

MIGRATORY AND TRANSIENT HOMELESSNESS IN NORTHERN ONTARIO, CANADA

PATHWAYS TO HOMELESSNESS IN SUDBURY AND ITS RELATED IMPACTS

Carol Kauppi^a and Henri Pallard^a

^aLaurentian University

^aCorresponding author: CKauppi@laurentian.ca

© Carol Kauppi et al.

International Journal of Sustainable Development, Ontario International Development Agency, Canada

ISSN 1923-6654 (print) ISSN 1923-6662 (online)

Available at <http://www.ssrn.com/link/OIDA-Intl-Journal-Sustainable-Dev.html>

Abstract: This study fills a gap in the literature by expanding knowledge about migratory/transient homelessness in a northern Ontario context. Conducted in Sudbury (Ontario) Canada, this multi-methods study included an analysis of existing quantitative and qualitative data (from 2000-2007), a survey of homeless persons (2009) and focus groups with service users and providers (2009). Key findings indicate that migrants constitute about a fifth to a quarter of the local homeless population. Over three-quarters had come from Ontario communities, typically in northeastern or southern Ontario. There was no clear pattern of increases in the number of migrants in the summer compared to winter. Recent and intermediate-term migrants were similar in a number of respects: most were men, most did not have custody of any children, and the cultural backgrounds reflected the linguistic/cultural composition of the local homeless population. Indigenous people comprised a significant proportion of homeless migrants as they do among Sudbury's homeless people in general. Most migrants, especially recent and intermediate-term migrants, were absolutely homeless and nearly all had migrated because of unemployment or low wages. The challenges for migrants are compounded by isolation and difficulties in finding/accessing services in a new community. Migrants often include the most disadvantaged persons among the homeless, thus increasing existing pressures on service systems.

Keywords: Homelessness, migration, northeastern Ontario.

I. BACKGROUND

Concerns have been raised by municipalities and service providers that migratory/transient populations challenge the capacity of service systems in northern Ontario communities to serve homeless persons. These concerns indicate that research is required to gain a better understanding of issues related to defining migratory and transient homelessness within the northern Ontario context, to determine the extent, nature and impacts of this form of homelessness, and to examine how best to mitigate its consequences.¹

Sudbury's location in northern Ontario and its traditional resource based economy provides a good site for studying the factors related to migratory and transient homelessness. People from smaller communities in northern Ontario travel to Sudbury in search of opportunities, since it is the major urban centre in northeastern Ontario. Our prior research on homelessness in Sudbury has shown that the homeless population includes the main cultural groups in the northern Ontario population (i.e. Anglophone, Francophone and Indigenous peoples). It has also shown that those with Indigenous origins are greatly over-represented among homeless persons in the City of Greater Sudbury (Kauppi & Gasparini, 2007). However, issues pertaining to migratory/transient homelessness have not been examined in our prior research although some relevant data were collected. Hence, the current project aims to expand the base of know-

¹ Funded by the Social Sciences Humanities Research Council of Canada and Laurentian University.

ledge about homelessness in a northern Ontario context by examining the definition, extent, nature and impact of the issue, as well as strategies for mitigation. This project will provide information on an area of concern to local service providers in Sudbury.

In November 2008, an application was submitted to the Research Advisory Committee of the Social Planning Council of Sudbury (SPC) outlining the principles and practices to be followed in conducting the data collection activities for the project (i.e. the 2009 survey and interviews/focus groups). The Research Advisory Committee recommended approval to the Board of Directors of the Social Planning Council. Following approval by the SPC Board of Directors, an application was submitted to the Research Ethics Board at Laurentian University. That application was approved in February 2009.

A. Literature review

An integrative review method was employed in conducting the literature search and review. In combining both theoretical and empirical publications, this approach allows for a comprehensive examination of the topic. The search for published literature focussed primarily on articles that addressed the definition of migration/transience among homeless persons. A summary table of information about published articles and reports was compiled which indicates key findings on the nature of the issue, the impact of the issue, and issue mitigation.

First, a search was conducted for relevant peer reviewed articles published in scholarly journals. Computerized library database searches were conducted using Boolean search modes with the keywords homeless* and transien* or migrat*.² The multidisciplinary databases included CINAHL, MEDLINE, PsychInfo, Social Work Abstracts, Sociological Abstracts, Interdisciplinary-Canadian Research Index, SAGE Publications full-text, ERIC, Gender Studies Database, Academic Search Premier, Academic One-File, JSTOR, Ontario Scholars Portal and ProQuest. The search was limited to publications pertaining to homelessness in Canada, the US or the UK. An internet search was also conducted to identify relevant grey literature, including Google and Google Scholar as well as websites and links found in the following sites:

- <http://www.statcan.gc.ca/>
- <http://www.publications.gc.ca/>
- <http://dsp-psd.pwgsc.gc.ca/>
- <http://www.hrsdc.gc.ca/eng/homelessness/index.shtml>
- <http://www.cmhc-schl.gc.ca/>
- <http://intraspec.ca/homelessCanada.php#Cities>
- <http://wellesleyinstitute.com/>
- <http://www.tdrc.net/>
- <http://www.pivotlegal.org/Publications/reports.htm>
- <http://www.urbancentre.utoronto.ca/elibrary.html>
- http://www.chs.ubc.ca/our_publications.html#PI

On the basis of this search, 48 publications were retrieved. It appears that there is a gap in the literature pertaining to migratory and transient homelessness; we found relatively few published studies of homelessness that have focussed directly on these issues. Many studies that referred to transience or migration did not differentiate between homeless persons who had remained in their communities of origin and those who had migrated to a community in a different location. A number of studies appeared to make the assumption that homelessness involves transience (cf. Frankish, Hwang, & Quantz, 2005; Lambert & Caces, 1995; Swick, 1999).

As noted above, attention in the literature review was focussed on issues of definition and the measurement of migration and transience among homeless populations. This stage of the review guided the development of a set of questions that was included in the survey of homeless persons conducted in February, 2009.

1. Definition of migratory and transient homelessness

Transience was described by Pollio (1997) as comprising four dimensions based on the concepts of migration, duration, intention and involvement. This definition was adopted in the current study. Accordingly, *migration* is viewed as a core element of transience; transient persons are those who have moved from their communities of origin. Persons who have never moved or migrated are deemed to be non-transient. Lindquist, Lagory and Ritchey (1999) considered the distance of migration, for example between communities within a particular state or between states, as being an important indicator of migration. Moreover, in a study of homeless men in Los Angeles, California, Rahimian, Wolch and Koenig (1992) identified additional variables related to moving as aspects of migration worthy of consideration, such as the number of moves within the previous

² In health databases, the terms *migration* and *transience* yielded numerous results based on physiological or biological research pertaining to irrelevant topics such as animal research, kinetics or cell migration/transience. Thus, the searches were refined further within medical and science databases to exclude these topics. Frequently, visual scanning of search results was required to select relevant publications.

12 months and five years and any plans to move in the near future.

The remaining three dimensions identified by Pollio (1997) are related to the move from one community to another. The *duration* or length of time spent in a community after a move is a second consideration. Longer stays in a community may be linked to greater stability whereas short stays can be indicative of instability in the pattern of movement of homeless persons. Lindquist et al. (1999) used a period of five years as a cut-off for differentiating migrants from nonmigrants—those who had resided in the community for less than five years were considered to be migrants; nonmigrants were defined as those who had resided in the community for five or more years. This is consistent with the approach used for the general population in the US Census. Similarly, Statistics Canada (2008) provides information about migrants based on mobility status within one year and five years in the Canadian census.

Rahimian et al. (1992) identified three categories to describe the length of stay: short stays were 0 to 12 months, intermediate stays were 13 to 60 months and long-term stays were five or more years. While they relied on the one- and five-year cut-offs in their study, Rahimian et al. (1992) concluded that definitions of migration used for domiciled populations may not be helpful in understanding migration among homeless persons. They noted that a homeless person may go to another community for a month or two, “but not consider such an excursion a migratory move” (p. 1334). In contrast, for domiciled persons, giving up housing in one community and finding substitute housing in another would likely be seen as a migratory move. Building on the Rahimian et al. study, the definition of migration used in our 2009 survey of homeless people includes three groups: individuals who have been in the community less than one year are viewed as recent migrants, those who have been in the community between one to five years are considered to be intermediate-term migrants and stayers have been in the community more than five years. Thus, we considered migrant “stayers” to be a separate subgroup of migrants who should be considered in research on migratory homelessness.

Pollio described a third dimension of transience, *intention*, which deals with the reasons for a move. Homeless persons often are motivated to move to specific communities in order to be close to family or friends, or for employment, education, or access to services. According to Pollio (1997), in some instances the lack of a specific purpose for moving to a community could indicate greater transience. Coston (1995) defined transient homeless women in a way that is suggestive of a lack of intentionality; she

describes them as women “who wander idly from place to place without visible means of support and no permanent residence” (p. 33). Rahimian et al. (1992) also included among their migration variables the reasons for leaving the state/community of origin as well as the reasons for choosing the migration destination.

The fourth and last consideration, *involvement*, may indicate a level of commitment to staying in the community (Pollio, 1997). Homeless persons may become involved with service networks or with others in the homeless or street community. There is evidence that connections to social/community networks impact on outcomes. For example, Johnson, Whitbeck and Hoyt (2005) found that some groups of runaway adolescents, such as gay, lesbian, bisexual or transgendered youths, who had been living on the street were less likely to have ties to home and family but more likely to have formed street relationships. Similarly, in describing a standardized tool used in risk-need assessment, Brennan, Dieterich and Ehret (2009) note that transience and homelessness are assumed to “weaken social ties” and to have been “associated with family breakup, social exclusion and stressful life events” (p. 36).

