

Report on Homelessness in Sudbury

Comparison of Findings
July, 2000, January, 2001, and July, 2001

Carol Kauppi, Ph.D.

with
Jean-Marc Bélanger, Ph.D.

Research Associate:
Martha Andrews

Prepared for the
City of Greater Sudbury

Prepared by the
Social Planning Council of Sudbury

October, 2001



Social Planning Council
Conseil de planification sociale

OF SUDBURY DE SUDBURY

TIME 3



People Helping People
Homelessness Initiative
Ouvrons nos coeurs
Projet d'aide des sans-abris
Enaadmaadjig
Wii-shki-daawaad Bemaadzijig

Community Partners
Partenaires communautaires
Ekwiining
Wiidookdaading

 **Sudbury**
Canada

Report on Homelessness in Sudbury: Time 3

Comparison of Findings from July, 2000, January, 2001, and July, 2001

Carol Kauppi, Ph.D.

with

Jean-Marc Bélanger, Ph.D.

Research Associate:

Martha Andrews

Social Planning Council of Sudbury

This study was funded by the City of Greater Sudbury in partnership with Human Resources Development Canada, Supporting Communities Partnership Initiative.

Additional copies of the report may be obtained from the Social Planning Council of Sudbury:

Social Planning Council of Sudbury
Conseil de planification sociale de Sudbury
30 Ste Anne Road, Suite 105
Sudbury, Ontario
P3C 5E1

Tel. (705) 675-3894
Fax (705) 675-3253
spc@cyberbeach.net

Research Director, Social Planning Council of Sudbury:
Carol Kauppi
Associate Professor
School of Social Work
Laurentian University
(705) 675-1151, ext. 5058
ckauppi@nickel.laurentian.ca

ACKNOWLEDGEMENTS

The contributions of many people are needed to ensure the success of this project. Those who assist us include homeless people, service providers and agency personnel, faculty members and students from the School of Social Work at Laurentian University, members of the community, and staff of the City of Greater Sudbury as well as the Social Planning Council of the Region of Sudbury. Most importantly, the essential contribution of homeless people in Sudbury must be recognized. The current and future studies on homelessness cannot be conducted without their participation and willingness to share personal information.

The commitment to the homelessness projects shown by the service providers and agency personnel is also a vital element of the project. A comprehensive enumeration of the homeless population cannot be accomplished without their help. In addition, the following agencies were instrumental in obtaining participants for the interviews with homeless people: Canadian Mental Health Association - 3-C Centre, Elizabeth Fry Society, Foyer Notre Dame House, L'Association des jeunes de la rue, John Howard Society, Salvation Army Addiction Treatment Centre, Sudbury Action Centre for Youth, YWCA Genevra House. As in the previous studies, special thanks are extended to the management and staff/volunteers at L'Association des jeunes de la rue, Sudbury Action Centre for Youth, L'Association des jeunes de la rue, and the Sudbury Regional Police Service who assisted with the project by permitting researchers to accompany workers/officers on outreach activities or night shifts. The members of the Task Force on Emergency Shelters and Homelessness also play a key part of the process in conducting these studies, reviewing the results, and developing plans to address the findings.

The contribution of Prof. Sheila Hardy and Cheryle Partridge, School of Social Work, Laurentian University, and Denise Toner, L'Association des jeunes de la rue, in conducting an ethics review is particularly appreciated. In addition, the study could not have been conducted without the staff of the Social Planning Council which participated in a wide range of activities including liaison with community agencies, data collection and processing, and desktop publishing. The members of the research team are thanked for their diligence and motivation in completing the research activities. Finally, the input of members of the Board of Directors of the Social Planning Council is greatly appreciated.

In particular, we gratefully acknowledge the helpful comments and assistance of the following people in various phases of the Time 3 study:

- Janet Gasparini, Executive Director, Social Planning Council of Sudbury
- Martha Andrews, Research Associate, Social Planning Council of Sudbury
- Eric Souliere, Research Assistant, Social Planning Council of Sudbury
- Erin Brown, Research Assistant, Social Planning Council of Sudbury
- Cherry Bowman, Administrative Assistant, Social Planning Council of Sudbury
- Marty Wilson, Research team member and student, Laurentian University
- Josée Lafleur, Research team member and student, Cambrian College
- Outreach Workers, L'Association des jeunes de la rue
- Marlene Gorman and Outreach Workers, Sudbury Action Centre for Youth
- Dr. Jennifer Keck, School of Social Work, Laurentian University
- Harold Duff, Mary Murdoch, and Penny Earley of the City of Greater Sudbury

TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
INTRODUCTION	1
Revised Research Plan	1
The Current Study (Time 3)	2
Future Studies	2
Overview of the Current Report (Time 3)	3
METHODOLOGY	4
Defining Homelessness	4
Approach to the Study	4
Agency Count of the Homeless Population	5
The Count	5
Neighbourhood Survey	7
Sampling Strategy	7
Procedure	8
Field Observations	8
In-depth Interviews with Homeless People	9
RESULTS	11
Phase I: The Count of Homeless People	11
High Risk and Absolute Homelessness	14
Reasons for Absolute Homelessness	15
Characteristics of Total Homeless People	16
Age	16
Gender and Age	17
Ethnicity	19
Marital/Family Status	20
Social Support/Welfare Benefits and Reasons for Homelessness	20
Receipt of Social Assistance/Welfare Benefits	20
Sources of Income	22
Reasons for Homelessness	23
Reasons for Homelessness by Gender, Age, and Ethnicity	23
Phase II: Neighbourhood Survey	27
Perceived Reasons for Homelessness and Factors Related to Homelessness	27
Perceived Reasons for Homelessness	27
Factors Related to Homelessness	29
Personal Experiences with Homeless People	29
Residents' Perceived Solutions to Homelessness	33
Phase III: Field Observations	34
Phase IV: In-Depth Interviews with Homeless People	40
Sample	40
What Homelessness Means	41

Losing Control Is Scary	41
Doing Without	41
Positive Aspects	43
Reasons for Homelessness and Prior Homelessness	43
Education, Unemployment, and Lack of Affordable Housing	43
Mental Illness or Physical Disabilities	44
Traumatic Events, Violence, and Family Issues	44
Incarceration or Substance Abuse	45
Last Home	45
Family problems	46
Health and Mental Health	47
Family Relationships	48
Friends and Who They Can Turn To for Help	49
Helping Each Other	50
Involvement with Law and Police	52
Substance Abuse	54
Current Needs and Biggest Challenges	56
 CONCLUSIONS	 58
 RECOMMENDATIONS	 62
 REFERENCES	 64
 APPENDIX A	 66
 APPENDIX B	 68

LIST OF TABLES

Table 1:	Shelters and Agencies Identifying the Homeless Population, July, 2000 and January, 2001	12
Table 2:	Number of Duplicated, Unduplicated, and Other Cases Identified in the T1, T2, and T3 Studies	13
Table 3:	Number of Homeless People Served by Shelters and Agencies Participating in the T1, T2, and T3 Studies	13
Table 4:	Characteristics of Absolutely Homeless People, January 2000 and July 2001 . .	14
Table 5:	Sources of Income for Absolutely Homeless People, July 2001	15
Table 6:	Reasons for Absolute Homelessness, July 2001	16
Table 7:	Homeless Population by Age Groups, T1, T2, and T3	17
Table 8:	Gender and Family Status, T1, T2, and T3	20
Table 9:	Percentage of Homeless People Aged 17+ Receiving Social Support By Gender, Age, Marital Status, Ethnicity, and Linguistic Groups, T1, T2, and T3	21

Table 10:	Comparison of Sources of Income for Absolutely Homeless People and Those At High Risk of Homelessness, July, 2001	22
Table 11:	Main Reasons for Homelessness, T1, T2, and T3.	24
Table 12:	Comparison of Residents' and Homeless People's Explanations of Homelessness, T1, T2, and T3	28
Table 13:	Residents' Ratings of Factors Contributing to Homelessness In Sudbury, T1, T2, and T3	31
Table 14:	Reasons Given for Homelessness among Individuals in Residents' Personal Networks, Time 3	32
Table 15:	Residents' Views on Strategies for Addressing Homelessness, T1, T2, and T3	33

LIST OF FIGURES

Figure 1:	Homeless Population by Gender, T1, T2, and T3	17
Figure 2:	Homeless Population by Age and Gender, July, 2000	18
Figure 3:	Homeless Population by Age and Gender, January, 2001	18
Figure 4:	Homeless Population by Age and Gender, July, 2001	18
Figure 5:	Homeless Population by Ethnicity, T1, T2, and T3	19
Figure 6:	Distribution of Responses for those with Personal Experience of Homeless, T2	30
Figure 7:	Distribution of Responses for those with Personal Experience of Homeless, T3	30

LIST OF BOXES

Box 1:	Main Reasons for Homelessness by Gender and Age (Adults), January, 2001 and July, 2001	25
Box 1a:	Main Reasons for Homelessness by Gender and Age (Adolescents), January, 2001 and July, 2001	25
Box 2:	Main Reasons for Homelessness by Ethnicity (Anglophones and Francophones), January, 2001 and July, 2001	26
Box 2a:	Main Reasons for Homelessness by Ethnicity (Aboriginal People) January, 2001 and July, 2001	26
Box 3:	Themes from Field Observations, T1, T2, and T3	34
Box 4:	People Helping People: Homelessness Initiative Projects — Phase 1 Projects Underway	60
Box 5:	People Helping People: Homelessness Initiative Projects — Projects in Development	61

EXECUTIVE SUMMARY

Overview

The third study of homelessness in Sudbury has confirmed many of the earlier findings about the extent and nature of homelessness in this community:

- a substantial proportion of those who are homeless were women (approximately 40%);
- the homeless population included people in the full range of age groups from infancy to old age;
- while the majority of homeless people were single/unattached people, about a fifth were married or in common-law relationships;
- Aboriginal people were greatly over-represented in the homeless population;
- about half of homeless people were not receiving any form of financial assistance from government programs;
- the primary causes of homelessness, according to the homeless people, were problems with social assistance and unemployment; and
- about a third of homeless people were reported to be absolutely without housing.

The findings of the current study reinforce the view that the homeless population comprises multiple groups with differing needs. This population is fluid, with particular individuals moving into and out of homelessness at any particular point in time. Those who become housed are replaced by others who become homeless. People living on very low incomes, with little money left over after they have paid the rent, are precariously housed and are vulnerable to becoming homeless due to circumstances such as illness, family violence, traumatic life events such as an illness, death in the family, or sudden loss of income (e.g. a late cheque or loss of employment).

Introduction and Background

The results of the study have been used for the purposes of community planning around the issue of homelessness. Through a partnership with faculty from the School of Social Work at Laurentian University, the Social Planning Council of Sudbury (SPC) has been working with The Task Force on Emergency Shelters and Homelessness in Sudbury, the City of Greater Sudbury, and other community partners. The research reports on homelessness have assisted in the preparation of funding requests to the Supporting Communities Partnership Initiative (SCPI) of the federal government. The study findings also have provided baseline information from the year 2000 against which community progress in addressing the problem can be measured.

Defining Homelessness

Like the Time 1 and Time 2 studies on homelessness in Sudbury, the current project adopted an inclusive definition of homelessness by taking into account people who were vulnerable to becoming homeless in addition to those who were absolutely homeless at the time of the study (i.e. the approach taken by the Mayor's Homelessness Action Task Force, Toronto). The definition used in the Toronto study was based on work by Daly (1996) and views homeless people as those who are absolutely, periodically, or temporarily without shelter, as well as those who are at substantial risk of being in the street in the immediate future. *However, the Time 2 and Time 3 studies also identified and enumerated those who were absolutely without housing.*

Research Methodology

To enable comparisons with the Time 1 and Time 2 studies conducted in July 2000 and January 2001, the same mixed-methods design was used in Time 3. Quantitative and qualitative data were

collected in three phases that were ongoing simultaneously during the week of July 18th to 24th, 2001. A survey of service providers conducted in Time 1 has not been repeated. However, the Time 3 study included face-to-face interviews with homeless people. The four phases in Time 4 included:

- A count of the homeless population using emergency shelters, social service agencies, and other services supporting this population in Sudbury, including the identification of individuals who were absolutely homeless;
- A face-to-face survey of households in a random sample of neighbourhoods in the city of Sudbury;
- Qualitative field research in settings occupied by homeless people in the downtown core and;
- In-depth interviews with 30 homeless people.

Key Findings

Phase 1: Count of Homeless People

- 399 homeless individuals used the services of one or more of the agencies during the week of July 18th to 24th or were staying temporarily less than five nights per week in the homes of participants of the neighbourhood survey.
- The Time 2 study determined the number of homeless people who were absolutely without housing and showed that 100 people in Sudbury were absolutely homeless in late January, 2001. Nearly 50% more people (n=144) were identified as being absolutely homeless in Time 3 (July 2001).
- Fully 52% of those who were absolutely homeless indicated that they had no source of income. The main source of income for these people, Ontario Works, was received by one-fifth of those in the study. A few individuals were receiving employment income (n=6) or employment insurance benefits (n=7). Most of the seniors who were absolutely homeless and over 65 years of age were receiving CPP, OAS, and/or a private pension.
- The 399 people identified in the homeless count included 32 infants and children under age 13, 37 adolescents aged 13 to 19, and four seniors over the age of 65. The proportion of women (about 40%) was the same in Time 2 and Time 3.
- As was also found in the Time 1 and Time 2 studies, the majority of homeless people in the Time 3 study had European backgrounds (72.5% in T1, 75.6 in T2, and 74.4% in T3). In T2, it was noted that Francophones accounted for 24.2% of the homeless people; their proportion in T3 was slightly lower, at 18%. Aboriginal people were greatly over-represented among the homeless population in T3. with 25.8% being Aboriginal in July 2000, 21.5% in January 2001, and 24.0% in July 2001.
- As was also found in our earlier studies, homeless people identified unemployment as the primary cause of their homelessness. The structural issues of low wages, poverty, and the ongoing problems in the Sudbury rental market are contributing to homelessness. Substance abuse was noted for 29% of those who were absolutely homeless. The T3 study has verified that Sudbury has a significant transient population, with a quarter of the absolute homeless indicating that they were transient or travelling. Difficulties with Ontario Works were cited by one-quarter of those who were absolutely homeless as key factors causing homelessness. In particular, individuals mentioned late cheques, the inadequacy of OW payments, not qualifying for OW, or becoming disentitled from receiving OW benefits.

Phase II: Neighbourhood Survey

The survey gathered information on public opinions regarding the reasons for homelessness in Sudbury, factors related to homelessness, personal experiences with homelessness and perceived solutions to the problem. In total, 377 residents participated in the survey in January compared with 236 in Time 2. The Time 3 participants ranged in age from 17 to 91, with a mean of age 43.

