affordable rental housing development in the next federal budget;
- (c) expedite the process to make federal lands available for affordable housing development

Urge the provincial government to:

- (d) increase the shelter component of social assistance to reflect local market conditions;
- (e) create a new shelter allowance program for the working poor;
- (f) create 14,000 new supportive housing units in the province;
- (g) ensure that definitions of special need and eligibility for supportive housing are broad enough to include "hard-to-house" homeless people;
- (h) make provincial land available for affordable housing development;
- (i) increase per diem rates for shelters and provide additional funding for program supports.

⁸ Recommendations (a) to (h) have been adapted from the Toronto Report Card on Homelessness 2000. www.city.toronto.on.ca/homelessness

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APPENDIX A:

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

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

| Age (Years) | Frequency (n) | Valid Percent | Cumulative Percent |
|----------------|------------------|------------------|-----------------------|
| under 1 | 1 | 0.2 | 0.2 |
| 1 | 4 | .9 | 1.1 |
| 2 | 4 | .9 | 2.0 |
| 3 | 4 | .9 | 2.9 |
| 4 | 6 | 1.3 | 4.2 |
| 5 | 4 | .9 | 5.1 |
| 6 | 4 | .9 | 6.0 |
| 7 | 9 | 2.0 | 8.0 |
| 8 | 7 | 1.6 | 9.6 |
| 9 | 6 | 1.3 | 10.9 |
| 10 | 6 | 1.3 | 12.2 |
| 11 | 3 | .7 | 12.9 |
| 12 | 2 | .4 | 13.4 |
| 13 | 2 | .4 | 13.8 |
| 14 | 2 | .4 | 14.3 |
| 15 | 3 | .7 | 14.9 |
| 16 | 3 | .7 | 15.6 |
| 17 | 7 | 1.6 | 17.1 |
| 18 | 15 | 3.3 | 20.5 |
| 19 | 14 | 3.1 | 23.6 |
| 20 | 13 | 2.9 | 26.5 |
| 21 | 15 | 3.3 | 29.8 |
| 22 | 8 | 1.8 | 31.6 |
| 23 | 6 | 1.3 | 33.0 |
| 24 | 14 | 3.1 | 36.1 |
| 25 | 14 | 3.1 | 39.2 |
| 26 | 13 | 2.9 | 42.1 |
| 27 | 12 | 2.7 | 44.8 |
| 28 | 7 | 1.6 | 46.3 |
| 29 | 5 | 1.1 | 47.4 |
| 30 | 7 | 1.6 | 49.0 |
| 31 | 8 | 1.8 | 50.8 |
| 32 | 13 | 2.9 | 53.7 |
| 33 | 5 | 1.1 | 54.8 |
| 34 | 11 | 2.4 | 57.2 |
| 35 | 9 | 2.0 | 59.2 |
| 36 | 10 | 2.2 | 61.5 |
| 37 | 6 | 1.3 | 62.8 |
| 38 | 8 | 1.8 | 64.6 |
| 39 | 8 | 1.8 | 66.4 |
| 40 | 12 | 2.7 | 69.0 |
| 41 | 10 | 2.2 | 71.3 |
| 42 | 10 | 2.2 | 73.5 |
| 43 | 10 | 2.2 | 75.7 |
| 44 | 11 | 2.4 | 78.2 |
| 45 | 4 | .9 | 79.1 |
| 46 | 12 | 2.7 | 81.7 |
| 47 | 6 | 1.3 | 83.1 |

**Table A-1: Age Distribution for
Total Homeless Population
(continued)**

| | | | |
|--------------|-----|-------|-------|
| 48 | 8 | 1.8 | 84.9 |
| 49 | 4 | .9 | 85.7 |
| 50 | 9 | 2.0 | 87.8 |
| 51 | 8 | 1.8 | 89.5 |
| 52 | 3 | .7 | 90.2 |
| 53 | 5 | 1.1 | 91.3 |
| 54 | 13 | 2.9 | 94.2 |
| 55 | 2 | .4 | 94.7 |
| 56 | 3 | .7 | 95.3 |
| 57 | 2 | .4 | 95.8 |
| 58 | 5 | 1.1 | 96.9 |
| 59 | 1 | .2 | 97.1 |
| 60 | 1 | .2 | 97.3 |
| 61 | 3 | .7 | 98.0 |
| 62 | 4 | .9 | 98.9 |
| 64 | 1 | .2 | 99.1 |
| 66 | 1 | .2 | 99.3 |
| 70 | 1 | .2 | 99.6 |
| 72 | 1 | .2 | 99.8 |
| 83 | 1 | .2 | 100.0 |
| Sub-total | 449 | 100.0 | |
| Missing | 10 | | |
| Total sample | 459 | | |