2. Central themes related to migratory and transient homelessness

Further examination of the literature identified the central themes in published work on migratory and transient homelessness such as (1) historical perspectives on transience and migration, (2) the extent of the issue, (3) issues for particular groups including men, women, youth/runaways, Indigenous, gay, lesbian, bisexual, and transgender (GLBT), the poor, and substance users, and (4) particular issues such as needs, physical and mental health impacts, implications and recommendations.

B. Organization of the study

In the following sections, the quantitative data from our existing database (2000 to 2007) and the 2009 survey are presented first since these sections provide information primarily on the definition, extent and nature of the issue. In the latter sections of the paper, the qualitative data from the analysis of existing interview data (2002 and 2004) and focus groups conducted as part of the 2009 data collection activities provide information on the extent and impact of the issue and on issue mitigation.

II. ANALYSIS OF EXISTING DATABASES

A. Quantitative data—2000 to 2007

Our prior research on homelessness in Sudbury was undertaken in eight separate studies between June

2000 and January 2007 (cf. Kauppi & Gasparini, 2007). The same methodology was utilized in each study in order to enable comparisons and to track trends over time. Eight period-prevalence studies provided a large database on homeless and near homeless persons. Absolutely homeless persons were those who did not have a place to call home (including persons who were staying in a shelter or sleeping rough) or those who were staying temporarily with others (i.e. couch surfing). Persons who were at risk of homelessness were defined as those who, due to particular circumstances (e.g. pending evictions, extremely low income, familial abuse or an inability to pay rent), were at elevated risk for homelessness. Those who were characterized as migratory or transient cited the following terms as reasons for their homelessness: relocated or transferred, travelling, transient, between places, and relocating in general or relocating to Sudbury.

It is important to note that the purpose of the 2000 to 2007 studies did not focus specifically on migration/transience and that these earlier studies did not gather information about variables related to migration or transience such as duration, intention or involvement (Pollio, 1997). Therefore, in the secondary analysis of existing data, we cannot differentiate between groups of migrants/transients who had been in Sudbury for differing periods of time (e.g. we cannot identify recent versus intermediate-term migrants or stayers). Our quantitative database contains information about homeless/near homeless persons, including 421 who indicated that transience or migration were among the reasons why they were homeless. The data were gathered in a manner that enables us to select unique and unduplicated cases—the database contains information on 3,192 different individuals; however, because we did not include a variable to differentiate absolute and at risk homeless persons in the first study we conducted in July, 2000 and due to some missing values on this variable, the usable sample size is 2,472.

Table 1 shows the sample sizes for the categories of homeless persons who participated in the study *Homelessness in Sudbury*, conducted between 2000 to 2007. Analysis of the data provides information about the extent and nature of migratory and transient homelessness. This analysis is based on 421 persons or 17% of the total sample and provides information relating to several issues including characteristics of persons who stated that they were transient or migrating, including gender, age, family status, and ethno-cultural and linguistic background; housing status (i.e. absolutely homeless or at high risk of becoming homeless); reasons given for homelessness in addition to transience/migration; seasonal patterns

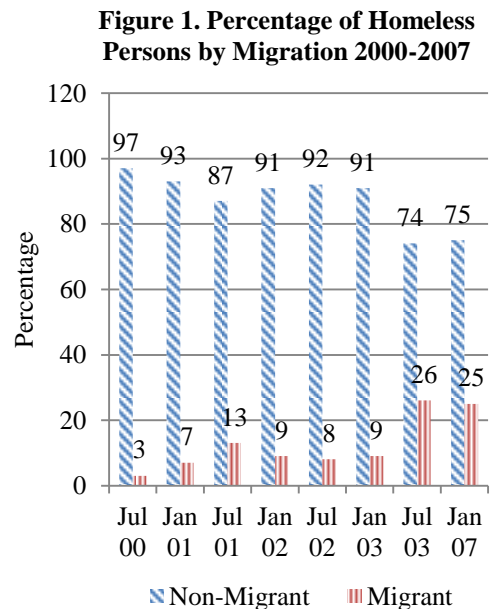
(i.e. July vs. January); sources of income, if any; agencies accessed; mental and physical health; prior experiences with homelessness; and dependant children.

Table 1. Sample Size by Categories of Homeless Persons 2000-2007

Category	N
Near homeless (at risk) non-migratory	1,308
Absolutely homeless and non-migratory	743
Near homeless (at risk) and migratory	108
Absolutely homeless and migratory	313
Total	2,472

1. Patterns of migration or transience among homeless persons

Figure 1 shows the percentage of homeless persons who cited migration or transience as a reason for their homelessness in each of our eight studies in Sudbury.



As noted above, the data did not include any measure of the length of time these migrants had been in Sudbury, unlike the 2009 study which gathered specific information on a number of migration variables. While the 2000 to 2007 data indicate that there were variations in the proportion of homeless persons who were transient or migrating, there was no clear pattern of increases in migrant populations in the studies conducted in the summer (i.e. July 2000, 2001, 2002 and 2003) compared to those conducted

in the winter (i.e. January 2001, 2002, 2003 and 2007). Thus, the results do not indicate any discernable seasonal patterns.

The results show a substantial increase in the proportion of migrants in July 2003 to a quarter of the total homeless population from an average of less than one in ten in all prior studies. This finding was also evident in the January 2007 results. However, it must be noted that we had modified the data collection tool in July 2003; it is possible that the larger proportion of transient/migrant persons shown in the 2003 and 2007 studies is a result of improved measurement rather than an increased number of homeless migrants coming to Sudbury. The indication that approximately a quarter of the homeless population is migratory or transient, compared with the smaller proportion found in our studies conducted prior to July 2003, is more consistent with findings from a number of studies conducted in the US according to which approximately a third of homeless people are migrants (cf. Coston, 1995; Pollio, 1997; Rahimian et al., 1992).

2. Characteristics of migratory/transient homeless persons

Figures 2 through 7 compare four categories of homeless persons—non-migrants and migrants in two groups (a) those who were near homeless or at risk of homelessness (i.e. precariously housed and utilizing front-line services for homeless persons) and (b) those who were absolutely homeless. In comparison to at risk non-migrants, a larger proportion of the absolutely homeless migrants were male, slightly older, single, not receiving benefits or income and staying in an emergency shelter. The profile of the at risk migrant group was fairly similar to the at risk non-migrant group in terms of age, family status, cultural background, receipt of benefits and in the use of emergency services and mental health services. However, the at risk migrants appeared to differ from non-migrants and absolutely homeless migrants in that a larger proportion were being referred to other local service providers.

Whereas women constituted close to half of the non-migrant homeless population in Sudbury, they were a smaller minority among migrants (see Figure 2). In comparing the two groups of migrants—those who were near homeless and using front-line emergency services and those who were absolutely homeless—it may be seen that about two-thirds of the near homeless migrants and nearly three-quarters of those who were absolutely homeless were men.

Figure 3 shows the mean age of homeless persons. Near homeless/at risk migrants were, on average, about the same age as the non-migrants (in their mid-

to late 30s). Those who were absolutely homeless and migrating to or through Sudbury were only slightly older (age 40, on average). In contrast, the lowest average age was observed among absolutely homeless non-migrants.

Figure 2. Gender by Categories of Homeless Persons 2000-2007

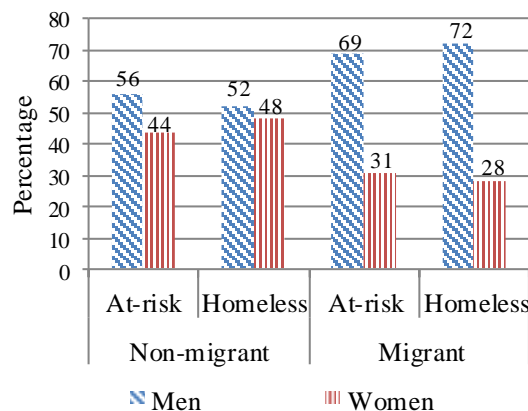
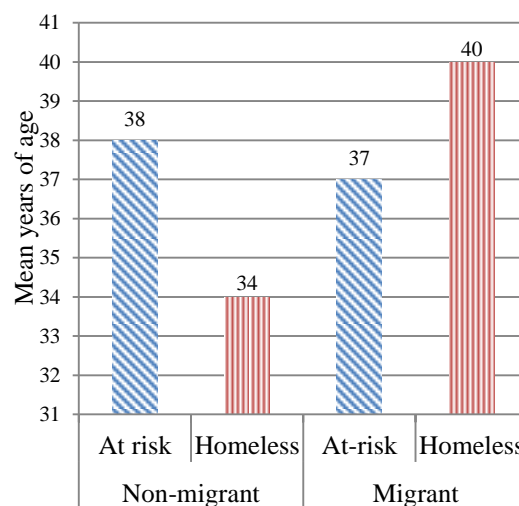
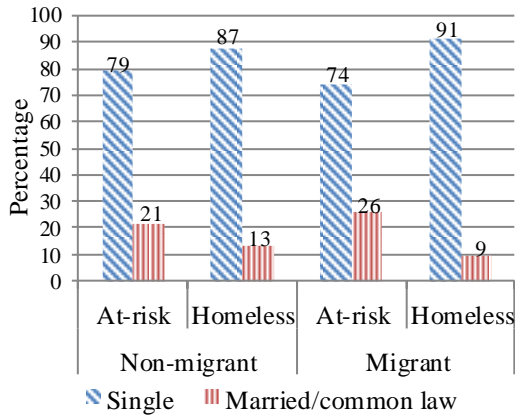


Figure 3. Age by Categories of Homelessness 2000-2007



A strong majority of homeless persons in Sudbury were not in marital or common-law relationships. They tended to be single, divorced or widowed. Moreover, very few of those who were absolutely homeless and migrant were in married or common-law relationships (see Figure 4). In terms of marital status, there were fewer differences between groups based on migration status compared to groups based on homelessness status (i.e. at risk versus absolutely homeless). In other words, more absolutely homeless persons were single compared to those who were at risk of homelessness, regardless of migration status.