- Residents of Sudbury have identified the same factors as being the primary causes 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 three studies.
- Poverty and the lack of affordable housing and personal failure or life style choice were cited by similar proportions of individuals in Time 3 (about one-sixth).
- Few of the residents recognized the extent to which domestic violence and mental illness are factors related to homelessness.
- 21.4% of the residents reported that they, a family member, or a friend of theirs had been homeless and a majority of these respondents reported that it was they themselves who had been homeless rather than a family member or friend. The primary reasons given for their own homelessness or that of family members or friends were family issues, substance abuse, abuse, sexual abuse, or domestic violence, welfare cut-backs and lack of social assistance, unemployment or poverty, mental illness or illness, and a lack of affordable housing.
- Similar proportions of respondents in the Time 2 and Time 3 studies reported that they personally knew someone *in Sudbury* who had been homeless (23.2% and 21.7% respectively).
- The primary solution identified by the residents at all three data collection points was to provide more government funding for welfare, social services and programs to support homeless people. The respondents clearly expressed the view that governments should be doing more to assist people in need.

Phase III: Field Observations

L'association des jeunes de la rue, the Youth Action Centre Intravenous Drug Unit (IDU), and the Sudbury Regional Police Service assisted with the study by serving as key informants and enabling members of the research team to accompany front-line workers or officers on regular evening/night shifts during the week of the Time 3 study. The main themes emerging from the field observations in July, 2000, January, 2001, and July, 2001 were quite similar. Ten themes were identified through the field work, including mental illness, substance abuse, the routinization of homelessness, supportive relationships among homeless people, accessing services, health issues, daily hassles and stressors, finding a place to sleep, homeless adolescents, and prostitution.

Phase IV: Interviews with Homeless People

- Thirty people participated in interviews. The majority of these individuals were absolutely homeless at the time (n=21) while the remainder were precariously housed and at risk of becoming homeless. A number of the participants in the latter group had previously been absolutely homeless.
- The interviews provided information on the following issues: history of homelessness, where they eat, sleep, and spend time, reasons for leaving their housing, personal relationships with family and friends, health and mental health issues, contact with the law/police, substance abuse, current needs and challenges, employment income, coping strategies, and future plans.

Recommendations

Seventeen recommendations were developed on the basis of the Time 1 study and these recommendations were reviewed and prioritized by service providers in Sudbury. Ten priorities were identified that should be the focus of local action. Since the Time 2 study, several new, local projects have been announced by the City of Greater Sudbury. The ten local priorities were revised to take into the Time 3 study findings, the enhancements to the local system of services for homeless people (shown in Boxes 4 and 5) and a discussion with service providers who attended a presentation of the Time 3 results. The revised recommendations follow:

- 1) Establish a drop-in centre to serve homeless people during the day by providing food, toilet and shower facilities, seating, and access to information about services and employment. Establish, within the drop-in centre, a co-ordinated system for providing information and access to local services for homeless people.
- 2) Provide funding for community-based workers to provide ongoing support services for people who are at risk of episodic or chronic homelessness:
 - Enhance services that connect homeless people with existing community resources.
 - Provide support services to assist homeless people in obtaining stable housing and making a successful transition to community life.
 - Engage in ongoing, follow-up activities with clients to support them, reducing the risk of episodes of homelessness.
- 3) Provide more funding for shelters and beds for Aboriginal men and families and consult with the Francophone community to ensure that homeless Francophones are served in a linguistically and culturally appropriate manner.
- 4) Implement measures to ensure that new affordable rental housing is developed and existing low cost, appropriate rental housing is preserved.
- 5) Involve consumers in the development of new services and the enhancement of existing services. Ensure that services are evaluated to examine their responsiveness to the needs of people who use them.
- 6) Press the federal and provincial governments to implement policy changes that will address the underlying causes of the problem.
- 7) Continue the program of research on homelessness in Sudbury in order to track patterns and monitor progress in reducing homelessness and addressing the needs of people who lose their housing.
- 8) Following the completion of the Time 4 study (January, 2002), organize a community forum to review the recommendations identified in the Time 1 (see Appendix B), Time 2, Time 3 and Time 4 studies. Invite service providers, homeless people, and interested community members to discuss the study findings and establish priorities for the short and medium term.

INTRODUCTION

This study is the third in a series of seven studies 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, and to determine any changes in the extent and nature of homelessness over a three-year period.

The results of the study have been used for the purposes of community planning around the issue of homelessness. Through a partnership with faculty from the School of Social Work at Laurentian University, the Social Planning Council of Sudbury (SPC) has been working with The Task Force on Emergency Shelters and Homelessness in Sudbury (this was formerly the Advisory Committee on Emergency Shelter), the City of Greater Sudbury, and other community partners. The research reports on homelessness have assisted in the preparation of funding requests to the Supporting Communities Partnership Initiative (SCPI) of the federal government. The study findings also have provided baseline information from the year 2000 against which community progress in addressing the problem can be measured.

The Time 1 study identified 407 different homeless men, women, and children using shelters and other services in a one-week period in late July, 2000. The Time 2 study was conducted in the third week of January in order to obtain a snapshot of the homeless population during the winter. It identified 341 homeless individuals. In addition, the Time 2 study differentiated between people who were absolutely homeless and those who were precariously housed and at high risk of homelessness. Twenty nine percent (n=100) of the homeless people were found to be absolutely without housing. Each data collection period has also included a survey conducted in a random sample of neighbourhoods in the city in order to gather attitudes to homelessness and to determine the number of “hidden homeless” staying temporarily with friends or family. The Time 1 study found homeless people in 4.2% of the low income households surveyed. The corresponding figure was 3.6% in the Time 2 study. Extrapolating this rate to all low income households in the City of Greater Sudbury suggests that there may be an additional two hundred or more “hidden homeless” within the total population.

The Social Planning Council revised its research plan after the Time 2 study was released in order to ensure that the plan will serve the planning needs of the community. The revised plan follows.

Revised Research Plan

The plan for ongoing research into the problem of homelessness in Sudbury was developed to provide data allowing for a description of trends and changes in homelessness over the next three years (2001 to 2003) and to enable us to build on the Time I study by providing in-depth research on particular aspects of the problem at each data collection point. By end of the study period, a body of research data and reports will afford 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.

January, 2001 (Time 2)

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 of the findings with those from July, 2000 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 at the end of January, 2001. The data collection instrument used in conducting the unduplicated count was the same as that used in Time I with two additions: 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.

July, 2001 (Time 3)

This study repeated the research activities from Time 2; however, an in-depth study of homeless people was also conducted to gain a better understanding of their issues and needs. Researchers trained by the Social Planning Council interviewed a sample of homeless people (n=30) to gather detailed information regarding their circumstances, reasons for homelessness, and barriers to obtaining secure housing.

Future Studies

▶ *January, 2002 (Time 4)*

The research activities from Time 2 will be repeated again and this stage in the research plan will focus on examining services to particular sub-groups of homeless people. The Time I study indicated that additional services for homeless women, families, and First Nations people were needed. This study will examine the needs of these groups and the extent to which the available services meet their needs. The study will also be designed to examine the particular needs of Francophone people. The data collection activities will target Francophone areas of the City of Greater Sudbury to ensure a better understanding of patterns of homelessness among Francophones.

▶ *July, 2002 (Time 5)*

The research activities from Time 2 will be repeated again and this stage in the research plan will also include the second survey of service providers. The data will enable us to track how the network of services to homeless people has changed since the Time I study. Given that several SCPI initiatives will have been implemented, the research will be conducted in collaboration with all service providers to examine the full range of services being provided to various groups of homeless people. It is expected that survey will include a description of the number of beds, the types of services offered, the numbers and characteristics of clients served, service demands, and perceived causes of and solutions to homelessness at the local level.

▶ *January, 2003 (Time 6)*

The research activities from Time 2 will be repeated again and this stage in the research plan will focus on an examination of the health and mental health services for homeless people in Sudbury. The Time 1 study was not designed to examine health issues and access to health care among homeless people. However, the observational field research as well as previous studies have indicated that homelessness is associated with poor health and a higher incidence of infectious diseases. The in-depth interviews in Time 3 have also revealed the extent of the health issues and problems for homeless people. The Time 6 study will examine the health needs and access to services by homeless people. It will include interviews with homeless people, staff of health services and mental health services, and other service providers.

▶ **July, 2003 (Time 7)**

This study will build on findings from the six previous stages in the research plan and will repeat all research activities from Time 1. The study will be designed to enable comparisons with the data from all of the data collection periods to determine how the patterns of homelessness in Sudbury have changed over a three-year period. The report will document changes in the numbers and characteristics of the homeless population and services provided throughout all seven stages of the study.

Overview of the Current Report (Time 3)

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;
- the extent of hidden homelessness;
- local residents' personal experiences with homelessness;
- local residents' opinions regarding homelessness and perceived solutions;
- observations of the sites in the city centre where homeless people may be found in the summer (July, 2001); and
- comparisons of the Time 1, Time 2, and Time 3 findings.
- a summary of the main themes emerging from in-depth interviews with 30 homeless people in Sudbury.

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 Time 1 and Time 2 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 and Time 2 studies, the Time 3 study was conducted in three phases that were ongoing simultaneously during the week of July 18th to 24th, 2001. Phase I focussed on obtaining a count of the homeless population using emergency shelters, social service agencies, and other services supporting this population in the Region of Sudbury as well as gathering information on their characteristics and reasons for homelessness. Phase II 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 3 study involved in-depth, face-to-face interviews conducted with homeless people. 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 Time 1 and Time 2 studies was used and expanded to include more organizations serving this population. 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 both the Time 2 and Time 3 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 July 18th to 28th was identified as the time period in which the count would take place. The timing of the study was planned so that the data collection would 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, and 22 agencies in Time 3. 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. 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:

For the first couple of days, nobody wanted to talk to us...

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 and Time 3 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 study in order to provide a representative sample of neighbourhoods in the city. Seventeen research assistants were trained to gather data and the neighbourhood survey was conducted between July 18th to 24th. When sampling a section, the researchers were paired together to form teams of two. The teams selected every third street and knocked at every fifth door on the street. Each team remained in a section for approximately three hours.

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

Procedure

One member of the team explained the purpose of the survey and outlined ethical considerations (e.g. voluntary participation, withdrawal, confidentiality, anonymity etc.). If the resident agreed to participate in the survey, she or he was given a letter which explained the study, the ethical principles, and provided contact information. A brief structured interview (adapted from the Time 1 study and slightly expanded) was then conducted by one team member while the other recorded the address and gathered demographic information about the participant. As part of the survey, respondents were asked if there was anyone living with them who fit the definition of homeless. The same data collection tool was used in this phase of the study as was used in Phase I so that the same kind of information was gathered about the hidden homeless population as that collected by the service providers in the count of homeless persons. The response rate to the neighbourhood surveys has been very similar in the three neighbourhood surveys conducted to date— 62% in Time 1, 63% in Time 2, and 67% in Time 3. 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%), and Time 3 (65%).

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 two nights 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.

In-depth Interviews with Homeless People

Sampling Strategy

Service providers from the Greater City of Sudbury were contacted to assist with the recruitment of participants. The lists of service providers generated from the Time 1 and the Time 2 studies were used and eleven agencies were selected based on the number of clients they serve, the gender of clients and reasons clients are served. Of the eleven agencies that agreed to participate, eight provided clients who were willing to be interviewed (see Appendix A).

A heterogeneous sample of homeless people was identified using a purposive sampling strategy based on the results from the Time 1 and Time 2 studies of the homelessness in Sudbury. The sampling strategy included consideration of the key issues identified as the main reasons for homelessness in Time 2 such as problems with work, problems with social assistance, problems with housing, domestic violence, substance abuse, family issues, travelling or relocation, mental illness and incarceration.

Participants were also selected on the basis of ethnicity. The Time 1 and 2 studies had shown that, in July 2000, the majority of homeless people had European backgrounds (72.5% in 2000 and 75.6% in 2001), Francophones accounted for 24.2% in January 2001, and Aboriginal persons accounted for 25.8% in July 2000 and 21.5% in January 2001. Therefore, an attempt was made to construct a similar sample. Clients were also selected on the basis of gender since it had been found that males accounted for 63.1% of the homeless population in July, 2000 and 59.4% of the population in January 2001. In addition, clients were selected on the basis of age in order to obtain the perspectives of individuals in various age groups.

Procedure

The team of interviewers comprised individuals with varying backgrounds in order to conduct the interviews 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 an Aboriginal woman. This mix ensured that the participants had the choice to be interviewed in a culturally and linguistically appropriate manner and they could choose to be interviewed by either a woman or a man.

Service providers were contacted to identify potential participants with a range of characteristics and circumstances who were willing to participate in the interview. Service providers were also instructed to ask for any preferences in culture, language or gender. Members of the research team were then scheduled to conduct the interviews with homeless individuals who agreed to meet with the researchers. The interviews were conducted within the agency setting. Prior to each interview, the interviewer explained the purpose of the interview 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 participant agreed to participate, signed consent was obtained. At the end of the interview, a debriefing was conducted during which the interviewer thanked the participant, questioned how the participant was feeling, and determined whether a referral to another service provider was appropriate (e.g. for counselling support). At the end of the debriefing session, each participant was given a ten dollar honorarium in recognition of their 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, identified 491 people who had used services during the week of the Time 3 study (July 18th to 24th). This number included some people who were counted more than once. The service providers adopted varied approaches to recording information on individuals who used the agency more than once during the study period. Some recorded the background information on each occasion while others recorded the individual only once since the primary purpose of the count was to obtain an unduplicated count of homeless individuals.

The list of service providers is shown in Table 1. It is important to note that Table 1 does not indicate the total number of people served by these agencies during the week of July 18th to 24th since some people were served by the same agencies more than once but this information was not recorded. As was also found in January, 2001, the Elgin Street Mission, Salvation Army Family Services, YWCA Geneva House, and the Salvation Army Shelter identified three-quarters of the total homeless population. These agencies also identified over half of those who were absolutely homeless. The neighbourhood survey identified an additional seven people who were absolutely homeless and staying temporarily in the homes of the survey respondents. The identification of 7 homeless individuals in 377 households represented 1.9% of those surveyed, a rate that was considerably lower than that observed in July, 2000 (4.2%) and January, 2001 (3.6%).

An unduplicated count was obtained by examining the first, middle, and last initials as well as the date of birth and gender; individuals with identical information were treated as the same person and the duplicated information was eliminated from the final database. 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 399 different homeless individuals who used the services of one or more of the agencies during the week of July 18th to 24th or were staying temporarily less than five nights per week in the homes of participants of the neighbourhood survey. Table 2 shows a breakdown of all individuals identified in the T1, T2, and T3 studies according to the classification of duplicate and verified unduplicated cases as well as those we were unable to classify due to missing data on demographic information. The number of unduplicated cases observed in T3 was very similar to the findings of the T1 study.

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 three studies (i.e Time 1 through Time 3). The findings in Table 3 show a pattern similar to the general results of the unduplicated count and indicate that the number of homeless people using these shelters and related services was higher in the summer than in the winter.

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

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

^a Note that this list includes the duplicated cases.