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

| Age (Years) | Frequency (n) | Valid Percent | Cumulative Percent |
|----------------|------------------|------------------|-----------------------|
| 3 | 1 | 0.8 | .8 |
| 6 | 1 | .8 | 1.6 |
| 7 | 1 | .8 | 2.3 |
| 8 | 1 | .8 | 3.1 |
| 10 | 1 | .8 | 3.9 |
| 11 | 1 | .8 | 4.7 |
| 16 | 1 | .8 | 5.4 |
| 17 | 6 | 4.7 | 10.1 |
| 18 | 10 | 7.8 | 17.8 |
| 19 | 8 | 6.2 | 24.0 |
| 20 | 7 | 5.4 | 29.5 |
| 21 | 5 | 3.9 | 33.3 |
| 24 | 4 | 3.1 | 36.4 |
| 25 | 1 | .8 | 37.2 |
| 26 | 5 | 3.9 | 41.1 |
| 27 | 4 | 3.1 | 44.2 |
| 29 | 1 | .8 | 45.0 |
| 30 | 3 | 2.3 | 47.3 |
| 31 | 3 | 2.3 | 49.6 |

**Table A-2: Age Distribution for
Absolutely Homeless Population
(continued)**

| | | | |
|--------------|-----|-------|-------|
| 32 | 4 | 3.1 | 52.7 |
| 33 | 1 | .8 | 53.5 |
| 34 | 4 | 3.1 | 56.6 |
| 35 | 1 | .8 | 57.4 |
| 36 | 4 | 3.1 | 60.5 |
| 37 | 3 | 2.3 | 62.8 |
| 38 | 1 | .8 | 63.6 |
| 39 | 3 | 2.3 | 65.9 |
| 40 | 3 | 2.3 | 68.2 |
| 41 | 4 | 3.1 | 71.3 |
| 42 | 1 | .8 | 72.1 |
| 44 | 2 | 1.6 | 73.6 |
| 45 | 3 | 2.3 | 76.0 |
| 46 | 6 | 4.7 | 80.6 |
| 47 | 2 | 1.6 | 82.2 |
| 48 | 3 | 2.3 | 84.5 |
| 50 | 3 | 2.3 | 86.8 |
| 51 | 4 | 3.1 | 89.9 |
| 52 | 3 | 2.3 | 92.2 |
| 53 | 2 | 1.6 | 93.8 |
| 54 | 2 | 1.6 | 95.3 |
| 55 | 1 | .8 | 96.1 |
| 56 | 1 | .8 | 96.9 |
| 58 | 1 | .8 | 97.7 |
| 61 | 1 | .8 | 98.4 |
| 62 | 1 | .8 | 99.2 |
| 66 | 1 | .8 | 100.0 |
| Sub-total | 129 | 100.0 | |
| Missing | 3 | | |
| Total sample | 132 | | |

**APPENDIX B:
Recommendations from the Time 1 Study**

RECOMMENDATIONS IDENTIFIED IN THE TIME 1 REPORT

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

- housing is central to human well-being and fulfilment. Improving housing is therefore a central priority, not an optional extra. Housing is an important asset in both economic and social terms; housing policy must make more use of this fact.
- housing, development and poverty-eradication are linked with each-other in reciprocal fashion: policy-makers must recognize and build on these links, and find better ways to redirect more of the benefits of the housing process to poor people. This is likely to involve direct intervention in markets, especially on the supply side.
- all housing policies must be based on an accurate and dynamic understanding of local realities, especially the complex ways in which real markets work, and how economic and political interests interact in cities. Good policy can make a difference, but only when it is tailored to the local context.
- although markets, states and people all have a role to play in housing, these roles are neither static nor universally generalizable at any level of detail.

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

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

Creating Affordable Housing

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

- 1) Implement measures to ensure that new affordable rental housing is developed and existing low cost, appropriate rental housing is preserved. Some examples of how this could be

accomplished follow:

- Encourage the new City of Greater Sudbury to establish a Homelessness Community Fund in which city capital contributions could be used to lever capital from various sources in order to develop new social housing units;
 - Develop partnerships with landlords to develop an ethical rent policy and to build on linkages that have already been established (e.g. through the housing registry).
 - Create public-private partnerships to work together to use vacant rental units in order to develop social housing locally.
- 2) Implement a public education campaign that focuses attention on (a) the need for new social housing projects funded by government and (b) the requirement of establishing tri-level partnerships (federal, provincial, and local governments) to enable the development of new social housing units. The production of affordable housing must be identified as a priority for the public agenda at the local, provincial, and federal levels.
 - 3) Provide more support services and financial support to homeless and low income people to assist them in making the transition to stable housing and to reduce the risk of homelessness in the future. Examine options such as the establishment of shelter allowances, rent supplement programs, rent banks, housing help (to assist clients to find housing), and funds for first and last months' rent for social assistance recipients. Another strategy is to introduce supplements or supports for the development of board and lodging facilities for homeless youth.