Figure 4. Family Status by Categories of Homeless Persons 2000-2007



The dominant cultural groups in the general population in Sudbury are Anglophones (62%) or Francophones (29%) of European origins. Indigenous people comprise approximately 7% of the total population, while visible minorities constitute approximately 2% (Statistics Canada, 2006). Reflective of the general population, most homeless persons in Sudbury are Anglophones of European backgrounds. While Francophones comprise over a quarter of the total Sudbury population (Statistics Canada, 2006), they have been consistently under-represented in eight studies of homelessness in Sudbury. In contrast, Indigenous people have been greatly over-represented in all eight studies. Among homeless persons who were migrants, about two-thirds were Anglophones, while a quarter were Indigenous people. The latter group included First Nations, Métis and Inuit people. At risk migrants included more Indigenous people than all other categories. A smaller proportion of the absolutely homeless migrant category were Francophones compared with the non-migrant and near homeless/at risk migrant categories in our study (see Figure 5).

Most homeless people in Sudbury had access to some type of income, typically in the form of benefits from government programs including—ordered from most frequently cited to least frequently cited—social assistance benefits (Ontario Works), Ontario Disabilities Support Program (ODSP), Employment Insurance (EI), Canada Pension Plan (CPP) or Old Age Security (OAS), Workers Safety and Insurance Board (WSIB) or other disability insurance, or Ontario Student Assistance Program (see Figure 6). However, less than half of the non-migrant persons who were absolutely homeless were receiving benefits and a majority reported that they had no income.

Figure 5. Cultural Groups by Categories of Homelessness 2000-2007

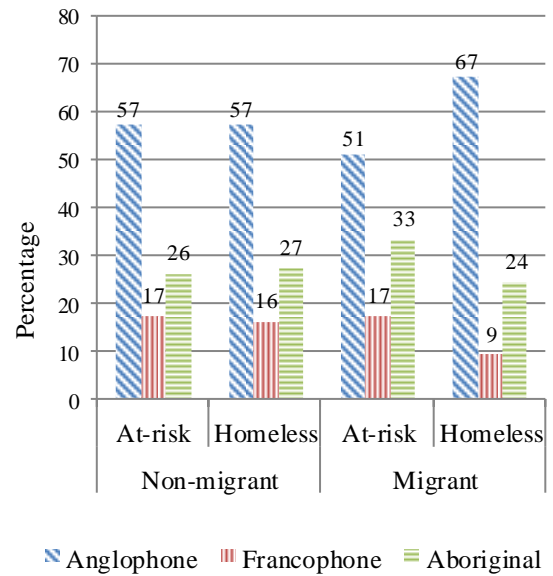
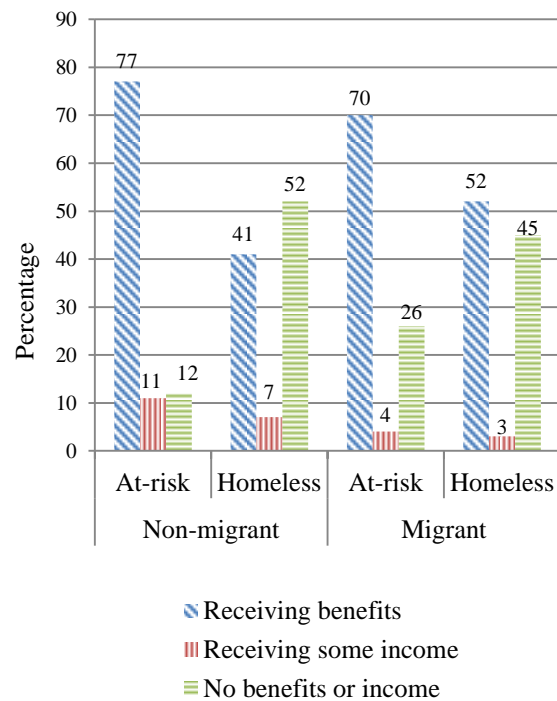


Figure 6. Receipt of Benefits or Income by Categories of Homelessness 2000-2007



A large proportion (over two-thirds) of the migrant at risk persons indicated that they were receiving some income support from government sources and the smallest proportion indicated that they were not

receiving any financial benefits. In this respect, the at risk migrants were most similar to at risk non-migrants since over three-quarters of this group were receiving benefits. It was absolutely homeless non-migrants who indicated the least access to government sources of income, followed by homeless migrants. Few in the four categories of homeless persons had any employment income; slightly more at risk non-migrants reported that they were receiving some income. Those who had employment income most often mentioned casual labour, busking or pan-handling as the source of their income.

Table 2 shows the types of agencies that were accessed by homeless persons in the sample when participating in the survey. Most persons who were absolutely homeless and migratory were at an emergency shelter or were accessing some type of emergency

services, most notably meals at a soup kitchen or a drop-in centre. At risk non-migratory persons and their migratory counterparts were also utilizing shelters, soup kitchens and drop-in centres but larger proportions of these groups were accessing health or mental health services compared with absolutely homeless non-migrants and migrants.

Most (about two-thirds) of both at risk non-migrants and the absolutely homeless migrants indicated that they were not being referred to local service providers (see Figure 7). However, a slight majority of the migrant, at risk persons were referred to local services.

B. Subsample providing further information

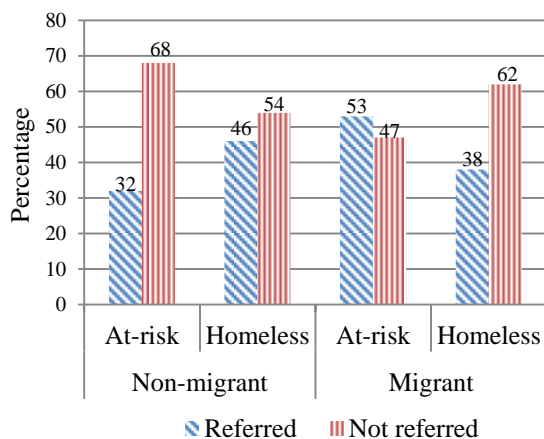
In July 2003 and January 2007, more detailed information was gathered with regard to several variables pertaining to health, children, history of homelessness and sleeping rough.

Table 2. Agencies Accessed by Categories of Homeless Persons 2000-2007

<i>Type of agency or service</i>	<i>Non-migrants</i>				<i>Migrants</i>			
	<i>At risk</i>		<i>Homeless</i>		<i>At risk</i>		<i>Homeless</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Emergency services/drop-in	761	58	206	28	50	47	62	20
Emergency shelter	108	8	278	38	12	11	165	53
Health/mental health	274	21	58	8	26	24	29	9
Housing	31	2	45	6	3	3	12	4
Assistance with criminal justice matters	34	3	41	5	9	8	10	3
Residential treatment for addiction	16	1	59	8	–	–	12	4
Social assistance benefits	44	3	16	2	2	2	11	4
Employment	18	2	13	2	3	3	1	–
Indigenous	18	2	22	3	2	2	10	3
Total	1,304	100	738	100	107	100	312	100

Note: Due to some missing values, the total number of participants in the respondent groups differs slightly from Table 1.

Figure 7. Referral to Services by Categories of Homelessness 2000-2007



1. Mental and physical health

People who had experienced homelessness, whether or not they had migrated, were likely to have had mental or physical health problems within the previous year. Table 3 shows that more non-migratory homeless people reported physical and mental health problems in the previous year compared to those who were migratory/transient; however the differences between these groups were not very large.

Among those who had migrated, a third reported mental health problems. Most commonly mentioned were stress, anxiety or depression (n=38), specific disorders such as bi-polar, schizophrenia, multiple personality disorder, PTSD, agoraphobia, obsessive-compulsive disorder, or multiple disorders (n=20), suicidal ideation (n=10) or addictions-related disorders (n=8). Close to half of the respondents reported physical health problems; most common

were chronic health conditions such as asthma, blood pressure, diabetes, cardio-vascular, arthritis, epilepsy or immune disorders (n=30). A substantial number of homeless migratory/transient persons reported problems with their back, legs, knees or feet (n=22). A small number noted infectious diseases such as HIV or hepatitis (n=5). A wide range of other health problems or symptoms were cited including vision or dental problems, cancer, dizziness, fatigue and various types of injuries.

2. Prior experiences with homelessness and sleeping rough

With regard to prior experiences with homelessness and sleeping rough, the majority of migrants reported having been absolutely homeless within their lifetimes and most had been homeless in the previous year. Just over half had slept outdoors or on the streets in the previous year (see Table 3). Fewer non-migrants had experienced absolute homelessness within their lifetimes and in the previous year and less than a third had been sleeping rough during the previous year. The data do not provide for an understanding of whether it is migration that leads to experiences of absolute homelessness or whether persons who experience absolute homelessness more often decide to move about.

3. Children of migratory/transient persons

A small subset of migratory homeless persons had custody of dependent children (n=15) and nine of these people were accompanied by a child/children when they accessed services. The children ranged in age from under one year to 18 years old. The average age (mean) was 8.4 years and slightly more were boys (57%). This finding is consistent with that noted above indicating that most migratory homeless persons were single.