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

	July 2000	January 2001	July 2001	Row Totals
	N	N	N	N
Duplicate cases	36	89	78	203
Verified unduplicated cases	407	341	399	1147 ^a
Unknown	19	34	14	67
TOTAL	462	464	491	1417

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

Table 3: Number of Homeless People Served by Shelters and Agencies Participating in the T1, T2, and T3 Studies^a

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

^a Note that this list includes the duplicated cases.

High Risk and Absolute Homelessness

The Time 2 study determined the number of homeless people who were absolutely without housing and showed that 100 people in Sudbury were absolutely homeless in late January, 2001. Nearly 50% more people (n=144) were identified as being absolutely homeless in Time 3 (July 2001).

Eighty two percent (18 of 22) of the participating agencies identified one or more of their clients who were absolutely homeless. Table 4 compares the characteristics of the homeless population who were absolutely without housing in January and July of 2001. 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). Further research is needed to determine whether these findings represent random variations or stable patterns in homelessness.

In July, 2001, only a small proportion (8%) of those who were absolutely homeless were in marital or common law relationships: 72% were single, 19% were divorced or separated, and 1% were widowed. Table 5 shows the sources of income for this population. Fully 52% of those who were absolutely homeless indicated that they had no source of income. The main source of income for these people, Ontario Works, was received by one-fifth of those in the study. A few individuals were receiving employment income (n=6) or employment insurance benefits (n=7). Most of the seniors who were absolutely homeless and over 65 years of age were receiving CPP, OAS, and/or a private pension.

**Table 4 : Characteristics of Absolutely Homeless People,
January 2001 and July 2001**

	January 2001 Percentage	July 2001 Percentage
Gender:		
Female	50	32
Male	50	68
Language/ethnicity		
Anglophone	54	63
Francophone	20	15
First Nations	19	22
Other	7	1
Age		
0 - 12	9	3
13 - 19	27	11
20 - 59	64	82
60+	--	4

Table 5 : Sources of Income for Absolutely Homeless People, July 2001

Sources of Income	Percentage
No income	51.9
Ontario Works	20.2
ODSP	11.6
EI	5.4
Employment	4.7
OAS	2.3
CPP	0.8
Other (inheritance, private pension, or private insurance)	3.1

Reasons for Absolute Homelessness

Additional information was collected in Time 3 to enable a better understanding of the reasons for absolute homelessness. The main reasons given are shown in Table 6. As was also found in our earlier studies, homeless people identified unemployment as the primary cause of their homelessness. Substance abuse was noted for 29% of those who were absolutely homeless. The T3 study has verified that Sudbury has a significant transient population, with a quarter of the absolute homeless indicating that they were transient or travelling. Difficulties with Ontario Works were cited by one-quarter of those who were absolutely homeless as key factors causing homelessness. In particular, individuals mentioned late cheques, the inadequacy of OW payments, not qualifying for OW, or becoming disentitled from OW benefits.

The structural issues of low wages, poverty, and the ongoing problems in the Sudbury rental market are also contributing to homelessness. One nearly one-quarter of this group noted the inability to pay the rent or mortgage, often combined with low wages or lack of income as the cause of their homelessness. Family issues, domestic violence, and illness or mental illness were also identified by close to a fifth of those who were absolutely without housing. Eviction as well as divorce or separation were cited by smaller numbers of individuals. The “other” category shown in Table 6 included reasons such as being a fire victim, student, being relocated or transferred, or unnamed issues. The reasons for homelessness were generally cited by both men and women in a manner that

was proportionate to their numbers in the absolute homeless population. Two exceptions were as follows: domestic violence was noted mainly by women (who represented 70% of those citing it as a cause of homelessness) while a strong majority of the transients were men (89%). Just over half of the homeless people were referred to other service providers to assist with the problems they were experiencing. The largest number of referrals were made for housing, addictions, or income/financial assistance.

Table 6 : Reasons for Absolute Homelessness, July 2001

Reasons	Number of Cases	Percentage of Responses^a	Percentage of Cases^a
Unemployment/seeking work	60	18.2	43.8
Substance abuse	40	12.2	29.2
Transient	35	10.6	25.5
Problems with OW	33	9.9	24.2
Unable to pay rent or mortgage/low wages/no money	30	9.4	22.6
Family issues	26	7.9	19.0
Domestic violence	23	7.0	16.8
Illness/mental illness	23	7.0	16.8
Out of jail	11	3.3	8.0
Evicted or kicked out	11	3.3	8.0
Divorce or separation	8	2.4	5.8
Other	27	8.8	20.5

^a Based on multiple responses.

Characteristics of Total Homeless People

Age

The 399 people identified in the homeless count included 32 infants and children under age 13, 37 adolescents aged 13 to 19, and four seniors over the age of 65. The age breakdown of the homeless people is shown in Table 7. The results suggested that there were fewer preschool aged children and adolescents who were homeless in July 2001 compared with both of the earlier studies. Unfortunately, data on age were missing for a larger proportion of the homeless population in July, 2001 compared with the earlier studies. Therefore, further research is needed to confirm whether these findings represent changes that are taking place in homelessness in Sudbury.

**Table 7: Homeless Population by Age Groups^a
T1, T2, and T3**

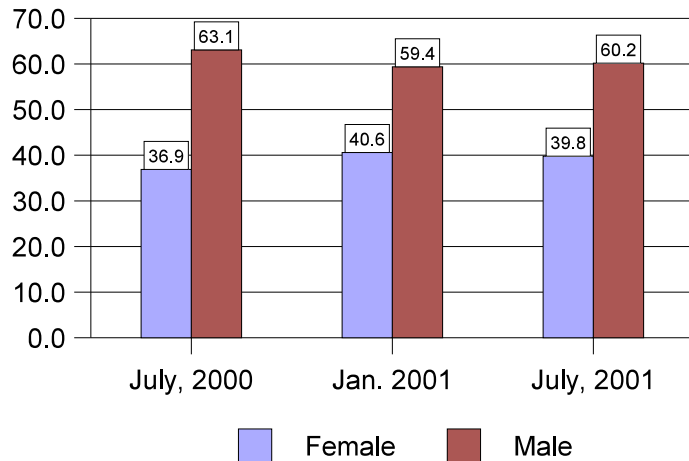
Age Groups	July, 2000		January, 2001		July, 2001	
	N	%	N	%	N	%
0 - 5	30	7.4	21	6.5	12	4.3
6 - 12	23	5.6	22	6.8	20	7.1
13 - 19	61	15.0	57	17.6	37	13.2
20 - 29	79	19.4	68	21.0	82	29.3
30 - 39	87	21.4	61	18.8	56	20.0
40 - 49	82	20.1	58	17.9	47	16.8
50 - 59	27	6.7	33	10.5	19	6.8
60 - 69	13	3.2	3	0.9	3	1.1
70+	5	1.2	1	0.3	4	1.4

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

Gender and Age

Figure 1 compares the gender of homeless people in July 2000, January 2001, and July 2001. The data indicate that women represented a slightly larger proportion of the people who were homeless in Time 2 (January, 2001) compared with Time 1 (July, 2000). The proportion of women (about 40%) was the same in Time 2 and Time 3. Similarly, as was noted above, two thirds of those who were *absolutely homeless* in July 2001 were men. These findings are similar to those reported for Toronto, where women represent 37% of those who use the emergency shelter system (CMHC, 1999).

**Figure 1: Homeless Population By Gender
Time 1, Time 2, and Time 3**



Figures 2, 3, and 4 show the proportions of homeless males and females in the various age groups. In January and July of 2001, females were the majority among adolescents who were homeless. Furthermore, in July 2001, there were more female children who were homeless. In all three data collection periods, the gender split widened among older age groups, with males predominating among homeless adults. Since the number of homeless seniors is small, the gender difference in this age category may be more variable. In Time 3, there were seven homeless people over the age of 60; three were women and four were men.

Figure 2: Homeless Population By Age and Gender, July 2000

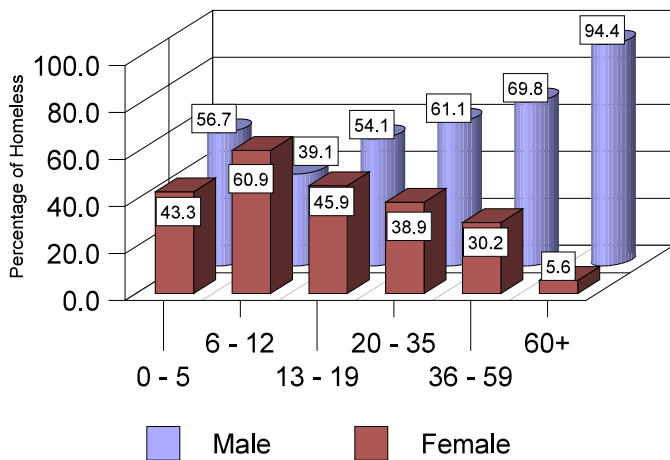


Figure 3: Homeless Population By Age and Gender, January 2001

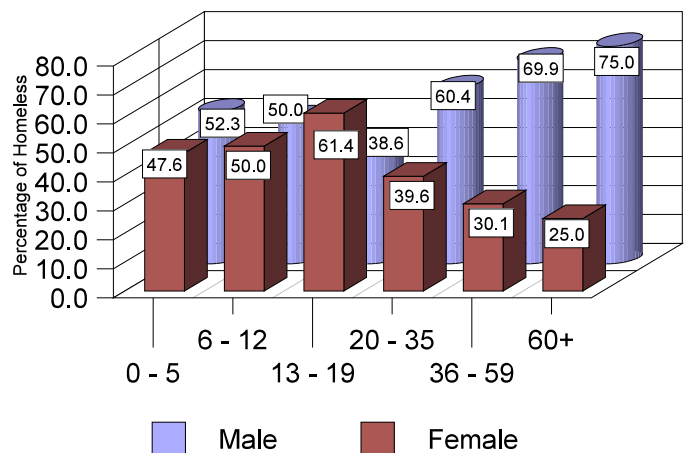
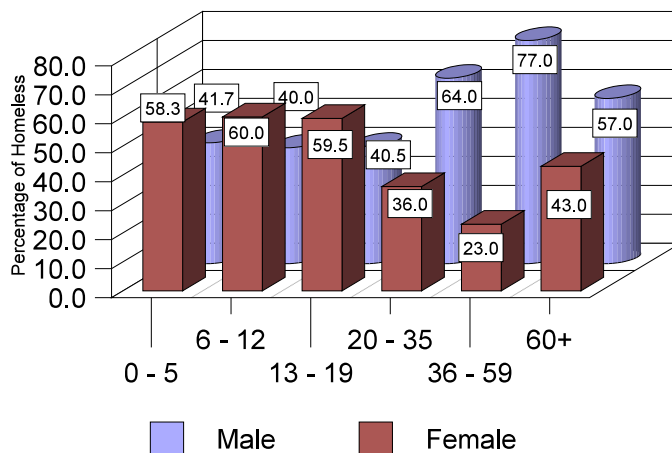


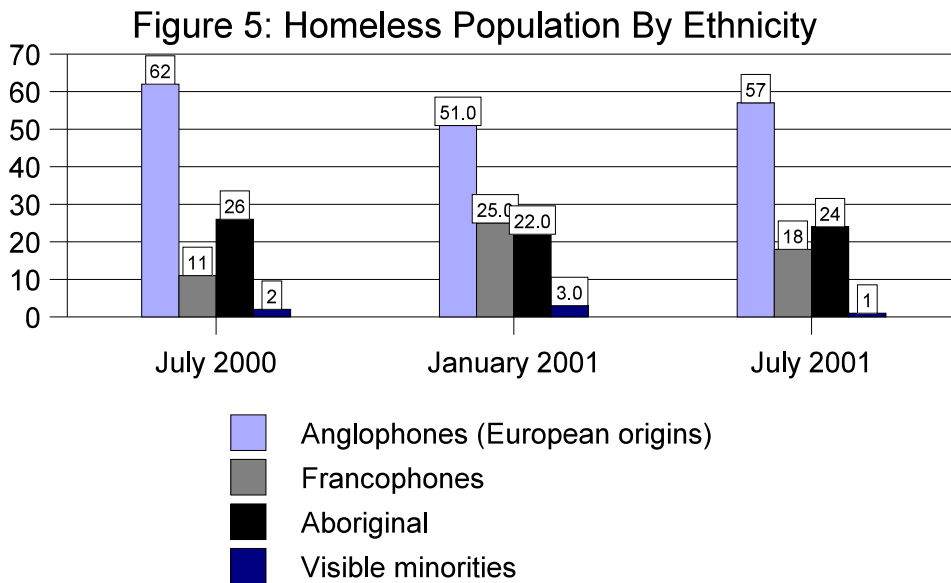
Figure 4: Homeless Population By Age and Gender, July 2001



Ethnicity

As was also found in the Time 1 and Time 2 studies, the majority of homeless people in the Time 3 study had European backgrounds (72.5% in T1, 75.6 in T2, and 74.4% in T3). In T2, it was noted that Francophones accounted for 24.2% of the homeless people; their proportion in T3 was slightly lower, at 18%. The key agencies who had served homeless Francophones in T2 reported fewer or, in some cases, no Francophone clients during the week of the T3 study.

As in both of the earlier studies, Native people were greatly over-represented among the homeless population in T3. with 25.8% being Aboriginal in July 2000, 21.5% in January 2001, and 24.0% in July 2001 (see Figure 5). In all three studies, the number of homeless people who are 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 three studies have shown that the majority of men and women who were homeless were single/unattached (see Table 8). As in T1 and T2, the T3 study showed that slightly more homeless men were single compared to the women while women were more likely to be married or in a common law relationship. While the proportion of single individuals has varied somewhat in each of the data collection periods, the highest numbers of homeless, single people were observed in January, 2001.

**Table 8: Gender and Family Status
Time 1, Time 2, and Time 3**

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

Social Support/Welfare Benefits and Reasons for Homelessness

Receipt of Social Support/Welfare Benefits

The overall percentage of homeless people *not* receiving any government support benefits in July 2001 was very close to that found a year earlier (i.e. T1) at 49.5% and 47% respectively. In contrast, a slightly larger proportion of homeless people *were* receiving some type of benefits in January (60%). In general, there were more similarities in the results of the two studies conducted in July compared with the January, 2001 study in terms of the subgroups of the homeless population who were less likely to be receiving social support (see Table 9). For example, the proportions of youth, single people, and Francophones who were not receiving benefits were quite consistent in the T1 and T3 studies. Among individuals who were married or in common law relationships, the pattern in July 2001 was the reverse of that found a year earlier: While 72% of these individuals had indicated that they were receiving benefits in July 2000, the same proportion indicated that they were not receiving any government benefits in July 2001.

As in the T1 and T2 studies, the number of homeless seniors identified in the count in T3 was also very small (n=7); thus, the findings for seniors must be treated with caution as the results have varied considerably at each data collection point.