Enhancing Outreach, Awareness, and Participation Among the Homeless Population

- 4) Enhance outreach services to homeless people in Sudbury to connect them with existing community resources.
- 5) Involve consumers in the development of new services and the enhancement of existing services to ensure that services are sensitive to and effective in meeting the needs of various subgroups of homeless people including youth, single adults, families, seniors, and cultural groups such as Aboriginal people, francophones, and visible minorities. These groups have an important role to play in the development of appropriate strategies for addressing and preventing homelessness and must be included in the decision-making process.
- 6) Bring Ontario Works staff together with other service providers and homeless people in a one-day workshop to increase understanding of the issues related to homelessness.

Increasing the Number of Shelters and Support Services

- 7) Provide more funding for shelters and beds for homeless people in order to
 - expand the number of beds;
 - extend the length of time that clients may stay in shelters;
 - make provisions for offering beds and support services to subgroups of the homeless population that are currently not served effectively, such as couples, families, pregnant teens,

- and teen mothers. There are currently not enough beds in shelters to accommodate the needs of the homeless population and a majority of the service providers have experienced periods when they were not able to serve people when demand exceeded capacity.
- Introduce an incubator fund for developing enhancements or the expansion of existing shelters.
- 8) Review the shelter arrangements for women who are not victims of domestic violence and establish beds for women who do not require or are averse to heightened security arrangements. Conduct outreach activities to ensure that homeless women who are not victims of domestic violence are aware of the availability of shelter and support services.
 - 9) Consult with First Nations and francophone organizations in order to develop strategies for addressing the needs of homeless people in these cultural groups. In particular, since a quarter of the homeless people in Sudbury are Aboriginal, a culturally appropriate service must be established that will ensure respect for their identity and culture.
 - 10) Implement proven strategies for addressing the needs of homeless people with mental illness. Housing (both transition and long-term housing), community services, and more workers are needed to offer better support, in the community, to this population. More effective discharge policies and practices and closer links between hospital-based services and community services are needed, as well as enhanced services to address co-occurring mental illness and substance abuse. Best practices that have been demonstrated to be effective in supporting people with serious mental illness such as intensive case management services must be implemented. For example, Rapp (2000) has argued that while members of the general public fully expect to receive the best treatments for their illnesses, people with mental illness are routinely subjected to treatments and practices that have been demonstrated to be ineffective. His work has shown that the strengths model can be used successfully to support people with serious mental illness and enable them to live satisfying and fulfilling lives in the community.
 - 11) Establish a process for co-ordinating services to homeless people. While there is currently considerable collaboration between agencies, a central location (central office) that would provide information about the different services, offer support, and refer people to the appropriate services is needed to maximize local resources. This office could also co-ordinate the collection of information to monitor the needs and characteristics of homeless people (see recommendation 15).
 - 12) Provide funding for community-based workers who will engage in follow-up activities with clients and offer ongoing support services to assist clients in making a successful transition into stable housing in the community.
 - 13) Conduct a public education and awareness campaign to educate the general public, politicians, and local businesses regarding homelessness issues, draw attention to the need for local action to reduce and prevent homelessness, and “destigmatize” homelessness and the problems that accompany it.

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

Collecting Local Information on Homelessness on an Ongoing Basis

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

Developing Long-Term Strategies for Addressing Homelessness

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

Urge the federal government to:⁹

- (a) implement the recommendations of the Federation of Canadian Municipalities Quality of Life Infrastructure Budget Proposal related to housing;
- (b) provide additional support for new affordable rental housing development in the next federal budget;
- (c) expedite the process to make federal lands available for affordable housing development

Urge the provincial government to:

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

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

- (e) create a new shelter allowance program for the working poor;
- (f) create 14,000 new supportive housing units in the province;
- (g) ensure that definitions of special need and eligibility for supportive housing are broad enough to include "hard-to-house" homeless people;
- (h) make provincial land available for affordable housing development;
- (i) increase per diem rates for shelters and provide additional funding for program supports.