Table 3. Mental and Physical Health and Prior Experiences with Homelessness 2003 and 2007

Aspect of health and homelessness	Non-migratory/homeless persons indicating "Yes"		Migratory/transient homeless persons indicating "Yes"	
	N	%	N	%
Mental health problems in previous year	269	39	73	32
Physical health problems in previous year	365	53	100	45
Absolute homelessness in lifetime	317	58	180	87
absolute homelessness in previous year	201	38	157	73
Slept outdoors/on the streets in previous year	155	30	113	55

III. SURVEY OF HOMELESS PERSONS 2009

A. Survey instrument

During the week of 23 February to 1 March 2009, a survey was conducted of individuals accessing front-line services for homeless persons. Service providers and research assistants administered the questionnaire to persons who were accessing the services and who agreed to participate. By gathering information about each individual using shelters and allied services for seven consecutive days, we were able to identify the number of repeat service users and unique cases. Many researchers conducting point-prevalence studies have opted to conduct counts of homeless people by collecting data on a single day. This approach reduces the time and effort required to collect the data but it is likely to 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.

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 23 February to 1 March was identified as the time period in which the count would take place. As in our previous studies, the timing 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 data collection was operationalized by using the same structured instrument that we used in 2003 and 2007. The data collection tool obtained information to provide an unduplicated count of the homeless population in Sudbury without raising concerns about violating the privacy rights of individuals using services. The existing questionnaire was designed to gather information about age, gender, language, cultural background, marital/family status, children, income, referrals, physical and mental health, form of homelessness, housing status, reasons for homelessness and risk of homelessness, and sleeping arrangements. It was also designed to collect basic information about the consumers using the services, including the first, middle, and last initials. Questions relating to transience were based on the four dimensions described by Pollio (1997) migration, duration, intention and involvement. The questions pertained to community of origin, length of time in Sudbury, number of moves in the previous year and within the last five years, reasons for leaving another community to come to Sudbury, circumstances and experiences related to the move to Sudbury, connections with

friends, family or services in Sudbury, plans for the near future, and immediate needs.

In total, 21 agencies assisted us by recruiting participants for the study. Table 4 shows the types of agencies at which the participants were recruited. In the current study, a very small number of the agencies contacted did not participate for various reasons (e.g. lack of staffing). In addition, it was found that some individuals do not want to provide information about themselves; this was their right and the consent form clearly stated that participation was voluntary. Participants were informed that a refusal to participate in the study would not impact on access to services.

Table 4. Types of Agencies at which Participants were Recruited 2009

<i>Agency type</i>	<i>N</i>	<i>%</i>
Drop-in, soup kitchen or food bank	153	44
Shelter	71	20
Specialized service (e.g. issues relating to the justice system, mental health, employment, housing)	61	18
Health	35	10
Income support	29	8
Total	349	100

Note: The results are based on adolescent or adult participants only (i.e. does not include the number of accompanying children; inclusion of the dependent children brings the total homeless “count” up to 462).

As in our earlier studies, 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 considered to be the same person and the duplicated information was eliminated from further analysis. In every study, some individuals did not provide all of the information on information required to identify duplicate cases. A conservative approach was taken in classifying these cases as duplicated or unduplicated. Since we could not determine whether those with missing data from some agencies were included in the count from other agencies, these cases were excluded from the analysis.

B. Results—overall trends in homelessness

The focus of the current study is on homeless persons who are migratory/transient. However, as a first step, basic information is provided on the total sample, including migratory and non-migratory persons.

The number of unduplicated cases was 462. This included 349 adults or adolescents who had accessed services on their own, as well as 113 dependent children under the age of majority (i.e. 18) who were in the custody of the study participants. The total number of homeless persons in the study is similar to results found in our previous eight studies of homelessness. In January 2007, the number of homeless persons was 445. The average number of persons participating in the previous eight studies was 444, while the range was 344 to 608. Therefore, the number of homeless persons in the current study is within the range of the previous studies and just slightly above the overall average number of homeless persons documented in our previous studies in Sudbury.

Over half (58%) of the participants reported that they were absolutely homeless and the remainder were at risk of becoming homeless due to circumstances such as pending eviction, extremely low income, inability to pay rent, and familial abuse. The proportions of absolutely homeless and at risk participants are exactly the same as the average distributions between these two categories in our prior studies (i.e. 58% absolutely homeless and 42% at risk).

Our previous studies had consistently shown that the proportion of women in the homeless population was relatively stable, at around 40%. This trend was confirmed in the current study results since women constituted 40% of the participants. Our 2009 questionnaire enabled participants to identify their gender as other than male or female (e.g. transgender) and two (.06%) did so.

The age range of the participants was 17 to 72 and the average (mean) age was 36 while the age range of their dependent children was under age one to age 17. A small number (n=8 or 2%) of the participants was in their 60s or 70s. Thus, the vast majority of the homeless persons in our study (67%) comprised adults between the ages of 20 to 59. This is consistent with the average age of those in our prior research; on average, across our prior studies, 68% of participants were between the ages of 20 and 59. With regard to the linguistic and cultural backgrounds of the participants, the results of the current study mirror those found previously in our studies of the homeless population in Sudbury. Just over half (51%) were Anglophones of European origins, close to a sixth (14%) were Francophones, about a third were Indigenous

(31%) and a small proportion were members of visible minority groups (4%).

C. Transience/migration

1. Self defined migration/transience

About a third of the 349 participants (n=111, 32%) self-reported transience or migration. However, Figure 8 shows the migration status (i.e. recent, intermediate-term and stayers) of those who provided information about migration/transience. This analysis was conducted in light of definitions of migration/transience from the literature as described earlier in this paper. It may be noted that only 98 or fewer participants provided information about the migration (i.e. the number of respondents varies due to missing data).

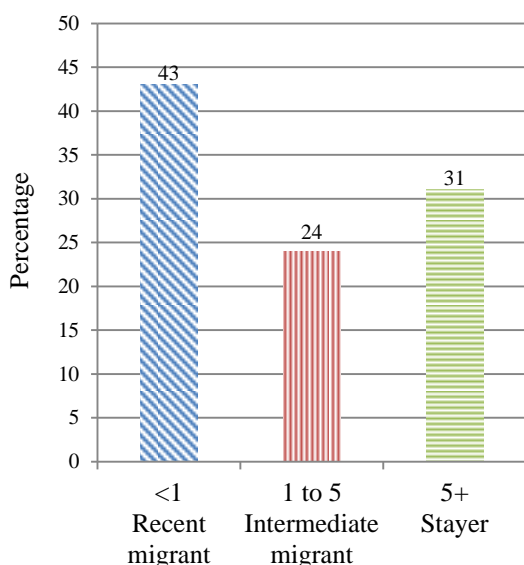
Discrepancies between the operational definition of migration (i.e. researcher defined) and individuals' self definitions of migration may account for some of the differences in the way individuals responded to the questions on migration and for variations in the number of responses to each question. Pollio (1997) similarly noted that a discrepancy with regard to the percentage of migrants documented in his study was due to participants who had moved away from their community of origin and later returned, and Rahimian et al. (1992) argued that homeless people may define migration/transience in ways that differ from mainstream definitions.

2. Groups based on the operational definition of migration/transience

The results in Figure 8 are based on a definition of transience using cut-offs of one and five years since the move to Sudbury. The number of homeless migrants in the categories termed recent, intermediate-term and stayer was 98. This represents 28% of the 349 adolescents and adults participating in the study. Those who had migrated to Sudbury from another community but who had resided in Sudbury for more than five years were deemed to be long-term stayers; this categorization is based on the conclusions of Rahimian et al. (1992) who argued that the definition of migration is complicated by differing perspectives of homeless and domiciled persons. For example, homeless persons who travel to another community, stay there for a time and then return to the community of origin may not consider this a migratory move whereas domiciled persons who undertake the same move would likely view it as migration given the differences between the two groups with regard to the arrangements for making a change in the place of residence and for transferring household property. Thus, including stayers, the proportion of homeless persons who self-identified as

migrants was 28%; excluding stayers, the proportion was 19%.

Figure 8. Migration Status: Number of Years in Sudbury 2009



We were unable to compare the findings in Figure 8 with our existing database from 2000 to 2003 since, in the earlier studies, we did not gather information on the length of stay in Sudbury. While a direct comparison is not possible, it may be worth noting that our studies in July 2003 and January 2007 had identified a quarter of homeless persons as migrants (26% in 2003 and 25% in 2007). While some additional participants self-identified as migratory/transient, it seems that the subgroup of 98 participants (28%) may provide a reasonable estimate of the extent of migration/transience among homeless persons in Sudbury, given that the latter subgroup provided more detailed information about the circumstances of their moves. Therefore the results shown below are based on this sample of 98 participants; however, the sample size differs in particular analyses due to some missing values. Accordingly, the following sections on location, duration, number of moves, reasons for moving and involvement are based on the subsample of 98 participants or fewer who provided information about moving.

3. Location of home communities

Table 5 shows the regions from which these persons had migrated, including those who stated that Sudbury was not their home community and persons who were returning to Sudbury after living elsewhere. The migration pathways are complex and some indicated multiple communities from which they had

travelled on their way to Sudbury. Therefore, the results shown in Table 5 are based on multiple responses and show the percentages of responses within each group for the various regions.