Table 9: Percentage of Homeless People Aged 17+ Receiving Social Support by Gender, Age, Marital Status, Ethnicity and Linguistic Groups Time 1, Time 2, and Time 3

Background Characteristics	July, 2000		January, 2001		July, 2001	
	Receiving Benefits	Not Receiving Benefits	Receiving Benefits	Not Receiving Benefits	Receiving Benefits	Not Receiving Benefits
Gender						
Female	58.8	41.3	62.1	37.9	45.6	54.4
Male	50.7	49.3	58.7	41.3	48.7	51.3
Age						
18 to 19	19.4	80.6	42.9	57.1	13.6	86.4
20 to 59	57.0	43.0	62.4	37.6	49.4	50.6
60+	44.5	55.5	25.0	75.0	83.3	16.7
Marital Status						
Married/Common Law	72.1	27.9	62.9	37.1	28.1	71.9
Single	44.5	55.5	59.7	40.3	43.5	56.5
Divorced/Separated/Widowed	67.7	32.3	57.1	42.9	81.5	18.5
Ethnicity^a						
European Origins	52.0	48.0	46.8	53.2	49.0	51.0
Aboriginal	56.5	43.6	54.5	45.5	55.1	44.9
Linguistic Groups						
Anglophones	58.2	41.7	54.8	45.2	49.7	50.3
Francophones	45.2	54.8	38.4	61.5	41.0	59.0

^a The number of visible minority homeless people was very small. Thus figures are not shown for this group.

Sources of Income

Table 10 compares the sources of income for people who were absolutely without housing in July, 2001 with those who were at high risk of losing their housing. A key difference between the two groups was that a slight majority of those who were absolutely homeless had no income while just under two-thirds of those who were precariously housed had some source of income. Only a small minority of the at-risk population were receiving employment income; nevertheless, nearly three times as many of those at risk of homelessness had some employment income compared with individuals who were absolutely homeless.

Table 10 : Comparison of Sources of Income for Absolutely Homeless People and Those at High Risk of Homelessness, July 2001

Sources of Income	Absolutely Homeless %	At-Risk of Homelessness %
No income	51.9	35.8
Ontario Works	20.2	26.5
ODSP	11.6	12.8
EI	5.4	4.4
Employment	4.7	13.7
OAS	2.3	1.8
CPP	0.8	0.9
WSIB	--	0.4
Other (inheritance, private pension, or private insurance)	3.1	3.7
Total	100.0	100.0

Reasons for Homelessness

Table 11 summarizes the main reasons for homelessness in Sudbury in the Time 1, Time 2, and Time 3 studies. While the same reasons were given at all data collection points, the relative importance of the reasons differed somewhat. As was found in January, 2001, problems with social assistance were cited as the main reason for homelessness in July, 2001. For example, 15 individuals in the one-week data collection period of the study stated that their social assistance had been cut-off while 13 others said that they did not qualify for Ontario Works. The problem with social assistance that was cited most often (n=57), however, was that the amount of money received was simply not enough to cover basic needs. Unemployment or low wages were also given as main reasons for homelessness.

Problems with housing, substance abuse, or family were all factors identified by a similar proportion of homeless people in July, 2001. Eleven of the homeless people stated that they had been evicted or kicked out of their homes. Transience was noted in a larger number of cases compared to the earlier studies. More than twice as many people cited illness or mental illness as reasons for homelessness compared with the Time 1 and Time 2 studies.

The “other” category included reasons such as hospital discharge, giving up one’s apartment for treatment, paying bail, being under 18 and “falling through the cracks” of the social safety net, or living in a building that was not safe.

Reasons for Homelessness by Gender, Age, and Ethnicity

Boxes 1 and 2 list the main reasons for homelessness among various sub-groups, in order of importance. The results in Time 2 and Time 3 showed 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 both T2 and T3, shown in Boxes 1 and 2. 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.

As was noted in the findings from July, 2000, there were also differences in the relative importance of the reasons for the various subgroups of homeless people in January. For example, mental illness or illness was an important cause of homelessness among adult women in both T1 and T3, as well as for men in T3. Domestic violence was also cited as a major factor leading to homelessness among women and francophones. Family problems and divorce were noted as causes of homelessness by adolescent males, females, Anglophones and Francophones. Finally, substance abuse problems were identified more consistently than in our previous studies of homelessness in Sudbury. This was cited as a cause of homelessness in July 2001 among adult men and women, adolescent males, Anglophones, Francophones, and Aboriginal people.

Table 11: Main Reasons for Homelessness, Time 1, Time 2, and Time 3

Reasons for homelessness:	July, 2000		January, 2001		July, 2001	
	Number of Responses	Percentage of Responses	Number of Responses	Percentage of Responses	Number of Responses	Percentage of Responses
Problems with work: <ul style="list-style-type: none"> • Unemployment • Seeking work • Low wages 	89	22.7	34	11.6	83	18.0
Problems with social assistance: <ul style="list-style-type: none"> • 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
Problems with housing: <ul style="list-style-type: none"> • Unable to pay rent or mortgage • Evicted or kicked out • Housing not adequate 	56	14.3	41	14.1	43	9.3
Domestic violence	45	11.5	65	22.4	25	5.4
Substance abuse	37	9.4	8	2.8	48	10.4
Family Issues <ul style="list-style-type: none"> • Divorce or separation • Family problems (violence, abuse etc.) 	28	7.1	17	5.9	45	9.8
Travelling/transient	13	3.3	25	8.6	43	9.3
Relocated, transferred, or moving	12	3.1	22	7.6	7	1.5
Illness or mental illness	11	2.8	15	5.2	37	8.0
Out of jail	8	2.0	8	2.8	12	2.6
Other	13	3.3	6	2.1	30	6.5
TOTAL RESPONSES	392	100.0	290	100.0	461	100.0

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

**Box 1: Main Reasons for Homelessness by Gender and Age (Adults)
January, 2001 and July, 2001**

January, 2001		July, 2001	
Adult Males	Adult Females	Adult Males	Adult Females
<ul style="list-style-type: none"> • Relocated/transient • Unemployment/ Seeking work • Inability to pay rent or mortgage • Problems with welfare • Mental illness or illness • Family issues/ divorce/separation 	<ul style="list-style-type: none"> • Domestic violence • Problems with welfare • Relocated/ transient • Unemployment/ seeking work • Inability to pay rent or mortgage • Divorce/separation 	<ul style="list-style-type: none"> • Problems with welfare • Unemployment/ seeking work • Transience • Substance abuse • Inability to pay rent or mortgage • Mental illness or illness 	<ul style="list-style-type: none"> • Problems with welfare • Unemployment/ seeking work • Mental illness or illness • Domestic violence • Inability to pay rent or mortgage • Substance abuse

**Box 1a: Main Reasons for Homelessness by Gender and Age (Adolescents)
January, 2001 and July, 2001**

July, 2001		July, 2001	
Adolescent Males	Adolescent Females	Adolescent Males	Adolescent Females
<ul style="list-style-type: none"> • Domestic violence • Inability to pay rent • Unemployment/ seeking work • Family issues • Problems with welfare 	<ul style="list-style-type: none"> • Problems with welfare • Family issues • Domestic violence • Unemployment/ seeking work • Inability to pay rent 	<ul style="list-style-type: none"> • Family issues • Unemployment/ seeking work • Transience • Problems with welfare • Substance abuse 	<ul style="list-style-type: none"> • Family issues • Problems with welfare • Inability to pay rent • Unemployment/ seeking work • Divorce or separation

**Box 2: Main Reasons for Homelessness by Ethnicity (Anglophones and Francophones)
January, 2001 and July, 2001**

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

**Box 2a: Main Reasons for Homelessness by Ethnicity (Aboriginal People)
Time 2 and Time 3**

January, 2001	July, 2001
<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

Phase II: Neighbourhood Survey

In the Time 3 study, a total of 377 residents participated in the survey. This sample is nearly twice as large as that obtained in T2. Consistent with the findings of the T1 and T2 studies, about two-thirds of the participants were women (65.3%). The participants ranged in age from 17 to 91, with a mean of 43 (the mean age in T2 was 44). Reflecting the dominant ethnic composition of the population in Sudbury, 45% of the respondents described themselves as English Canadians or of British, Irish, Scottish, or Australian origins, 32% were Francophones, and an additional 17% reported a European heritage (primarily Italian, German, Polish, Ukrainian, and Finnish). A small number of the respondents (1.9%) were members of a visible minority group such as Indian, Pakistani, or African. The ethnic composition of the sample was very similar to those in the T1 and T2 samples.

As in the previous neighbourhood surveys, due to the intentional over-sampling of low income neighbourhoods, two thirds of the respondents (64% in T3 compared to 67% in T1) described their income level as below average. A slightly larger proportion of the respondents reported that their incomes were average (20%) compared to those reporting above average income (16%).

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 the same set of responses in the Time 1, Time 2, and Time 3 studies. Table 12 compares the responses of the residents with the reasons given by homeless people in all three studies. Residents of Sudbury have identified the same factors as being the primary causes 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 three studies.

Poverty and the lack of affordable housing and personal failure or life style choice were cited by similar proportions of individuals in Time 3 (about one-sixth). The proportion of residents identifying poverty and housing as issues linked to homelessness was more similar in the two July studies compared with January, 2001 when this was mentioned less often. While a relatively small minority of Sudbury residents have viewed homelessness as personal choice or a result of personal failure, the percentage of responses reflecting this view has increased slightly at each data collection point. In contrast, it may be noted that none of the homeless people who participated in the count of homeless people, in Times 1, 2 and 3 have articulated this as a reason for being homeless.

More of the residents in the Time 2 and 3 studies have recognized that mental illness or health problems are causes of homelessness. Similar proportions of residents and homeless people identified health or mental health problems, in July, 2001, as reasons for homelessness. In comparison, few of the residents recognized the extent to which domestic violence is a factor related to homelessness.

Table 12: Comparison of Residents' and Homeless People's Explanations of Homelessness in Sudbury, Time 1, Time 2, and Time 3

Reasons	Residents			Homeless People		
	Percentage of Responses			Percentage of Responses		
	T1	T2	T3	T1	T2	T3
Unemployment/Lack of education & qualifications	30.3	23.7	25.8	22.7	11.6	18.0
Lack of affordable housing/High costs of living and rent/low income or poverty	21.6	8.6	14.3	14.3	14.1	9.3
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	20.4	17.6	19.1
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	--	--	--
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	7.1	5.9	9.8
Need for support or information/ people with no where to go/transient or relocated	4.6	8.3	2.9	6.4	16.2	10.8
Mental illness/health problems	3.4	8.1	6.7	2.8	5.2	8.0
Substance abuse	1.9	2.2	3.4	9.4	2.8	10.4
Selfish community	1.6	0.8	1.0	--	--	--
Lost hope	1.6	0.3	2.1	--	--	--
Abuse, sexual abuse, or domestic violence	--	2.2	1.4	11.5	22.4	5.4
Release from jail	--	--	0.3	2.0	2.8	2.6
Other	--	0.3		--	2.1	6.5
TOTAL RESPONSES	100.0	100.0	100.0	100.0	100.0	100.0

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

Factors related to Homelessness

Residents in all three 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. The views of the T3 residents differed significantly from those of the earlier studies in that fewer of the respondents agreed that these factors were linked to homelessness at the local level. Overall, the responses in the two studies conducted in July were more similar to each other, with both differing from the January, 2001 findings. Further research is required to examine any possible relationships between opinions on these factors and demographic characteristics of the respondents.

Despite some differences, there were also strong similarities between the three sets of results. The three factors identified consistently as primary causes of local homelessness in Times 1, 2, and 3 were alcohol/substance abuse, unemployment, and increased poverty. Mental illness was also recognized by approximately two-thirds or more of the residents in all studies as a key factor. While there was less agreement in Time 3 that these factors were linked to homelessness compared to the Time 2 study, it is important to note that a majority of the Time 3 respondents agreed that all factors shown in Table 13 were contributing to the problem of homelessness locally. This general finding is consistent with the earlier studies.

Personal Experiences with Homeless People

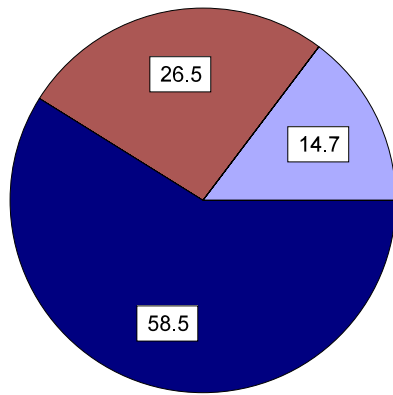
The survey included questions on personal experiences with homelessness. The questions determined whether the residents, members of their families, or friends had ever been homeless and whether any personal acquaintances or friends, living anywhere in Canada, had ever been homeless. The Time 3 results were similar to those in Time 2, with 21.4% of the residents reporting that they, a family member, or a friend of theirs had been homeless; the results for Time 2 and Time 1 were 19% and 34.6%, respectively².

Figures 6 and 7 compare responses to the question, “Who was homeless— you, a family member, or a friend?” In contrast with the Time 2 findings, a majority of the respondents reported that it was they themselves who had been homeless rather than a family member or friend.³ Several individuals (n=7) indicated that both family members and friends had been homeless at some point in time. The main reasons given to explain this homelessness are shown in Table 14. The primary reasons given for their own homelessness or that of family members or friends were family issues, substance abuse, abuse, sexual abuse, or domestic violence, welfare cut-backs and lack of social assistance, unemployment or poverty, mental illness or illness, and a lack of affordable housing.

² The question was worded as follows: “Have you, any member of your family, or a friend ever been homeless?”

³ Note that Figures 6 and 7 provide a breakdown of the sub-sample of individuals who reported that they, a family member, or a personal friend had been homeless.

Figure 6: Distribution of Responses for those with Personal Experience of Homelessness, T2



"Who was homeless?"




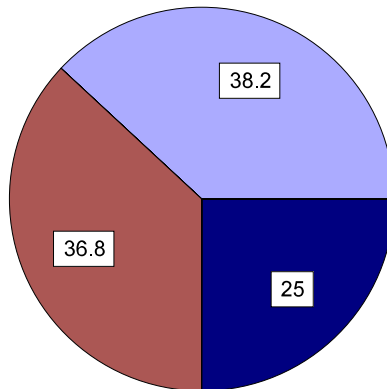



-  Residents
-  Family members
-  Friends

Figure 7: Distribution of Responses for those with Personal Experience of Homelessness, T3



"Who was homeless?"

-  Residents
-  Family members
-  Friends

**Table 13: Residents' Ratings of Factors Contributing to Homelessness in Sudbury,^a
Time 1, Time 2, and Time 3**

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

* Signifies that there was a statistically significant difference between the attitudes of residents in July, 2000 compared with January, 2001, and January 2001 compared with July 2001 on these factors (p<.05).

Table 14: Reasons Given for Homelessness among Individuals in Residents' Personal Networks, Time 3

Reasons	Number of Responses	Percentage of Responses
Unhealthy family relationship (lack of family support, kicked out, family cycle, youth who left home/teenage runaway, divorce)	38	35.5
Substance abuse	14	13.1
Abuse, sexual abuse, or domestic violence	12	11.2
Welfare cut backs or lack of social assistance	9	8.4
Unemployment/Lack of education & qualifications	8	7.5
Mental illness/health problems	8	7.5
Lack of affordable housing/High costs of living and rent/low income or poverty	7	6.6
Need for support or information/ people with nowhere to go/transient or relocated	4	3.7
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
Other	3	2.8
TOTAL RESPONSES	107	100.0

^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.