The majority (over three-quarters) of participants who were migrants had come from a region in Ontario. This included both participants who were not originally from Sudbury and those who were originally from Sudbury but who had returned to Sudbury from another region. Overall, 5% of those who were not originally from Sudbury, and 11% of those returning to Sudbury after a time away were migrating from other provinces or territories. However, no stayers in the category “returning to Sudbury” had been outside of Ontario. Few homeless persons were migrating from another country. A few migrants who were from other communities cited small outlying communities in the Sudbury area. However the largest proportions had come from other northeastern Ontario communities or from southern Ontario. Those originally from the northeast came from a wide range of communities from all directions around Sudbury—from the north, such as Timmins, Cochrane, or Chapleau; from the west, locations such as the North Shore/North Channel/Georgian Bay region or Manitoulin Island, and other communities such as Sault Ste. Marie, Wawa; from the east, communities such as North Bay or Sturgeon Falls; and northwestern areas such as Thunder Bay and Terrace Bay. Other participants had come from eastern Ontario regions near Ottawa or Kingston, or southern Ontario communities, including those near Toronto and further south to St. Catherines. Several First Nations communities were noted including Wikwemikong, Serpent River and Whata Mohawk. The participants included migrants from BC, Alberta, Quebec and Newfoundland. Those from other countries were mostly from the USA but also Indonesia and Zimbabwe.

Migrants who were originally from Sudbury and returning from other places cited the same communities as noted above. The main difference was that slightly more individuals were returning from the western provinces of British Columbia and Alberta.

In comparing the three groups of migrants, the main observation that a majority came from communities in northeastern Ontario (including the Sudbury area) or southern Ontario is true for all groups. Stayers who had returned to Sudbury after some time away came exclusively from northeastern or southern Ontario whereas other migrant groups had come from a wider range of regions and communities. Most of those who had come to Sudbury from another country were recent migrants.

Table 5. Home Regions of Migrants and Locations from which Migrants Were Returning to Sudbury 2009

<i>Home regions or regions from which participants had migrated</i>	<i>Origins outside Sudbury</i>			<i>Returning to Sudbury</i>		
	<i>Recent</i>	<i>Interm</i>	<i>Stayer</i>	<i>Recent</i>	<i>Interm</i>	<i>Stayer</i>
Communities in the Sudbury area	–	14	–	14	37	27
Other communities in northeastern Ontario	20	36	40	18	21	46
Northwestern Ontario	13	7	–	5	11	–
Eastern Ontario	10	7	10	–	5	–
Western Ontario	–	7	10	14	11	–
Southern Ontario	37	22	20	33	16	36
Another province or territory in Canada	10	7	10	23	32	–
Another country	13	–	10	5	–	–

Note: The results are based on adolescent or adult participants only (i.e. do not include the number of accompanying children). Percentages do not sum to 100 because they are based on multiple responses.

4. Length of time in Sudbury (duration)

Ninety-eight participants reported on the length of time they had spent in Sudbury. The range was less than a day up to 51 years. Figure 8 shows the results based on these categories. Recent migrants were the largest group (n=43) compared to intermediate-term migrants (n=24) and stayers (n=31). Applying the definitions utilized by Rahimian et al. (1992), recent migrants who had been in Sudbury for less than one year were in Sudbury for 3 months on average; intermediate-term migrants were in Sudbury for 2.1 years, on average; and stayers had been in Sudbury for 22.6 years on average. Excluding the stayers, the average (mean) number of years in Sudbury was .95 (i.e. less than a year). Including the stayers, the overall mean was 7.8 years.

5. Number of moves: previous year, previous five years and plans to leave Sudbury (migration)

Table 6 shows the migration patterns for recent and intermediate-term migrants compared with stayers. It shows the number of times the participants had moved in the previous year and in the previous five years, as well as their plans to move away from Sudbury. Moving within an area or between regions of a province or county (or even between countries) is a key aspect of migration. As Rahimian (1992, p. 1334) states “for homeless people, the definition of

what constitutes ‘a move’ may be blurred”, especially for those who move frequently.

The results indicate that recent migrants differed from the other two groups in terms of the number of moves in the previous year. While most intermediate-term migrants and stayers had not moved in the previous year, most recent migrants had moved once or twice. A similar pattern emerged with regard to the number of moves in the previous five years but, for this variable, the results for intermediate-term migrants were more similar to those of recent migrants than stayers.

The range in the number of moves in the previous year differed somewhat for the three groups, with recent migrants having moved up to eight times, intermediate-term migrants having moved up to six times and stayers having moved up to three times. With regard to the number of moves in the previous five years, recent migrants had moved as many as 20 times (but one participant indicated 186 moves). In contrast, the range of moves in the previous five years was up to seven among intermediate-term migrants and up to ten among stayers.

**Table 6. Comparison of Migration Patterns
Recent, Intermediate-Term and Stayer Migrant Groups 2009**

<i>Migration characteristic</i>	<i>Recent migrants</i>		<i>Intermediate-term migrants</i>		<i>Stayers</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
<i>Number of moves in previous year</i>						
0	4	11	14	70	21	81
2 to 3	23	64	3	15	4	15
3 or more	9	25	3	15	1	4
Total	36	100	20	100	26	100
<i>Number of moves in previous five years</i>						
0	3	9	1	5	18	78
2 to 3	14	40	10	50	3	13
3 or more	18	51	9	45	2	9
Total	35	100	20	100	23	100
<i>Plans to move</i>						
No Plans	6	14	12	50	29	100
Plans	33	79	9	38	0	0
Uncertain	3	7	3	12	0	0
Total	42	100	24	100	29	100

Note: The results are based on 95 adolescent or adult participants only (i.e. does not include the number of accompanying children). Group totals differ from Fig. 8 due to missing values.

The results indicate that most recent migrants were not planning to stay in Sudbury. About half of the intermediate-term migrants were considering a move away from Sudbury but none of the stayers had plans to leave. Recent and intermediate-term migrants identified similar destinations and they included cities in Ontario (Ottawa, Toronto, Brantford), including northern Ontario (North Bay or unspecified), or other provinces such as British Columbia (Kelowna, Vancouver), Alberta (unspecified) or eastern Canada (PEI or unspecified). A few stated that they were uncertain where they would go and did not indicate a specific destination.

The main reasons for having left another community to come to Sudbury were similar for the three groups but the proportions citing them differed somewhat (see Table 7). Nearly all of the recent and intermediate-term migrants stated that they had left a community because of unemployment or low wages. In contrast, less than half of the homeless stayers

cited unemployment as the reason they had come to Sudbury.

6. Reasons for migrating to Sudbury (intentions)

Over half of recent and intermediate-term migrant groups reported that they had been encouraged to leave another community and to come to Sudbury. Most were encouraged or supported by family members or friends. A few recent migrants indicated that service providers had helped them to leave another community. However, a minority of the stayers (less than a third) stated that they were encouraged or helped to leave another community to come to Sudbury. Substantial proportions of migrants had left a community because of physical or mental health problems. Some came to Sudbury to obtain health services while others had left another community because of a lack of services available to them there. A larger proportion of recent and intermediate-term migrants (approximately a quarter) compared with stayers (less than a tenth) stated that they had left

a community because they wanted a change, were travelling or simply liked Sudbury better than the previous community in which they had lived. Moreover, difficulties with paying rent or with being evicted from housing were cited by a larger proportion of intermediate-term migrants compared with recent migrants and stayers.

The number of participants citing the remaining issues listed in Table 7 was relatively small. Rather than focussing on small differences between the groups, it should be noted that one or more participants in the migrant groups mentioned issues with addictions, education, social assistance or release from jail.

7. Commitment to Sudbury as the destination community (involvement)

Pollio (1997) has argued that homeless persons who have existing relationships or who establish new connections with social networks in a community have stronger ties that may assist them in settling into a new community. As noted above and as shown in Table 7, over half of the recent and intermediate-term migrants in the current study stated that they came to

Sudbury because family members, friends or service providers encouraged or helped them to come here. However, less than half (44%) of those who were encouraged to come to Sudbury were planning on staying.

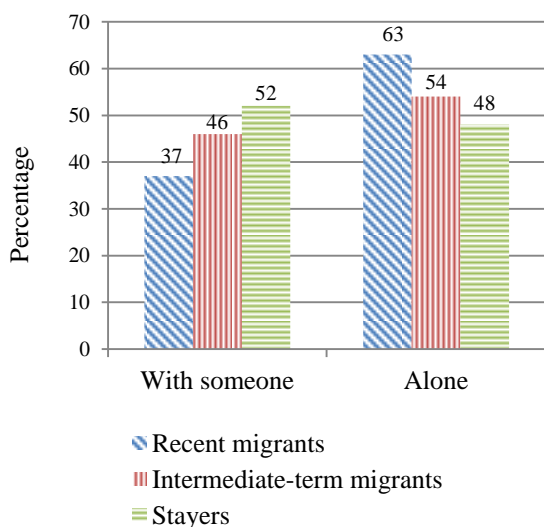
A majority of recent and intermediate-term migrants came to Sudbury alone (see Figure 9). In contrast, slightly more of the stayers stated that they had come to Sudbury with someone else. Approximately three-quarters of the participants who did not come to Sudbury alone came with family members; they included parents, partners, children, or siblings. A few came with friends or a dating partner. Among those who had come to Sudbury with others, only stayers had come with their parents. There were few other differences in the types of persons with whom homeless persons had migrated to Sudbury. Moreover, it must be noted that the sample size is small (n=27 migrants who came with someone), making any statements of finding about group differences questionable. However, among those who came to Sudbury with someone else, 78% stated that they had no plans for leaving.

Table 7. Comparison of Reasons for Leaving a Community and Migrating to Sudbury Recent, Intermediate-Term and Stayer Migrant Groups 2009

<i>Reasons</i>	<i>Recent migrants</i>		<i>Intermediate-term migrants</i>		<i>Stayers</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Unemployment, seeking work or low wages	41	95	28	100	11	46
Social networks encouraged/helped migration	24	56	14	58	7	29
Physical or mental health problems or services	19	44	17	71	9	38
Relationship problems or violence	15	35	12	50	9	38
Wanted a change	12	28	6	25	2	8
Addictions issues	6	14	3	13	3	13
Housing problem/eviction/ difficulty paying rent	5	12	10	42	2	8
Pursuing education	3	7	5	21	2	8
Problems with social assistance	3	7	5	21	1	4
Out of jail	2	5	4	17	1	13
Total	43	–	24	–	24	–

Note: The results are based on 91 adolescent or adult participants (i.e. does not include the number of accompanying children). Results are based on multiple responses; therefore numbers reported exceed the number of participants.

Figure 9. Migration Status by Arrival in Sudbury 2009



D. Characteristics of migrants

Comparing the migrants' background characteristics suggests that recent and intermediate-term migrants were similar in a number of respects: a majority were men (69% of recent and 61% of intermediate term migrants), most did not have custody of any children (72% of both groups), and the cultural backgrounds reflect the linguistic and cultural composition of the homeless population in Sudbury (i.e. just over half were Anglophone of European origins (54%), over a quarter were of Indigenous origins (28%) and, at 15%, Francophones comprised approximately a sixth). On these variables, stayers differed from the other migrants only in that a majority were women.

1. Absolute and at risk homelessness

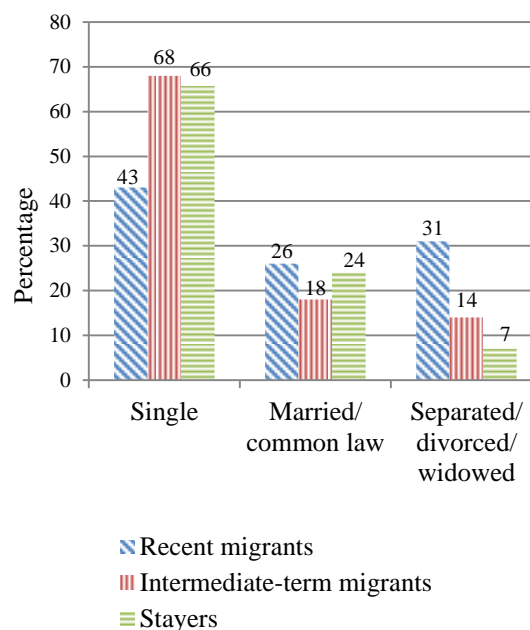
Notable differences were also apparent between the groups. A larger proportion of recent migrants stated that they were absolutely homeless (81% recent, 64% intermediate-term, and 52% of stayers) and that they had no source of income (33% of recent vs. 4% of intermediate-term). However, stayers were similar to recent migrants with respect to access to income since 28% indicated that they had no income.² Among those who had income, ODSP or Ontario Works were

² In January 2003 and July 2003, close to half of the absolutely homeless persons in our studies (48% and 46%, respectively) reported that they had no sources of income. Therefore, the indication that 33% of recent migrants and only 4% of intermediate-term migrants had no source of income may reflect local efforts to make OW and ODSP more accessible. However, this finding is tentative since we did not identify migrants in our prior studies.

the main sources of financial support for recent (59%), intermediate-term (83%) and stayer (59%) migrant groups.

The recent migrants appeared to differ somewhat from intermediate-term migrants and stayers with regard to their marital status (see Figure 10). A larger proportion of the intermediate-term migrants and stayers were single; in comparison, slightly more of the recent migrants were either in marital relationships or were separated, divorced or widowed. This finding differs somewhat from the pattern shown in Figure 4 (based on our 2000-2007 data) in which fewer homeless migrants were in marital relationships (9%).

Figure 10. Marital Status by Migrant Groups 2009



2. Physical and mental health problems and prior experiences with homelessness, 2009

Table 8 provides information about the health and prior experiences of homelessness from the 2009 sample of migrants. This same information, but from our existing database of persons who were homeless and migrant in 2003 and 2007, was also presented in Table 3. In general, the results in Table 8 are similar to those reported above in Table 3, particularly for recent migrants. These results indicate that a strong majority of homeless migrants have experienced absolute homelessness within their lifetime and most have also experienced absolute homelessness within the previous year. About half (and more intermediate-term migrants) have slept rough within the previous year while fewer stayers had slept rough on the streets.

Table 8. Mental and Physical Health and Prior Experiences with Homelessness 2009

<i>Aspect of health and homelessness</i>	<i>Percentage of migrants indicating "Yes"</i>		
	<i>Recent</i>	<i>Intermediate term</i>	<i>Stayers</i>
Mental health problems in previous year	29	50	35
Physical health problems in previous year	46	61	50
Experienced absolute homelessness in lifetime	86	83	83
Experienced absolute homelessness in previous year	79	61	72
Slept outdoors/on the streets in the previous year	46	60	38

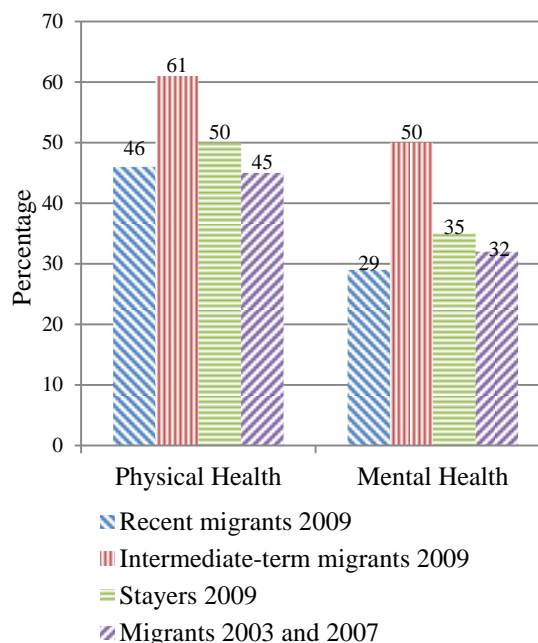
Note: Due to missing values, the total number of respondents varies between 81 and 95 on these measures.

Physical and mental health problems are prevalent among migrant homeless persons and more of the intermediate-term migrants reported that they had experienced challenges with physical or mental health. Health problems were more often reported than mental health issues. Migrants reported similar types of physical and mental health problems. Mental health problems included particular diagnoses such as bi-polar disorder, schizophrenia, post-traumatic stress disorder as well as depression or suicidal ideation. Difficulties with physical health included problems with back, shoulders, hands/wrist, bones (in general, or broken bones), infectious diseases or chronic conditions. The same range of health problems was identified in the current study as in our earlier studies in 2003 and 2007. A larger proportion of the intermediate-term migrants in 2009 reported that they had experienced physical or mental health problems in the previous year compared with recent migrants and stayers and with those who participated in our earlier studies (see Figure 11). These differences should be interpreted with caution, however, since our earlier studies did not differentiate between recent and intermediate-term migrants. Nevertheless, these results from several different groups of migrants strongly indicate that about half or more of homeless migrants are experiencing challenges with regard to their health. A cross-tabulation of physical and mental health problems showed that 27% of migrants in 2009 were suffering from both categories of problems (data not shown).

E. Reasons for homelessness among migrants, 2009

Table 9 shows the reasons for homelessness given by migrants. The primary reason cited by all groups was unemployment or inability to obtain employment or decent wages. This general issue had been identified

as the main reason for homelessness in most of our prior studies of homeless persons in Sudbury.

Figure 11. Health Problems by Migrant Group

However, a key difference between our prior studies on the general homeless population and the current study of migratory homeless persons is that a larger proportion of the migrants indicated that physical or mental illness was the cause of their homelessness: in our previous studies, on average, about 8% reported that illness was a reason for homelessness versus 15% of recent, 14% of intermediate-term and 18% of stayer migrant groups.

Table 9. Main Reasons Cited for Homelessness by Migrants 2009

<i>Reasons for homelessness^a</i>	<i>Recent</i>	<i>Intermediate-term</i>	<i>Stayers</i>
Problems obtaining work/decent wages: •Unemployment •Seeking work •Low wages	29	25	31
Illness or mental illness	15	14	18
Family Issues/domestic violence: •Divorce or separation •Family problems (violence, abuse etc.)	14	11	10
Problems with social assistance: •Welfare not adequate/late •Social assistance cut •Waiting for disability pension •Does not qualify for OW • No money	12	17	14
Travelling/transient/ relocated, transferred or moving	12	5	3
Substance use or abuse	8	9	5
Problems with housing: •Unable to pay rent or mortgage •Evicted or kicked out •Housing not adequate	6	15	16
Out of jail	4	4	3
Total	100	100	100

^a Results are based on multiple responses of 96 participants.

Family problems, divorce or domestic violence and problems with social assistance were listed by similar proportions of migrants as reasons for homelessness, and we have previously found that these were cited as causes of homelessness by substantial proportions of homeless persons.

Fewer intermediate-term and stayer migrants than recent migrants indicated that travelling, relocation or moving were causes of homelessness. On average, 12% of the participants in our 2000 to 2007 studies had stated that their homelessness was a result of migration or transience. The finding in Table 9 that 12% of recent migrants perceived their homelessness to result from transience is thus consistent with our previous studies. Similarly, compared with the general population of homeless persons in our previous studies, the same proportion of homeless

migrants (8%) indicated that substance use or abuse was a reason for their homelessness. A smaller proportion of recent migrants, compared with intermediate-term and stayer migrants, noted that they were homeless because of housing problems. The reasons why fewer recent migrants identified housing issues are not explained by the data but could be related to the process of adjusting to the community and the simple fact that they are unhoused could lead them to focus on other issues.