Similar proportions of respondents in the Time 2 and Time 3 studies reported that they personally knew someone in Sudbury who had been homeless⁴ (23.2% and 21.7% respectively). This proportion had been larger in the Time 1 study (35.9%). The most common explanations for why these individuals were homeless were similar to the responses to the question on personal experiences with homelessness shown above in Table 14 (i.e. among themselves, family, or friends); substance abuse and family issues were identified as the main causes of homelessness. However, it is of interest that

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

mental illness or illness was identified as the third reason given most often as a cause of homelessness among personal acquaintances in Sudbury. The lack of affordable housing and welfare cut-backs were also key reasons given.

In order to determine whether a homeless person was staying temporarily in private residences, the participants of the neighbourhood survey were asked about this. Seven individuals reported that there was a homeless person staying, on a temporary basis, in their homes. The main reasons given for homelessness among these individuals were problems with welfare and welfare cut-backs, unemployment, and family problems.

Residents' Perceived Solutions to Homelessness

Table 15 shows the residents' views on how to address homelessness in Sudbury and compares the responses of the three neighbourhood surveys (Time 1, Time 2 and Time 3). The results were quite consistent with the previous studies. As Table 15 shows, the primary solution identified by the residents at all three data collection points was to provide more government funding for welfare, social services and programs to support homeless people. The respondents clearly expressed the view that governments should be doing more to assist people in need. In Time 3, there was a stronger focus on long-term solutions focussing on education, job training, and job assistance for homeless people. The need for more shelters and related services was also mentioned frequently. A similar proportion of the respondents in all three studies noted the need to establish affordable housing.

**Table 15: Residents' Views on Strategies for Addressing Homelessness
July 2000 (T1), January 2001 (T2), and July 2001 (T3)**

	Time 1	Time 2	Time 3
Strategies	Percentage of Responses	Percentage of Responses	Percentage of Responses
More government funding for welfare, social services, and mental health services	44.8	35.5	37.0
Increase public awareness of the issue	14.1	1.7	7.3
Create more/better jobs and job assistance	12.4	10.7	17.0
Affordable housing	11.4	13.2	13.5
Establish more shelters	9.4	20.5	14.8
Community should provide donations	4.0	0.9	2.4
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

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 (July 18th to July 24th). 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, 2 and 3 were quite similar, as is shown in Box 5 (except for the obvious differences related to the weather in January). A key difference was that all team members in Time 3 directly observed the link between street life and prostitution, whereas this had been absent in previous studies.

Box 3: Themes from Field Observations				
Time 1, Time 2, and Time 3				
Themes	July 2000	January 2001	July 2001	
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

According to the Report of the Mayor's Homelessness Action Task Force in Toronto (1999), it is well accepted that approximately a third of the people who are homeless have a mental illness. Indeed, there is recent evidence 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).

Outreach workers in Sudbury are familiar with people who spend considerable time on the streets and informed us about a number of people on the streets who have serious mental illness. Homelessness also impacts negatively on mental health because of the difficulties and stressors of coping with life on the streets. The following field note was recorded during the week of the Time 3 study while talking with a group of young people:

One of the young men in the group was looking for mental health counselling. He asked the outreach worker for a reference. He said that he really wanted to see a counsellor but was new in town and had no money to pay for a counsellor.

It is often difficult enough for low income people in stable housing to become connected with services; homeless people arriving in a new community will experience even greater obstacles to obtaining support to help them deal with mental health problems.

Substance Abuse

The research literature on homelessness has acknowledged the difficulty in determining the direction of causation in regard to the link between mental illness and homelessness: which comes first? A similar issue arises with substance abuse. For some, problems with substance abuse can lead to homelessness; for others, alcohol or drugs provide a means of coping with the circumstances of homelessness.

Certainly, the field notes contained considerable evidence of substance abuse among homeless people. Outreach workers informed us that alcohol, rather than drugs, is most often preferred by homeless people. Empty bottles of Scope and Aqua Velva as well as alcoholic beverages may be found in places inhabited by homeless people. Numerous incidents involving people who smelled strongly of alcohol were recorded. An example follows:

By 3:30 a.m., the downtown core started winding down. There were very few people on the streets. The outreach worker pointed to another homeless person. He had long greasy hair and was wearing jogging pants and a t-shirt. He appeared to be severely intoxicated. When we first noticed him, he was trying to cross the Elgin street. When we walked by 5 minutes later, he was in the middle of the street kind of just hobbling around. Not far from there, we met with the other member of the outreach team and were discussing what we had seen. A few minutes later, the homeless person approached us and wanted to get some needles. He had cuts running all down both his arms as well as his face. His face was puffed up, like he had been beaten up. He could barely stand and he smelled strongly of

alcohol. His eyes were almost closed from intoxication.

Homelessness Among Regular Folks

Homelessness can occur when people relocate to a new city or return to Sudbury after moving to other places. A member of the research team encountered a family from Vancouver that had moved to Sudbury:

They said that they had slept in the park for many weeks until they found work.

During the summer, it is possible for homeless people to stay outdoors. Outreach workers also knew of people living in a van. While the agency count of homeless people (Phase 1) in all three studies showed that there are significant numbers of transients passing through Sudbury, there are also many people coming into the city who intend to stay. The lack of a shelter that will accommodate families often means that members must separate in order to sleep in the shelters—men can stay at the Salvation Army and women, with any children, may find accommodation at Genevra House if there is sufficient capacity. The alternative is to find some kind of shelter outdoors, “sleeping rough.” While shelters sometimes pay for motel rooms for couples or families, this service cannot accommodate the need.

Supportive Relationships Among Homeless People

The field observations in the Time 1 and Time 2 studies have shown that homeless people form a supportive community for each other. This was also noted in July, 2001:

When we got to the van there were several people gathered around enjoying doughnuts, coffee and lemonade. There were clothing bins outside of the van that people were permitted to sort through. A woman was sitting on the curb with her dog by her side sitting back and observing her friends. [I felt a real] sense of community. I witnessed people helping each other and looking out for each other. One man held up a shirt to another and suggested that it suited him and that it would be a good fit.

The support and sense of community that is evident among homeless people is a strength upon which service providers can build on in assisting homeless people. New initiatives for this population clearly should be designed to consider how to maximize homeless people’s capacity to help each other.

Accessing Support Services

Services provided to the homeless population are vital in providing for some of their basic needs. Outreach workers play a significant role in connecting homeless people with services and in bringing items such as food, clothing, clean needles, and condoms to people on the streets. Field notes described a typical scene at one service location:

By 7:30, there were about 10 people waiting in front of the Mission on Elgin Street. They were all sitting around, talking, and hanging out. All of the people were dressed in old clothes. Some were laughing and talking, some staring into space, some arguing, and some appeared to be drunk. The Mission opens at 8 p.m. and I was informed that it was busy on Wednesdays because it was pizza night.

There have also been gaps in the services for homeless people in Sudbury. Outreach workers identified one such gap:

I inquired about washroom or shower facilities and where people can go. I was told that many of the homeless will go weeks, even months without a shower because there is a lack of available services. The few places that have facilities for people to access often do not have soap or shampoo. However, I was informed that shampoo and soap samples are regularly donated to outreach by hotels and businesses and might be handed out on van night. Even something as simple as brushing your teeth can be difficult for homeless people; most people will just stop brushing altogether. When asked what the homeless really need I was told that people need a facility where they can walk in, have a shower, have their laundry cleaned and walk out.

In the near future, this gap in services will be filled through an SCPI-funded project. As part of the City of Greater Sudbury's *People Helping People* initiative, a health clinic will be opened with facilities including a washer, dryer, and shower.

Health Issues

The research literature has documented the substantial health risks for homeless people. These can include exposure to infectious diseases as well as minor health problems. Field researchers noted evidence of health problems while accompanying outreach workers:

I witnessed a young man ask a worker for socks. He could not have been much more than seventeen years old. His feet were seriously blistered and he was in visible pain when he slipped his boots back on.

Blistered feet can be a problem for homeless people who are constantly on the move. As one member of the research team observed, "What I noticed during the night was that there were a lot of people who walked around and around by themselves all night. It seemed like they were just killing time and had nowhere to go".

Outreach workers were also aware of more serious health issues among people on the streets. An our prior field research has identified serious illnesses such as diabetes among homeless people. In Time 3, outreach workers noted that they were aware of prostitutes who are HIV positive. More visible to field researchers were the observable health complications arising from substance abuse.

Daily Hassles and Stressors

Our earlier studies have documented the difficulties for homeless people in meeting their basic needs. An obvious problem regards dealing with personal possessions. Some homeless people who were observed by researchers were not carrying anything with them. Others struggled to keep basic items:

At about 7:00 am, we observed a woman sleeping on a bench near Lisgar Street. She was covered with a sleeping bag and some dirty blankets. All of her body was covered except for the top of her head and her eyes. Next to the bench was a baby stroller full of plastic grocery bags full of ... items of clothing, blankets, a thermos and other objects...

The difficulty of carrying bags is resolved by some people by wearing layers of clothing:

[A homeless man] was dressed in the same old clothes I had seen him in a couple of days earlier. He was wearing pants and a sweater which was strange because it was so hot outside.

While this strategy solves the problem of how to retain items of clothing, it clearly produces some discomfort and is an additional source of stress for homeless people. Other aspects of life that are routine for most Canadians are a constant source of stress for homeless people. Finding food and using toilet facilities are two examples noted by field researchers:

I witnessed a weathered, elderly man travelling on a rickety bicycle searching for food from garbage bins. He had an old, empty basket attached to the back of his bicycle. I witnessed him travel to several other bins before he left my sight.

About 1 a.m., we walked by Tim Horton's. The outreach worker identified a homeless person. He was dressed in jeans and a long plaid shirt. He must have been very hot that night. He was also wearing a baseball cap and had long, greasy straggly hair. When I was in closer proximity to him, I noticed that he had went to use the washroom. This was another issue raised by service providers. They mentioned that there was really no place where the homeless could use washrooms. They mentioned that many businesses would not allow homeless people into their establishments and therefore access to washrooms was an issue.

Agencies providing food are open for relatively brief periods of time; for example, the Catholic Charities Soup Kitchen is open in the afternoon and the Elgin Street Mission is open in the evening. There are long gaps between and there is no place that provides a breakfast meal. Some communities have drop-in centres, open all day and extended hours, that provide food, washroom facilities, and basic recreational activities (e.g. cards and television). Such services can be vital in ensuring that basic human needs are met.

Finding a Place to Sleep

While more shelters have been established to accommodate homeless people in Sudbury, there are a number of reasons why people may not use them. As was noted above, there is no shelter that enables families, or couples to stay together. In addition, some people may prefer to maintain their independence and privacy. In the interviews with homeless people (see Phase IV below), some commented that they disliked sleeping in a ward where snoring and others sounds and smells disturbed them.

People can be seen living in substandard conditions. I recall a building that I had visited that day. It had suffered a fire several weeks earlier. The place was in shambles and there was considerable structural damage. What disturbed me was the putrid stench that lingered, even from a distance. What disturbed me more was that people were still living there.

The key informant told me that many homeless people sleep in the CIBC door step, on the ledge of the post office on Cedar Street, or on other ledges of the shops and services located in the downtown core of Sudbury.

Homeless Adolescents

Homeless adolescents in Sudbury include local teens as well as some who come from other communities. Outreach workers are knowledgeable about them and attempt to connect them with local agencies. This can be challenging, however:

Several other issues were raised that included youth on the streets. It is difficult to get young people out of ‘the street lifestyle.’ If they make an attempt to get off the streets, they will often run into their former circles of friends. This makes family reintegration difficult.

The research literature has suggested that there is greater success in working with street youth if the intervention occurs soon after they become homeless. Therefore, outreach programs can represent a vital means of preventing long-term homelessness.

Prostitution

All of the field researchers observed prostitutes working on the streets. Key informants provided information about this issue.

I inquired about youth prostitution. Apparently there are several prostitutes that are under age, but most prostitutes are between the ages of 19 and 28. Unfortunately there is not always much that can be done. The police can pick them up but then they will be right back on the streets when they are released.

The existence of adolescent prostitution in Sudbury was confirmed by another field researcher:

I observed a woman standing on Elgin Street next to the Ledo Hotel at about 1:45am. She was dressed in a short skirt and a tank top. A key informant told me that she was a prostitute. As we approached her, she slowly walked in the opposite direction. The key informant went on to say that she is one of about 30 female prostitutes in Sudbury. About 4 of these prostitutes are under the age of 16. She explained that there are male prostitutes as well, but she knows of only about 4 in the Sudbury area. In all, their ages range from 13 to mid-40s.

Phase IV: Interviews with Homeless People

The research plan developed for studying homelessness over a three-year period included a qualitative component involving in-depth interviews with homeless people. This phase was conducted in July and August, 2001. The focus of the interview was to gain an understanding of the experiences of homeless people living in Sudbury, from their own perspectives, and to gather information on a range of issues:

- history of homelessness
- where they eat, sleep, and spend time
- reasons for leaving their housing
- personal relationships with family and friends
- health and mental health issues
- income and employment experience
- contact with the law/police
- substance use
- use of local shelters and other agencies
- current needs
- employment income
- attitudes on societal beliefs about homeless people
- coping strategies
- future plans

Sample

With assistance from service providers in Sudbury who work with homeless people, thirty individuals agreed to participate in the face-to-face interviews. The majority of these individuals were absolutely homeless at the time (n=21) while the remainder were precariously housed and at risk of becoming homeless. A number of the participants in the latter group had previously been absolutely homeless.

A purposive sampling strategy was used to generate a sample reflecting the diverse groups within the homeless population locally. The age range of those interviewed was 16 to 72, with a mean of 35 years. Reflecting the gender composition of the homeless population, approximately one-third of the participants were women and two-thirds were men. Francophones (20%) and Aboriginal people (20%) were also represented in the sample in general accordance with their proportions in

the homeless population. Similarly, most of the participants were single (60%), reflecting the homeless population. Two individuals were currently married or in common law relationships, nine were divorced or separated, and one was widowed. Just over half of the homeless people interviewed did not have any children. The others had between one and five children; however, none had children living with them at the time of the interview.

Approximately half of the participants were not receiving any government benefits, while the remainder were receiving financial assistance from Ontario Works, ODSP, CPP, or EI. Three of the participants were working and receiving some employment income. Two-thirds had a prior history of homelessness.

In terms of schooling, over two-thirds of the participants had grade eleven education or less. Six individuals had grade 12 and three stated that they had college diplomas or certificates. About half reported that they had enjoyed school and would like to return to school.

The following sections summarize the main themes emerging from the interviews. Many excerpts from the interviews have been included for each theme in order to provide a sense of how the homeless people explained these issues and to give a voice to their thoughts, perceptions, and opinions.