IV. QUALITATIVE DATA FROM EXISTING DATABASE OF INTERVIEWS (2002 AND 2004) AND FROM FOCUS GROUPS (2009)

A. Information from interviews from existing data

A preliminary analysis of 49 qualitative interviews with homeless persons in Sudbury conducted between

2002 and 2004 indicated that fifteen or 31% were migratory or transient. The original sample of 49 interviews was selected purposefully to provide a general match to the population of homeless people in Sudbury. However, Francophones and Indigenous persons were over-sampled. Within the sample of 49, 59% were men, 45% were Anglophone, 27% Francophone and 29% Indigenous. The age range was 16 to 72.

Table 10 shows basic background information for the subsample of 15 migrant homeless persons. It includes all three of the main cultural groups in Sudbury. Over three-quarters were men and the age range was 16 to 44. Within this subsample, the participants were mainly recent migrants to Sudbury and most had moved between several communities.

Men had more extensive migration histories compared to women in that nine had moved between several Canadian communities and, in a few cases, within the US as well. Five participants, including one woman, had moved to British Columbia and then back to Sudbury. Some noted that they had stayed in various communities in between. A few of the Indigenous participants stated that they were migrating back and forth between their First Nation communities and Sudbury. Two of the women and three of the men indicated that they had migrated between communities within Ontario.

Table 10. Background Characteristics of Migrant Homeless Persons 2002-2004

<i>Characteristics</i>	<i>Men</i>	<i>Women</i>
	<i>N=12</i>	<i>N=3</i>
Anglophone	5	–
Francophone	2	1
Indigenous	5	2
<i>Age Group</i>		
Youth (16 to 24)	4	2
Young Adults (26-30)	4	–
Adults (40-44)	4	1

B. Information from focus groups conducted in April 2009

Six focus group discussions were conducted with service providers/municipal stakeholders, and service users in the month of April, 2009. The focus groups were conducted with Anglophone, Francophone and Indigenous service providers and service users (i.e.

one focus group with service users and one with service providers for each cultural group). The number of participants was between four and six in each discussion group. A majority of the service users were men (two-thirds) while a majority of the service providers (two-thirds) were women. The service providers included a range of staff of front-line agencies serving homeless people including shelters, outreach services, health and mental health services, drop-in services, emergency food services, and services for Francophone and Indigenous people. The various provider groups are not identified in the results to ensure confidentiality (given the relatively small numbers of participants in various stakeholder groups). The focus groups with service users were conducted at agencies providing services to these cultural/linguistic groups. The results include information on the perspectives of service providers and service users in the three cultural/linguistic groups in the study (i.e. Anglophones, Francophones and Indigenous).

C. Main themes from qualitative analysis (interviews and focus groups)

A goal of qualitative analysis is to provide insights into the lived experience based on the perspectives of those who are impacted by the issue. To address this goal, the analysis focussed on identifying the main themes emerging from the entire body of qualitative data available for this study (i.e. existing interview data from 2002 and 2004 and focus group data gathered in 2009). The main issues discussed by service providers/municipal stakeholders and service users dealt with reasons for leaving a community, processes related to migration/transience, impact of the issue on homeless persons and service providers and mitigation of the issue (see Table 11).

1. Reasons for leaving a community

The themes emerging from the qualitative analysis regarding reasons for leaving a community are consistent with those identified through the quantitative analysis of the survey data on migrants. All themes shown in Table 7 above (based on quantitative data) are included in Table 11 (based on qualitative data). Release from jail was not mentioned by service users who participated in focus groups as a reason for leaving a community (although the quantitative data showed that it was a cause of migration for a small number of homeless transients). However, one service user in the Indigenous focus group stated that he became homeless when his common law partner was arrested and incarcerated. He stated that, since his partner had the source of income (ODSP) to pay for housing, he became unhoused. Service providers spoke of issues for people released from incarceration.

tion, mainly within the context of a lack of services for this group.

People leave communities for a wide range of reasons—these reasons stem from problems at the community level as well as at the individual level. Community-level problems pertain to a lack of services, including medical, mental health, education or other services, a lack of employment or housing or the characteristics of communities. Participants identified factors such as isolation, racism, particular rules and regulations or general insecurity within the community. The experience of relationship problems was identified as both a community and an individual-level problem. In some Indigenous communities, historical experiences with residential schools were linked to inter-generational patterns of substance use, violence and generalized instability within the community. In such cases, relationship problems may have been present at a community level. In other instances, participants mentioned particular problems with other individuals within their communities of

origin which they did not view as a community-wide problem.

Nevertheless, issues such as domestic violence must be viewed as systemic, community- and societal-level problems given the gendered nature of most family violence in which women are typically those who are battered or abused. Similarly, while loss through the death of family members was identified and could be seen by some as an individual factor, within the context of Indigenous communities, elevated risks of illness and death are structural factors linked to a lack of health services in many First Nations, as well as to processes of colonization that have resulted in changes in diet and have led to lower quality diets and lifestyle changes. The same argument can be applied to addictions issues. With regard to individual-level reasons, in some cases, participants spoke of leaving their communities of origin because of particular events such as weddings or funerals. Thus, a temporary visit to the destination community became a central cause of migration.

Table 11. Main Themes from Analysis of Interviews (2002-2004) and Focus Groups (2009)

Table 11a. Definition, Extent and Nature of the Issue

<i>A. Reasons for leaving a community</i>	
1.1	Lack of access to medical, mental health, education, or other services.
1.2	Problems with relationships, including violence and loss.
1.3	Lack of employment, seeking employment.
1.4	Lack of housing/seeking housing.
1.5	Involvement in substance use.
1.6	Characteristics of the community (e.g. racism).
1.7	Particular events such as weddings or funerals prompt departure.
1.8	Boredom, desire to travel or experience new things, search for new social networks.
1.9	Others encourage the person to leave a community or go to a destination community.
<i>B. Processes related to migration/transience</i>	
1.10	Persons decide to stay in a destination community after a visit.
1.11	Persons enter a cycle of travel between two or more communities.
1.12	Migrant/transient people form bonds/relationships with others in destination communities.
1.13	Persons attempt to return to a community of origin/face challenges in returning.
1.14	Seasonal cycles in migration/transience (e.g. summer and winter).
1.15	Structural causes of poverty, low income, and lack of affordable housing, including sex trade and need to engage in survival sex.
1.16	Persons released from jail.

Table 11b. Impact of the Issue

A. On homeless persons	
2.1	Persons experience loneliness, culture shock, isolation, loss, vulnerability, guilt, shame, discomfort, fear, danger.
2.2	Loss of or lack of social networks, difficulty making friends.
2.3	Difficulty in finding/accessing services, including shelter, food, healthcare, income support.
2.4	Difficulty in finding housing.
2.5	Involvement in substance use.
B. On service providers	
2.6	Difficulty in providing services on short notice to a large population, including housing, health and other specialized services.
2.7	Difficulty in determining eligibility for services/restrictive mandates of some agencies/challenges of deciding whether to stabilize persons or whether to assist them in continuing with their travel.
2.8	Lack of resources, particularly resources to serve particular subgroups of migrant persons (e.g. those fleeing relationship issues, those who do not have identification papers, immigrants, those released from jail).
2.9	Absence of a continuum of services for homeless and migrant persons.
2.10	High quality services for homeless persons in a community attract homeless migrants.

Table 11c. Issue Mitigation

3.1	Housing. Rent caps or other controls on landlords who exploit tenants. More shelters and related services. More drop-in centres or extended hours for drop-in centres, transitional housing and housing support services.
3.2	Agencies. More communication and cooperation between agencies to increase agency accountability to each other. More staff and resources required to develop appropriate programs for migratory homeless persons.
3.3	Needs. Recognition of the limits and needs of homeless migrant/transients. including a system to provide ID cards, improvements to community health clinics and services, literacy centre or services, and access to a continuum of services.
3.4	Funds. Provide financial assistance to transients in various communities, including travel assistance to transients to get to their destination, and increased funding to improve/enhance services.
3.5	Governments. Communication and cooperation between provincial governments so that they can make the required systemic changes to address poverty and the lack of affordable housing.

A service provider summed up her perceptions of some of the main reasons for migratory homelessness in Sudbury:

We have a lot of people travelling through, some of the reasons are work-related but some of them are just going either home to family or running away from family... We get a lot of them trying to get home, a lot of people are coming in trying to get to, I would say they are trying to get to a

funeral, or they are going somewhere, but a lot of times running away from something.

Other service providers added differing perspectives:

You're always going to have a percentage of people who are, we would call chronic homeless... and they are going to move from city to city. And they wear out their welcome in one city and think, 'Well they don't know my name in Toronto', so they just keep moving on.

... if for example the reason you've been on the streets in the first place is because of broken relationships and broken trust, one of the hardest things you're dealing with the homeless population is to re-establish trust. And so why people keep moving on is because, you know, they don't have that level of trust to really say, I'm going to commit my life to these relationships.

I know some of the regular cycles that have Ottawa, Barrie, Sudbury and they just keep travelling in that little cycle.

Thus, service providers spoke of structural as well as personal/individual-level reasons for leaving a community and continuing to move around. Some individuals had reportedly left their communities of origin because they wanted to broaden their life experiences or to search for new social networks. An Indigenous service provider noted that young Indigenous homeless migrants are often part of the hidden homeless population in Sudbury:

I would say there's a really large population of youth... They're from reserves and they're coming here for school, for jobs, for a different scene—social scene, maybe friends, different parties, there's a large population of those. You don't see them, its complex... but they're still homeless.