What Homelessness Means for the Participants

To me? It can't get any worse than it's already been. To me being homeless is not knowing where you're going. No foundation. You don't have anything. I can't explain it.

Kind of like thinking that you are not really there. I was really not in my own body or my own mind. It was frightening a lot of times. My heart felt scared. Other times it was a guilty feeling of what I was doing wrong.

It's very scary, you don't know what to expect day after day and you can't really plan out your life, it's just more or less unexpected during the day and whatever happens, happens. And you really don't have very much control over your life. You just go with the flow and see what happens next.

Losing Control Is Scary

As these quotes suggest, many homeless people felt that they had no control over their situation. There was little predictability in what was happening to them. A number of the participants discussed homelessness in terms of a sense of being overwhelmed by the feelings associated with it. These feelings included being misunderstood and experiencing embarrassment, losing one's self-esteem, helplessness, hopelessness, fear, and loneliness.

It was lonely and it was fear. Just standing there wondering if you're gonna make money and where you gonna sleep and if you're hungry, you're too embarrassed to ask somebody for food. You sometimes just give up and you just don't care.

Doing Without

Doing without was a basic theme. A number of participants described homelessness in relation to how they satisfied their basic needs. For some, it seemed that there was sense of dissociation from the experiences they have had and the things they have had to do to survive:

Without the shelter, without the food, without the medicine, without anything. I've done it myself. I've eaten out of garbage cans. I've been eating out of, you know, dumpsters in my life. In my own life, I've eaten out of dumpsters....Yep. It was hard to find food and everything else when you don't know [where to get it].

The lack of privacy as well as the loss of possessions were some of the disturbing experiences that characterised homelessness for some. Homelessness also meant tedium, difficulty maintaining personal hygiene, and difficulty in finding work and establishing relationships with others:

It's hard! I don't know, it's just hard. When you look for a job too, you can't find places to go... Well, I walk around, and I go places. Talk to people, and... talk to them and talk to them and... I'm not getting anywhere with it. Sometimes I try and find something to do.

I: Where do you go for food and a place to eat?

R: For food I go to the food bank, the Soup Kitchen.

I: So you come here [Salvation Army Shelter] for a place to sleep?

R: Yes

I: Where do you use washroom facilities and laundry facilities?

R: Well, I don't know, I didn't wash my clothes for quite a long time. I don't know.

I: Umm... So where do you usually use the washrooms?

R: Washrooms?

I: Yeah, washrooms and laundry

R: Laundry I don't use, I just change my clothes.

Service providers offer a vital service in providing clothing. Since it is impossible for many homeless people to retain possessions like clothing and difficult to find a place to do laundry, they simply put on a clean set of clothing and discard the dirty clothes. In the Time 3 field observations, a researcher observed that underwear and socks were in particular demand.

Positive Aspects

A few described more positive elements of homelessness. For example, finding ways to help others was rewarding:

It means for me to help the other ones to not be like me like before.

While a significant opinion among the general public, as revealed in the neighbourhood survey, was that people are on the streets because of a life style choice, this was not reflected in the findings of the agency counts in the Time 1, 2, and 3 studies; nor was it a view generally expressed in the interviews with homeless people. One young person commented that life on the streets was “pretty cool” but this was not a common perspective:

I've met a lot of interesting people and I was surprised that I could do it. That I could survive. But actually it's been pretty fun... Yeah, I have to say that. Like I can get along fine. Like it's easy to get money for me. I just pan handle or call my mom quick and ask her to send me down money, but I don't do that. I don't bother her for money.

This young person’s circumstances differed from those of most other homeless people. He clearly had access to family who could help out in bad times. This option was not open for most homeless people we interviewed.

Reasons for Homelessness and Prior Homelessness

Education, Unemployment, and Lack of Affordable Housing

The interviews confirmed findings from the quantitative phase of the study regarding the primary reasons for homelessness. A lack of education, employment, poverty, discrimination, and the lack of affordable housing were interconnected reasons for homelessness.

Umm... It took me a long time to know how to make it in this society. My mom died when I was 16. And I had nowhere to stay after that. And, ... I was never good in school. I never seen a future in it, you know.

And apartment hunting around here [is hard]... If you don't sign an intent to rent letter [for OW], they automatically think you're abused by your boyfriend and, “We are not gonna have anybody you know, any trouble, you know”. If you have a boyfriend come looking for you, “We don't want no hassle”, ah..... you know, like, no. You try to explain to them your situation and like they don't really need to know either, but you know they want to know. People won't even sign the intent to rent letter for welfare because they don't want the hassle or whatever. And it's like basically, what can you do if you don't have money to put down on an apartment, you know? You have nothing.

As this quote reveals, stigma and discrimination can be factors preventing some from obtaining housing. Others commented on repeated evictions as the cause of homelessness:

Oh I got a place right now. But usually I was on the streets ... But every place that I ever

moved to I always got evicted, all the time except for this place right now... But every where I went, I usually get evicted, 100%.

Housing support workers can be vital in assisting people who are precariously housed by monitoring how people are adapting to their situation and preventing eviction from re-occurring.

Mental Illness or Physical Disabilities

Almost all (27 of 30) of those who participated in the interviews cited mental or physical illness as factors related to their homelessness. People without financial resources can find themselves in difficulty when they come to Sudbury seeking medical services; others traced their circumstances of homelessness to long-term disabilities. Still others experienced problems stemming from the instability associated with homelessness.

I got sick and started getting sicker and one day I just packed up my stuff... and I knew there was a good doctor here. And that is why I came. And since I have come here, I have been homeless.

I was mentally disabled. I had water in the brain and I was considered mentally disabled because I was a slow learner. And when you're a slow learner, you're considered "mental." [That's] what they called me—"mental". So, I acted this all out when they labelled me. They labelled me [and] they didn't give me the chance to develop my abilities, to show them that I can handle my own. They just said, "okay, you're mental; that's it. You're no good." They didn't give me a chance or a chance to prove [to] myself that I was able to handle a job, handle my money, handle anything.

Too much garbage. I'm 42 and I got medical problems and I got pins all over the place [in my body]. And they [Ontario Works] want you to go and look for work!

The marginalization and social exclusion of people with mental illness and physical disabilities means that they are not accepted fully as members of the community. The consequence for some is homelessness. Social policies and their implementation frequently do not address the needs of these people.

Traumatic Events, Violence, and Family Problems

Traumatic events, violence, or family problems were also cited as factors leading to homelessness, as the following quotes reveal:

I just went through the trauma of losing my son and I got beaten up by a girl that lived there... so I called my daughter, I put my clothes on and my coat and said I'm getting out of here... I was a bundle of nerves. I knew I had my home there but I couldn't go and turn that key in the door, you know, I just couldn't.

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... I can't live there.

...because I had left a mentally abusive relationship the first time, that's why. I wound up here because I had lost everything, like he wouldn't leave, so they had to...I couldn't take them; I just walked out with the clothes on my back. My daughter, we both were here; this time my daughter's not with me.

As these quotes suggest, the forms of violence experienced were varied—from unsafe accommodation, to child abuse, to spousal abuse. Securing stable housing, financial stability, and establishing new social support networks can be difficult for people who have experienced trauma and abuse.

Incarceration or Substance Abuse

As the data from the agency count of homeless people and the field observations in other phases of the current, as well as our previous studies, have also shown, a minority of homeless people who were interviewed were homeless because of incarceration, substance abuse, or because of the allure of the street life.

R: Well I am an alcoholic and I've lost myself... and a lot of people they could not care less... they have an apartment; they could not care less [about me]; that is what I said [earlier in the interview, about being evicted].

I: So basically they kicked you out of your house?

R: Well exactly— I had an apartment; that was six or seven years ago and I would say that was the cause [of the eviction]... drinking and too loud.

American research has shown that successful programs can be developed to support people with chronic alcoholism and help them to remain housed. Innovative programs that are based on established best practices and have been proven effective can help to resolve some of the most difficult cases of homelessness.

Last Home

A majority of the people interviewed had always lived in Sudbury or had been living in outlying communities. However, there were a few who had been travelling and had recently arrived in Sudbury. Nearly all of the participants mentioned that they had last lived with family members, although the circumstances varied considerably. Young people described life with their parents as being characterised by conflict and abuse. Adults had last lived with a wide variety of immediate family or extended family members, including spouses, mothers, siblings, children, daughters, and cousins. A number also mentioned living with friends, in shelters, in jail, or in the streets.

Family Problems

The turmoil caused by serious conflicts within families created considerable confusion in some people's lives. The research on life events has shown that moving residences is a major stressor. Multiple moves combined with a lack of access to secure and stable housing clearly compound the difficulty for homeless people.

It's so confusing, I went through three friends then I went to Geneva and then I came to Foyer and then I left Foyer thinking that my parents changed, so then I went back home and the day after they kicked me out, so then I went back to my friend's house and then back here. So always going.

A few individuals discussed substance abuse problems that were connected to family dissolution and led to homelessness.

I'm coming from a place...I'm an insulator by trade and when I work I make good money. So anyway.... My wife left in January and I lost it. I had been five years in AA. And my wife left and I went on a big drunk... from the 20th of January until three or four weeks ago.

R: I had a spouse...I got crazy. A lot of drugs. I smoked a lot and I got paranoid and delusional. I got sick. I left.

I: You left. Did the relationship end when you left?

R: Yes.

As the field observations have shown, homelessness can happen to virtually anyone. People's lives can be changed dramatically by traumatic circumstances, illness, or family problems. Some of those who were interviewed had been homeless and moving around for many years. Attempts to become established through employment can be difficult:

R: I didn't leave I was kicked out of that place. By two cops and two guys. I was just sitting here and all I had was three days and my check came in. And then two cops came in with the landlord and they tried to kick me out and made me walk out of the door.

I: Where did you live before that place?

R: Before that place I lived in Toronto when I worked at the Coco factory. I find Toronto too fast. Like the Sally Anne is too expensive in Toronto. So I couldn't get a place in Toronto at all. So I went to the Seating House and Sally Anne, that's all I've got. But the work situation there... I kept trying and working, and working. So then I tried going temporary, and I couldn't make a go at it and I couldn't get a place. So I tried going for an emergency cheque, I got one so I couldn't get a second one. So then I started working for a while and that was going pretty good and the only thing that screwed me up there was far places. The factory was fine but you had to jump on two transits. Get transferred and jump on the other one and it was difficult. Then I asked for something closer, "Do you have anything closer?" So I stayed there at the Coco factory. Then I lost my place at the Seating house too. That was another hard situation. Because you had to go in at dinner time with your card, and I didn't do my card because I went to the Coco factory. And I forgot that I got off at 5:30. And I went to straight to the Seating house. They told me 'you have to have your card early'.

This man's attempt to move into a stable lifestyle was thwarted by shelter regulations that did not accommodate a working schedule. As a Northerner, he decided to return here and to search for employment but has not been able to find anything since he has returned.

Health and Mental Health

A minority (a third) of the participants in the interviews stated that they were not having any health problems at the time. The list of physical health problems cited by homeless people is extensive. Various people described serious conditions such as fibromyalgia, high blood pressure, liver problems, diabetes, asthma, thyroid problems, epilepsy, eating disorders, and chest pain or circulatory problems. Others mentioned particular symptoms or infectious diseases including sexually transmitted diseases, weight loss, digestive problems, bronchitis, knee problems, or sleep disorder.

Many people described their health problems as stemming from the stresses of homelessness:

I: Not healthy? Do you know why?

R: Because I'm all stressed out. I can't fall asleep. I wake up screaming

I: Do you have any health problems? What kind?

R: That's nerves.

No, I have a problem with my high blood pressure, sugar, a lot of health problems, because of too much stress... And when I have to go downtown to Disability pension or something like that I get very nervous and I'm scared.

Ah, physically it does take it's toll too because your, actually because I'm so agitated that I'm always on the go I find that it affects me and your body reacts to the pain, to the...It's just like, too much, too much, slow down kinda thing, you're doing too much. I'm afraid if I'm gonna stop I just not going to get back up again, you know? Mentally, it's hard, it's hard to cope.

People described the extreme difficulty of surviving on the street and that they were becoming run down by things they had to do to meet basic needs. Two men explained some of the hardships of life on the streets and the impact on their health:

Always tired. Yeah, because you are always running around. Always running around and trying to find food. That's what you do. It's true. By the time you go to the next one you are hungry because you had to walk seventeen miles and wander around for five hours till the next one opens. It's just a very stupid F'ing game and I'm sick of it.

My health had degraded. It was like slowly going down and down and I was losing a lot of weight and I was getting skinnier and skinnier and I had no energy. I was slowly dying out until somebody came along and said, "Hey, there's a Mission here, there's a place here you can get your food and get me back into health again."

Family Relationships

Difficulty with family relationships was a recurring theme that emerged in response to many different kinds of questions. A majority of the homeless people who were interviewed recounted problems in their relationships with family. Half mentioned that they had been abandoned by their families or said simply that family ties had been severed. Many of those who did not have any contact with their families talked about the fear they had of abusive family members, typically fathers, step-fathers or brothers. The following quote from an Aboriginal man who had been raised by adoptive parents illustrates the extent of the abuse suffered by some of the homeless people and the direct link to their current situations:

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... So, I couldn't reveal myself and I could not talk to anybody about it because if I did tell someone, my Dad would actually beat me up or physically beat me up or, you know. I would have to do... Because when I went into the hospital. The last time I went into the hospital because my Dad was drunk and he actually beat the crap out of me then had sex on top of this... You know what it means. But they treated me really bad. I was being abused, like I said before. I was being abused mentally, physically, spiritually, the whole thing...

The experience of this Aboriginal man was not uncommon among Aboriginal people who were removed from their homes because of government policies on child welfare (i.e. like the policies on residential schools and the “sixties scoop”). Policy research has shown that a goal of these policies was to assimilate Aboriginal people into the dominant culture (Hodgson, 1992). The consequences for individuals were often devastating and have been linked to the social and economic problems of Aboriginal people. Given the over-representation of Aboriginal people among homeless people, as documented in the Time 1, 2, and 3 studies, further research is needed to study the factors contributing to their homelessness and to identify culturally appropriate strategies for addressing their needs.

A young man aged 24 who had been in foster care also commented on the lack of family life and how it had impacted on him:

I: Like you said, being bounced around from foster home to foster home, what was that experience like?

R: I didn't understand nothing. I was probably the stupidest kid in town. I didn't know what home was. I didn't understand nothing. I was a complete..., my mind was closed. Now it opened up. I didn't understand myself or people or relationships. I didn't know how to be with people.

One or two of the people who did not have contact with family talked about close family members who had passed away; mothers were mentioned most often, then fathers, siblings, or their children. Nearly a third of the homeless people interviewed had been through very difficult times in which close family members had died. Some had been traumatized by numerous deaths in their families

and a number linked their current problems to these experiences.

After I lost my Joe, and [then] my oldest son, he hung himself. He lived in Toronto... Oh, well, it was really, really hard. Well, my younger boy, he had him, and his wife, and their little baby girl. They all had it (AIDS), all together, eh. So she passed on first, and then her daughter passed on, and then he lived until about '97...

A small number (two or three) of the homeless people spoke positively about their families and shared fond memories of their families:

But I did a lot of praying. My parents are churchgoers and we went to church every Sunday and my parents taught me how to love, how to give and how to be good to people. So I carry that, I carry what they taught me out of respect for my parents 'cause they were really, really beautiful people.

Friends and Who Homeless People Can Turn To for Help

The responses were quite varied to the questions about friends and who the participants can turn to for help. Some said that they had friends and a number commented on people they had met on the streets or at the Soup Kitchen or Elgin Street Mission:

R: I got lots of friends. (Laughing.)

I: Can you tell me a little about your friends.

R: Well, my friends are really nice. I have all kinds of street friends. I got street friends and they are very helpful.

I got Helen for my friend then I got Anne, it's a girlfriend. Then I got David and the Mission, the people I meet at the mission.

Whenever we come downtown, we meet each other downtown somewhere. Downtown at the Mission or at the Soup Kitchen or we get a coffee or if we see them walking downtown, down in the City Centre or something like that. Say, "hey, hey come over let's talk. How you doing?" And catch up and see how we're all doing and just be friends.

My friends ... We're all the same way. We're more like a family because we share what we have with each other...

One thing I don't have to worry about is friends, like I've got tons of those. I swear if I didn't have any friends... like who do you talk to? Yourself? But there is some stuff that I can't talk

Several of the homeless people commented that they had no one who could help them out. Some of

these people referred to themselves as loners. Others commented that they did not want to burden others with their problems and kept to themselves. The following excerpts provide a sense of how these homeless people talked about relationships with other people.

Person A: The way we are is that we have to take welfare. The Emergency Response Centre is a great place. I'm going to set something up for the end of September so that maybe he can help me for the one month and then, hopefully I'll have a job by then I can go on welfare, and at least then I'm not in the predicament that I'm in. At least I'll have my own place right?

I basically don't turn to anybody, I just basically keep it to myself. Unless it's...it's not like I have a hard time talking to anybody it's just you know, I know everybody else has their own issues to deal with all the time I just don't feel like laying it on anybody.

No. I always kept everything to myself. I've never ever let anybody know how I was truly feeling.

R: Highway 69, Highway 17, Highway 144 for me. Like, if I don't like the way the wind is blowing in this city, Timmins has a much colder polar atmosphere. Toronto, it's been a year since I've been there... Yeah, I turn to my spirits.

I: O.K., You turn to yourself.

R: To my spirits, yeah. [i.e. spirituality]

Helping Each Other

Homeless people were asked whether people on the street help each other out. Some did not believe this was possible because of the complete lack of resources:

Uhh.. It depends. Well, if one doesn't have any money, how are they supposed to help out the other one? It's like a blind trying to guide another blind. Eventually you're going to fall in the hole. Do you know what I mean? No it doesn't work. There's a lot of poor people who fight and steal from each other. I'm pretty educated you know. There's a lot of people that I don't hang around with. Bad lifestyles, I'm not into that. I follow God and... That's what I do!

I would have to say that they are very far and few between. Most people don't have much to offer. And they feel they don't have the emotions for it.

While homeless people cannot help each other with material resources, what they identified as something they were able to provide for each other was companionship.

Oh yeah sure, we help each other. Absolutely, sometimes it's just that they need to talk or we got like personal needs.

Yeah..Everybody...Not everybody but most of the guys are pretty good with everybody in

here. If someone is down on their luck for whatever reason or they had a bad day...we usually joke around and pick them up or give them a smoke. There is a little camaraderie between some guys that usually stay here.

Many of the homeless people described situations wherein they had the opportunity to help a friend or someone in need. A number of these situations centred around finding a home or a shelter, or involved a time when they themselves had taken someone in to live with them for a while.

Uh, yeah. There's Clara, or not Clara.... But I helped her out and I got her a place to stay. There's Tina. I helped her out. There's Susan and I helped her out.

He was tired and couldn't find a place. I told him, "You want me to help you out. You want me to help you find a place?" He was behind. I found him a place.

Some of the people interviewed were precariously housed or had been housed in the past. Some recounted negative experiences with allowing other homeless people to stay with them temporarily:

Yes, I had a friend once who got kicked out of his house and he had nowhere else to stay so I told him that he could stay with me until he could get back on his feet. It was a bad experience mind you but...

I was putting up a lot of people. Some of them did have their own place too but I put up four people sometimes. I did that a lot of times before in the past. I did that too. Sometimes I'd get robbed too eh? Got my ghetto blaster stolen or a leather jacket. Sometimes you know, it's a bitch. Try to help somebody and they steal of you.

The literature on homelessness acknowledges that “hidden homelessness” is an important aspect that is difficult to study. The hidden homeless are those who do not access services, but rather move around between friends or relatives, staying temporarily with various people. As the above quotes suggest and the neighbourhood surveys conducted in our Time 1, Time 2, and Time 3 studies showed, most “couch surfers” are found in low income neighbourhoods. It seems that poor people often bear the additional costs of supporting homeless people on a temporary basis.

It is a matter of survival for homeless people to know the service system. Hence, they are often able to provide assistance to each other by sharing information and directing others to social services appropriate to their needs.

Well, the week when I first got here, there was a lady on the street with her baby and she was asking me for money so I, questioned her why? And she said, well, I don't have any place to live. I asked her, like well, what are you using the money for? And she said well I want to go to Tim Horton's or something to get my little girl milk and me a coffee. So I said come with me I'll bring you, so I brought her there and got her what she needed and I told her about Genevra and she ended up going there.

Several people have expressed the view that they would like to help but noted that they didn't have the resources to do so. Some even expressed that if they had a place to live then they would help someone get back on their feet by providing somewhere to sleep and something to eat. The following respondent commented that she had resorted to prostitution in order to help out.

Yeah. Sometimes, I knew of ... I've had girlfriends who are on mother's allowance and sometimes in the middle of the month or whatever they would totally run out of all the groceries. There was nothing left in the cupboards or in the fridge. I would go and sell my body and go buy groceries for that person, for their children so they won't go hungry. Never thought about my stomach but I thought about the kids' stomachs. I used to do that with this one lady, I did that with her for a few months...She says I'll get you back later and I said no, it's O.K. I said, sometimes if I need help I go to the "San". Just don't forget me, that's all.

Those who were precariously housed and had a history of homelessness had great empathy for those who were on the streets. Some noted that they contributed money to people in need.

Every chance I get I donate to them on the street. I give them a couple of bucks when I got money. Unfortunately I don't have any right now. The Salvation Army at Christmas too. I always give them a donation.

In Montreal, I would give people spare change if I had it. Also I don't just walk by them. I might sit and talk with them for a bit.

Providing social support in talking with people and listening are important ways in which homeless people assist each other.

Involvement with Law and Police

The participants were asked to describe their involvement with police or the law. Some admitted having participated in serious crimes such as break and entry and car theft. A few people justified their actions while others felt that they were now on the straight path.

I was desperate. Welfare does not give you enough to survive. I don't know how anyone could live on that amount of money without doing something else on the side.

...I used to be going to jail almost every 4 or 5 months. I was doing a lot of B and Es. And I don't do no more B and Es. I haven't done one in 10 years. But like I say, I'm trying to stay out of trouble too. I'm in the program.

The primary focus of interaction between the police and homeless people seems to be around loitering. Police frequently ask homeless people to move away from public places. The following quotes provide an indication of the types of exchanges that take place.

Before I got my disability, yes they told me that I'm not allowed to be in the park because

it's private property. "It's not for loitering and you can't hang around here".

Sometimes they [police] tell me to go away cause I'm homeless cause I'm talking with them and then sometimes they tell me not to interfere.

I was standing in front of a bank [asking for] spare change. A Regional police officer said, "Please move out of the zone. Many important people coming through here and they called me up. My job is to make sure that you move on". Okay officer, no problem.

They [police] told me that I should leave town. I didn't have to. I stayed.

The hassles and stressors of trying to obtain some money causes frustration for homeless people. Some commented on policies to move them out of public places. One homeless person described a strategy he had used to resist the attempts of police to move him on:

I knock on one of my friends doors and say we got a problem. "What?" I'm panning today and I get moved on by a cop. "No problem". My friend sits at my spot, I go across the street. My friend is saying "Go that way". Cops comes back. "I told..." No, you told a friend of mine to move on. "Well ok, but move on". I'll move on whenever I see fit because I hate to say it but somebody else out there has paved a road for me, paid the taxes, paid the government. Excuse me, but I have as much right to be here as you do officer.

In addition to the contact with police around loitering and panhandling, prostitution was identified as another subject that generates stressful attention from the police. On the question of whether they had much involvement with the police, two homeless women responded as follows

They would ask how I was doing, how..., if I was making money and they would joke around with me. There was some of them who would say "Get off the street or we'll put you in jail". I would just tell them "You got a job and I got a job. Leave me alone". Because I've got to live...

Only once I got picked up for prostitution. A few times they picked me up but they let me go because they said that I wasn't a troublemaker, that I was a quiet person. That I would just do my job and leave, like I wasn't the type of person that would..., because I usually wouldn't stand outside. I would sit in a bar...

In general, the interviews with homeless people indicated that they do not represent a threat to public safety. The relationship between the police and homeless people is one which is characterized by attempts to make this population invisible and ensure that no public disturbance will occur.

Substance Abuse

Substance abuse is perhaps the most visible activity taking place among homeless people on the street, aside from panhandling. During the face to face interviews questions were asked about drug and alcohol use, their experiences with it, and whether it was a problem. Their responses affirmed the ready availability of drugs on the streets and some described their own struggles with substance abuse.

It's easy. You walk down the street and people are asking you "Do you want some drugs?" And it's like okay, how much? If I didn't have money 'I'd hock my stuff, like hock chains, hock my camera, CD player, everything, like I don't have anything else anymore.

Many of the people interviewed have had some experience with substance abuse, although some reported that they were staying away from them at present. Many commented on the link between their current circumstances and the abuse of alcohol or drugs as well as the effects it has on their daily life.

Emotionally, pretty screwed up...pretty screwed up. A lot of ups and downs. The alcohol did not help. When I get down, I drink and alcohol is a depressant and then I get more down. Then I get up in the morning mad at yourself for doing it and then you go do it again. I know I woke up one morning where when I could not look at myself in the eye. So that's how I feel emotionally. Luckily I haven't snapped.

But when I'm drinking I don't shave. I shower the odd time and you let yourself go. You know, you don't care ... When you're drinking you couldn't care less.

It was hash basically. I've never gone anywhere farther than that, marijuana or whatever...I never was close to anything any stronger. Like I don't believe in needles. I don't think any drugs is right either, like because it does screw your brains. Your memory I find is not as sharp. I find that, like I wasn't a constant person, but I was saying, like I find that my memory is not as good as it used to be kinda thing because of...how do I explain that? You know the difference. Like you know how they say this is your brain on drugs? Yep, well you notice it because you used to remember a lot of things but you seem to forget little things, like memory is not as sharp as it used to be.

Pretty leery...My wife left and I went on a big drunk... I sobered up and like I said I ended up here. So I lost almost everything. The cars were gone...The job was gone...They kept telling me to go to the program, go to the program and finally they told me they were going to give me a layoff instead of letting me go so far that I get fired. Because of the layoff it gave me money to drink and everything was gone and then like I said I ended up here. It's pretty weary and I don't like it. I'm coming from a place that I had a good job and I made good money and you can loose it overnight. You don't realize it until that happens.

In addition to being aware of the effects of substance abuse on their lives, some people have started to regain control and are still struggling with the issues and the effects it had on them. Some are even looking towards the future more positively.

...I don't even bother with drugs. It completely ruined my life. The withdrawals are like wrong. They're horrible.

...I stopped drinking because it started making me violent...There's so much built up inside me. I can usually control it but when I'm drunk it just comes out. So I stopped drinking and smoking drugs. I just seen so many people, so many of my friends - their lives just get ruined from drugs, just marijuana, their whole lives just get ruined because that's all they want to do. That's all they care about. They think about going and stealing something and buying a gram. That's what they care about. They don't care about anything else. I don't want to live like this forever.

Yeah, cause I started cocaine in 1991 and I quit cocaine for about four times and I made it one year each time and drinking don't bother me. I could quit drinking anytime. 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.

Clearly substance abuse is a widespread issue in our community. The results of the agency count in Time 3 showed that it was a problem among homeless people in all of the key cultural groups in Sudbury (i.e. Anglo/Europeans, Francophones, and Aboriginal people, see Box 2). However, it is important to note that substance abuse problems are not confined to the homeless population. For example, Northern Ontario has Ontario's highest incidence of heavy drinking and binge drinking (Public Health Research, Education, and Development Program, 2000). In addition, it is important to recognize that many homeless people do not use alcohol or drugs, although this is not well understood by many in the general population.

Current Needs and Biggest Challenges

Interviewers asked homeless people what were the biggest challenges that they felt they had to face in their lives. People mentioned a variety of difficulties that they had experienced. The following quotes provide some valuable insights into what they perceived as their key challenges. These ranged from the satisfaction of basic needs (food, shelter) to having choices. The following list provides samples of their current challenges:

Basic Needs - Food

...eating and trying to take care of myself is my biggest dilemma.

The biggest challenge? I don't know. Coping with learning how to look after myself I guess. Try to stay away from a lot of sweet food and stuff (a diabetic man).

Getting Housing

You have nowhere to go, you don't have anybody who will take you and where you can feel at home.

No living on the street...My biggest challenge I guess is meeting up to societies pace of growth. Because I was so many years on the street and women my age are living with their husbands and children and people who love them and cherish them and I don't have those things. I guess I'm facing that challenge of whether I fit in.

The homelessness is my biggest challenge right now because when I get a place I can get other things in line.

Getting an apartment and working everything out with welfare.

It's friggin hard though. When you have to always look behind you and you can't take a walk by yourself. My place right now is not safe for me. It wasn't safe for me to live at the Towne House and it's not safe for me to live where I am now.

Providing a Home for Their Children

...a chance of having material things like a house, and facing the future with a limited income. \$167 Canadian dollars is something...And it's hard not facing a future with my child.

Well for me I'm going to be a father. So I've got to try and support. That is my main concern

The return of my children

Substance Abuse

Stop doing cocaine.

No job, drugs and alcohol and spousal abuse.

Dealing with my mental withdrawals.

Ontario Works

A number of people mentioned the difficulty of obtaining financial support from government sources. Homeless people with disabilities recounted their anxiety about dealing with workers and the lack of responsiveness of the system to their needs. Others felt that they were intensely scrutinized and overly controlled by the requirements of financial support programs.

I believe if you get into workfare you might as well sign your life away because you're signing yourself into...they have control over you. Either you work or you don't get nothing. They don't give you the choice and say "Okay, if you do this..." They don't give you that choice.

Another individual articulated the view that it was preferable to remain on the street than to deal with workers who administer Ontario Works. There are also homeless people who would like to go back to school and mentioned that as their biggest challenge, but living conditions and the need to acquire suitable clothing, in particular, were obstacles to fulfilling that objective.

The interviews with homeless people have revealed some of the difficulties these people have faced and what homelessness is like for them. It is striking that so many experienced severe hardship and traumatic events prior to becoming homeless. Clearly, it is imperative to do more to support them. The themes of loss of control over their lives and the lack of choices were articulated by many. It is understandable that people who are engaged in the struggle to survive are unable to see the choices available to them; however, service providers with appropriate training in the best practices for working with this population can assist people to become securely housed and make a successful transition to a stable lifestyle within the community.

CONCLUSIONS

The third study of homelessness in Sudbury has confirmed many of the earlier findings about the extent and nature of homelessness in this community:

- a substantial proportion of those who are homeless were women (approximately 40%);
- the homeless population included people in the full range of age groups from infancy to old age;
- while the majority of homeless people were single/unattached people, about a fifth were married or in common-law relationships;
- Aboriginal people were greatly over-represented in the homeless population;
- about half of homeless people were not receiving any form of financial assistance from government programs;
- the primary causes of homelessness, according to the homeless people, were problems with social assistance and unemployment; and
- about a third of homeless people were reported to be absolutely without housing.

Some differences were also observed in comparing the current findings with those from Time 1 and Time 2. For example, a smaller proportion of the homeless population were children and adolescents. It is possible that this represents real progress in serving the needs of children and families. However, it is premature to assume that this will be an ongoing trend since this finding could have been due to random variations in the homeless population coinciding with the Time 3 data collection. The future studies will provide the data required to answer this question.

The findings of the current study reinforce the view that the homeless population comprises multiple groups with differing needs. This population is fluid, with particular individuals moving into and out of homelessness at any particular point in time. Those who become housed are replaced by others who become homeless. People living on very low incomes, with little money left over after they have paid the rent, are precariously housed and are vulnerable to becoming homeless due to circumstances such as illness, family violence, traumatic life events such as an illness, death in the family, or sudden loss of income (e.g. a late cheque or loss of employment).

The findings have also demonstrated the link between homelessness and the provincial government policies regarding the receipt of social assistance through Ontario Works. People who are denied access to social assistance (i.e. through Ontario Works) or whose benefits are cut-off, often do not have any other means of financial support. Unless they can find employment or have family members or friends who have the capacity to assist, homelessness is a virtual certainty. Provincial government policies regarding the provision of social assistance were directly implicated in the circumstances of approximately one-quarter of those who were absolutely homeless in July, 2001.

The qualitative aspects of our research have shown that the circumstances of homelessness are similar to those for homeless people in major urban centres, like Toronto. The *Toronto Report Card on Homelessness 2001* notes that most people living on the streets are single men but that outreach workers are encountering more couples, pregnant women, and people who live outside all year round. Toronto's report card also notes that "The disproportionate number of Aboriginal people on the street continues" (p. 7). The report cites the serious consequences of homelessness on physical health and safety as well as social and psychological well-being. Outreach workers and members of our research team have observed similar patterns in Sudbury. People in all age groups, including both

men and women, from a broad range of backgrounds and circumstances can be observed on the streets. Field researchers have reported that homeless people in Sudbury have stayed in abandoned buildings, sheds, and burned-out buildings, have erected temporary encampments including some made from cardboard, have lived in cars or vans, and some have been seen eating out of dumpsters.

The interviews conducted with homeless people as part of the Time 3 study revealed that most people do not choose homelessness and the miserable existence associated with it. Many have experienced traumatic life events that continue to impact on them. Homeless people suffering from the effects of abuse and violence and those with mental illness require better access to services that can support them in responsive and culturally appropriate ways. Ongoing housing and employment supports are sometimes required to prevent “episodic” homelessness wherein people repeatedly lose their housing.

The indication of impending economic slowdown in Canada and the US raises concern that homelessness will increase further above the numbers revealed in the Time 1, 2, and 3 studies. The most recent Labour Market Review (Human Resources Development Canada, 2001) available for Sudbury indicates that unemployment is rising and local economists have expressed concern that the level of unemployment in Sudbury is already the highest among urban centres in Ontario (Wilhelm, 2001). Given that homeless people in all three studies in Sudbury have consistently cited unemployment as a primary reason for their homelessness, it must be recognized that structural problems are central to this issue. Over the long term, in order to prevent homelessness, the structural issues of unemployment, poverty and low income, and the lack of affordable housing must be addressed.

In the short term, there is more that can be done to meet the basic needs of people who are homeless. The interviews with homeless people provided information regarding the gaps in services. In particular, the service system in Sudbury must be enhanced to ensure that it adequately satisfies the primary needs of food, shelter, clothing, and access to health care as well as toilet and shower facilities.

Following the Time 2 report, the City of Greater Sudbury announced a number of local initiatives being funded by the Supporting Communities Partnership Initiative (SCPI) of the Federal Government. These initiatives have addressed the recommendations from the Time 1 and Time 2 reports on homelessness regarding the need for more shelters, outreach services, support workers for people with mental illness, and health services. Brief descriptions of the projects currently underway and in development are provided in Boxes 4 and 5.

The new projects represent significant improvements to the service system for homeless people. The new shelters and services will ensure that the immediate needs of particular groups will be met more effectively: women and men in conflict with the law, adolescent males, Aboriginal women, teen mothers, and people with mental illness will be better served. In addition, the provision of culturally appropriate health care services provided in a location with washer, dryer, and shower facilities can address some of the immediate, pressing needs of the homeless population. The recommendations arising from the current (Time 3) study will focus on areas that have not been addressed.

Box 4: People Helping People Homelessness Initiative Projects

Phase 1 Projects Underway

1. Elizabeth Fry Transition House

A seven bed shelter for women aged 16 and over who need supportive, transitional housing and /or emergency shelter. There are 5 supportive transitional housing beds, priority given to women in conflict with the law and 2 emergency shelter beds for homeless women.

2. Overcomers of Sudbury Support Group

Partnering with John Howard Society to provide outreach services to ex-offenders, their families and families of inmates. Assist with finding housing, accessing social assistance and providing other supports to reintegrate into the community.

3. Inner Sight Educational Homes

Provides 14 beds for male youth aged 16 - 19. Eight of these beds are emergency beds for homeless youth, 6 beds are transitional beds for youth who have opted to return to educational programs. Individualized plans are developed which may include life skills training and counselling for substance abuse. All residents are encouraged to reconcile with their families and to enter into educational programs.

4. Social Planning Council

Conducting two studies of homelessness in Sudbury, one in July 2001 and one in January 2002, and preparing reports outlining the findings. The results of Homelessness Study of July 2001 will be released in October.

Box 5: People Helping People, Homelessness Initiative Projects

Projects In Development

1. Shkagamik-Kwe Health Centre

Has hired a co-ordinator to develop a proposal identifying emergency shelter and support services required for aboriginal women and their children who are victims of domestic abuse.

2. Teen Moms Supportive Housing

Has hired a co-ordinator to explore building options, renovation costs, and funding strategies to provide supportive housing for teen parents and pregnant teens. The current proposal will be updated and submissions for funding will be forwarded to the different foundations for ongoing sustainability.

3. Canadian Mental Health Association

Has hired a coordinator to develop a proposal on how to address homelessness and to better serve the mentally ill, identifying the need for emergency housing, support services and prevention.

4. Centre de Sante Communautaire

To develop and enhance primary health care services for homeless and hard to serve people in the City of Greater Sudbury, by setting up a primary health care clinic. This clinic will partner with community agencies to meet the needs of all cultural groups. An apartment has recently been rented close to the Soup Kitchen where the participating agencies including health professionals will meet with the client. A washer, dryer and shower facilities will also be provided for the homeless.

One Time Project

Banque d' aliments Sudbury Food Bank

One time funding of \$50,000 towards renovations of the food warehouse located on Notre Dame Ave in the McKee Wong Centre. Currently over 20 food banks receive donations from the food warehouse on a regular basis.

Phase 2 of The People Helping People, Homelessness Initiative

In October 2001 the public will be invited to present proposals on how to reduce and prevent homelessness.

RECOMMENDATIONS

Seventeen recommendations were developed on the basis of the findings of the Time 1 study and these recommendations were reviewed by service providers in Sudbury. The service providers also prioritized the recommendations to identify ten that should be the focus of local action. Given the similarity in the trends identified in the two studies, it was recommended in Time 2 that community efforts to address homelessness should continue to focus on the ten priorities identified by service providers, as shown below.

Priorities Identified in Time 1 and Time 2

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

Priorities in Time 3

Progress has been made in addressing recommendations 1, 3, 5, and 6 listed above. However, it is important to recognize that the new shelter beds will not address the needs of homeless Aboriginal men, Francophones, and families. In addition, the interviews with homeless people revealed that there is a need for a drop-in centre open during the day that would provide food, a warm and dry place to sit, shower and toilet facilities, and access to information about services and employment. The following recommendations have been revised on the basis of the current study and the changes to the network of services.

- 1) Establish a drop-in centre to serve homeless people during the day by providing food, toilet and shower facilities, seating, and access to information about services and employment. The centre should be mandated to serve all homeless people (i.e. regardless of culture, gender, age, family structure etc.) and it should be located in close proximity to existing services such as the Elgin Street Mission and the Soup Kitchen to ensure accessibility. Establish, within the drop-in centre, a co-ordinated system for providing information and access to local services for homeless people (e.g. through a telephone hotline providing information on emergency housing and related services, available 24 hours a day).
- 2) Provide funding for community-based workers to provide ongoing housing support services for people who are at risk of episodic or chronic homelessness:
 - Enhance outreach services that connect homeless people with existing community resources.
 - Provide support services to assist homeless people in obtaining stable housing and making a successful transition to community life.
 - Engage in ongoing, follow-up activities with clients to support them, reducing the risk of episodes of homelessness.
- 3) Provide more funding for shelters and beds for Aboriginal men and families and consult with the Francophone community to ensure that homeless Francophones are served in a linguistically and culturally appropriate manner.
- 4) Implement measures to ensure that new affordable rental housing is developed and existing low cost, appropriate rental housing is preserved.
- 5) Involve consumers in the development of new services and the enhancement of existing services. Ensure that emergency services are evaluated to examine their responsiveness to the needs of people who use them.
- 6) Press the federal and provincial governments to implement policy changes that will address the underlying causes of the problem.
- 7) Continue the program of research on homelessness in Sudbury in order to track patterns and monitor progress in reducing homelessness and addressing the needs of people who lose their housing.
- 8) Following the completion of the Time 4 study (January, 2002), organize a community forum to review the recommendations identified in the Time 1 (see Appendix B), Time 2, Time 3 and Time 4 studies. Invite service providers, homeless people, and interested community members to discuss the study findings and establish priorities for the short and medium term.

REFERENCES

- Canada Mortgage and Housing Corporation. (2000). *Public Opinion Survey of Canadians' Attitudes Toward Homelessness*. http://www.cmhc-schl.gc.ca/rd-dr/en/hmls-snsbri/e_public.html
- Caputo, T., Wiler, R., & Anderson, J. (1997). *The Street Lifestyle Study*. Minister of Public Works and Government Services Canada. Cat. No. H39-382/1997E
- Casavant, L. (1999). *Counting the Homeless*. Political and Social Affairs Division, Parliamentary Research Branch, Government of Canada. <http://dsp-psd.pwgsc.gc.ca/dsp-psd/Pilot...ules/prb99-1-homelessness/counting-e.htm>
- City of Toronto (2001). *Toronto Report Card on Homelessness 2001*. <http://www.city.toronto.on.ca/housing/index.htm>
- Culhans, D. (1992). Ending Homelessness Among Women with Severe Mental Illness: A Model Program from Philadelphia. *Psychosocial Rehabilitation Journal*, Vol. 16 (1), p. 63.
- Hodgson, M. (1992). Rebuilding Community after the Residential School Experience. In Engelstad, D., & Bird, J. (eds.), *Nation to Nation: Aboriginal Sovereignty and the Future of Canada*. Toronto: Irwin Publishing.
- Human Resources Development Canada (2001). *Labour Market Review: Sudbury and Manitoulin*. <http://www.on.hrdc-drhc.gc.ca/sudbury/lmi/reports/newsletters/aug01.htm>
- Hulchanski, D. (2000). *Did the Weather Cause Canada's Mass Homelessness? Homeless Making Processes and Homeless Makers*. Toronto Disaster Relief Committee. <http://www.tao.ca/~tdrc/>
- Novac, S., Brown, J., & Bourbonnais, C. (1996). *No Room of Her Own: A Literature Review on Women and Homelessness*. Ottawa: Canadian Mortgage and Housing Corporation.
- Novac, S., Brown, J., & Gallant, G. (1999). *Women on the Rough Edge: A Decade of Change for Long-term Homeless Women*. Ottawa: Canadian Mortgage and Housing Corporation.
- Ontario Weather Page. (2001). *Weather Archives Database for Sudbury Airport, January, 2001*. www.ontarioweather.com/analysis/ontarioresults.asp
- Peressini, T., McDonald, L., & Hulchanski, D. (1996). *Estimating Homelessness: Towards a Methodology for Counting the Homeless in Canada*. Canada Mortgage and Housing Corporation. Ottawa, Ontario.
- Public Health Research, Education & Development Program (2000). *Report on the Health Status of the Residents of Ontario*. <http://www.opha.on.ca/specialreports/>

Toronto Disaster Relief Committee. (2000). *State of the Disaster: Winter 2000, A Report on Homelessness in the City of Toronto*. <http://www.tao.ca/~tdrc/press/stateofdisaster.htm>

Wilhelm, T. (2001). Job Growth in Sudbury Stalls in September. *The Sudbury Star*, 10-06-2001, p. 1.

APPENDIX A

CHARACTERISTICS OF PARTICIPANTS IN THE PHASE IV INTERVIEWS

Table A1: Shelters and Agencies Identifying Participants for Interviews

Agency Name	Number of People	Percentage of Total
Canadian Mental Health Association - 3-C Centre	1	3.3
Elizabeth Fry Society	1	3.3
Foyer Notre Dame House	2	6.7
John Howard Society	1	3.3
L'Association Des Jeunes de la Rue	7	23.3
Salvation Army Addiction Treatment Centre	9	30
Sudbury Action Centre for Youth	5	16.7
YWCA Genevra House	4	13.3

Table A2: Homelessness Interview Sample Population by Age and Ethnicity

Age Category	English	French	Aboriginal	Total
Age 16-20	5	1	0	6
Age 21-40	6	5	4	15
Age 41 +	5	2	2	9
Totals	16	8	6	30

Table A3: Homelessness Interview Sample Population by Age and Gender

Age Category	Male	Female	Total
Age 16-20	3	3	6
Age 21-40	10	5	15
Age 41 +	5	4	9
Totals	18	12	30

Note: Individuals did not always identify with one ethnicity. In addition, several individuals noted that they had Aboriginal heritage but did not identify themselves as Aboriginals.

APPENDIX B

**RECOMMENDATIONS IDENTIFIED IN THE
TIME 1 STUDY OF HOMELESSNESS IN SUDBURY**

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:⁵

- (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;

⁵ 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.