A young woman from a fly-in Indigenous community on the James Bay stated that she became homeless in Sudbury after first spending time in North Bay. She had left her community because she wanted to obtain some post-secondary education and explained that this was just one of the reasons why many young people left her community:

Umm people move out usually for work or school and umm most of the time it's because there's not housing.

This participant further described her choices for housing were she to return to her home community:

Yeah if I were to move back there with my two kids I would have to live with either my grandmother or my aunt. And my grandmother has a five bedroom house and, in total, there is about 18 people living in there, with ahh three or four different families. I probably like umm, I know my aunt and her husband they have five children and they share one bedroom.

Thus the reasons why people leave their communities of origin are often complex and not limited to a single cause. A critical shortage of housing in First Nations communities, along with a desire to seek education and work opportunities, often lead Indigenous youth to urban centres like Sudbury. Indigenous service

providers also explained that migration from First Nations communities contributes to homelessness in Sudbury. Similarly, Francophone service providers noted that some agencies in small communities in northeastern Ontario such as Chapleau, Cobalt and North Bay purchase bus tickets for clients to come to Sudbury to access services.

In the case of LGBTQ youth, leaving a small community may be linked to coming out, as noted in a study by East Metro Services (2005). Finally, in some cases individuals are helped or encouraged to migrate; this was connected with community-level issues such as a lack of opportunities for education or work in the home community. Francophone participants described a trend in which persons who are single (unattached) migrate to Sudbury from communities further north, obtain work and then encourage other unemployed family members, including family members with children, to come to Sudbury to take advantage of work opportunities. This is a type of situation that leads to homelessness for those who follow but cannot obtain employment. Indigenous participants originally from Hudson's Bay or James Bay communities similarly spoke of following others to Timmins and then to Sudbury.

2. Processes

A number of processes were viewed as being central to migration. For example, a short visit to Sudbury can lead someone to stay or relocate to the community. Service users commented that the people in Sudbury are "really nice" and that this can be a factor in homeless migration to Sudbury. A second process linked to migration/transience is that some people travel between two communities in cycles that are repeated. This kind of pattern has been cited as a common feature of migration among Indigenous people who cycle between periods of time in their First Nation community and other communities. Others, including some who participated in individual interviews, had travel cycles that have taken them all across Canada and back more than once, with periods of residence in communities between Sudbury and British Columbia.

The bonds between homeless persons and the formation of social networks have been identified in the literature as important aspects of homeless populations (cf. Johnson et al., 2005; Pollio, 1997). Service users spoke about their connections with other homeless persons and noted that it is common to share information about the local community as well as other places. This networking and information sharing is one way that migrants may help each other decide whether to stay or migrate to a different community. An Indigenous woman stated "When I

first came here, I hung around the crew [other homeless persons] and, from them, I heard where to go [to access services].”

Some migrants indicated a desire to return to their home communities but were experiencing barriers. Some of these barriers relate to the lack of funds available to them for travel. A service provider in the Francophone focus group mentioned specifically that migrants who have a mental illness are often searching for funds to enable them to return to their home community, particularly when they experience an escalation in the severity of their symptoms. Another service provider in the same group stated that funds had been obtained from the French religious community to send many people with mental health challenges back to their home community of Timmins. It was also stated that municipalities and local organizations are more open to supporting people who are originally from the community; this poses a challenge for homeless migrants.

However, for some, barriers to returning home stem from problems they left behind when they migrated out of their home community. A participant explained how personal/family issues can lead to migration and homelessness:

I travelled a lot and so basically, the homelessness part of it is about not having security; that was somehow engraved into me. I came from a divorced family and also from a CAS background... [Transience and homelessness], it's part of who I am and so the erratic behaviours, living on the edge. I have always been that way.

Other participants mentioned violence, debts or lack of housing, employment or educational opportunities in their communities of origin. Some Indigenous people from Hudson's Bay and James Bay communities mentioned that they came to Sudbury to pursue education. However, their general plans did not fall into place, especially when they arrived in the middle of a school term and had to wait for educational opportunities to be arranged. The experience of culture shock for those coming from the remote communities of the north is also a barrier to adjusting to new surroundings and circumstances.

Seasonal cycles were mentioned by both service users and service providers. However, there was no consistency in views on this issue. We conducted the focus groups in the spring and service users spoke about potentially moving elsewhere in the summer. An Indigenous service user noted, “It's usually in the summertime, people are coming in”. Others mentioned that they were contemplating a move once the summer arrived. A few service users were uncertain about whether they would undertake another move

such as an Indigenous man originally from a Hudson's Bay community. He said, “Maybe in the summer, I'll move again. I'm not sure”. Yet another stated, “It gives me a little boost to go from one place to another. Last summer, I went to Toronto because I was just fed up.” Contrary to the perceptions of increased migration in the summer, a number of Indigenous participants stated that they had arrived in Sudbury in the fall or early winter. Others mentioned that planning for the winter could prompt a move from a community. Still others referred to the practice of intentionally committing a minor crime in order to be incarcerated for the winter months.

Service providers were divided about the peak times for the migration of homeless people to Sudbury. Some service providers perceived an increase in migration/transience during the summer as one explained “The transient population, [it's] in the summer because people are moving, it's easier to move. In the winter, it's the ones who remain in Sudbury.” In another focus group with service providers, it was noted that the peak times are in the winter: “Winter, yes, and late spring.” However, as noted above, our prior studies on homelessness have not revealed any differences in the number of people migrating to Sudbury in the summer versus the winter.

Structural causes of poverty, low income and lack of access to decent affordable housing were mentioned by service users and service providers. Migration and transience can be a direct result of the lack of education, employment, income and services in home communities. Some who leave as a result of these structural factors become homeless in the destination community. An Indigenous man who came to Sudbury but has not been able to get a job declared, “I'm workless now”. Francophone service providers noted that people migrating to Sudbury are adversely impacted by the tight housing market in Sudbury and the long wait list for subsidized housing: “... la famille St-Jaques y arrivent y se fait mettre en motel.” Temporarily housing homeless women and families in motels was said to be expensive for the local service system and also an inadequate solution for these homeless migrants since it does not provide for stability or integration into the community and it is marginalizing.

Service providers and users also noted that the structure of programs and services reinforces the problem of homelessness; one obvious example given was that the level of social assistance payments is too low to enable homeless persons to obtain decent housing. Francophone service providers observed that Ontario Works benefits are the same in Ontario, regardless of the differences in the cost of living and housing. One

service provider commented that clients who succeed in a treatment program for addictions in Sudbury cannot find any affordable housing except in a crack house. This situation clearly elevates the risk of relapse.

A service user identified a problem with the service system that is related to addictions. She stated that programs for substance use are often held in the afternoon or evening and she observed, “By that time, I’m just too drunk. I come to the breakfast but only because I’m sober.” A service provider acknowledged this issue and also identified the need to offer services in the morning to enable them to work with people struggling with addictions:

For those who have severe addiction issues with alcohol, we find that the peak time for them is first thing in the morning, before the liquor stores or beer stores open, we find that, if we can get to them in the morning, we can get stuff done; if we can’t get to them by the afternoon we’ve lost them for that day.

The Indigenous service providers stated that a breakfast service is crucial for homeless migrants with addictions. It was also noted that additional programs should be developed in Sudbury following this approach.

Francophone service providers expressed concern about people who are incarcerated in Sudbury and then released without any financial aid or help by the justice system to support them in returning to their home communities. It was stated that there are no funds available for people released from jail: “Y’ont jamais d’argent.”

D. Impact of migratory/transient homelessness

1. Impact of the issue

The human costs of migratory/transient homelessness are high. The qualitative data showed that people experience a wide range of emotional impacts including loneliness, culture shock, isolation, guilt, shame, and fear. These emotional responses are amplified because of negative reactions from mainstream society. An Indigenous service user said,

I guess there’s a lot of things that homeless people need but other people don’t look at that. It’s like [they say we’re] just alcoholics or what not. That’s part of it too, you know, [the poor treatment is] because we’re homeless, right?

This participant was referring to the impacts of stereotyping, racism, discrimination and marginalisation. The loneliness experienced by some is linked to fear and the dangers of being homeless: some keep to themselves and find it difficult or do not try to make

connections with others. Such problems are compounded for migratory homeless individuals when they experience challenges in finding or accessing services when arriving in a new community.

Other problems with lack of access to services were related to the gaps in services or insufficient services available to meet needs. The lack of affordable housing was identified as one of the impacts on homeless migrants—these people have a great deal of difficulty in obtaining suitable housing. Moreover, it was stated that the local shelter system is unable to serve the needs of migrant/transient homeless persons very effectively because of the conditions in the men’s shelter (which was decades old) and because there are no shelters for many subgroups of homeless people.

Substance use and addictions were also identified as a type of impact on homeless migrants. For example, some communities have better treatment options and services to assist homeless people in addressing addictions. It was specifically noted that there is room for improvement in these services in Sudbury. In particular, some service gaps were identified by participants with addictions issues. A man explained, “The rule is that I can’t go home drinking because we are trying to get [a child back] from Children’s Aid.” This participant was sleeping rough on the streets and needed treatment and housing: “I’m looking for an apartment so I can have a stable place when I come back from treatment”. Another participant identified a need for addictions treatments to be organized in a manner that would take into account the patterns and dynamics of street life.

Service providers noted several types of impacts of migratory/transient homelessness on the local service system. They stated that there is a relatively large homeless population that is difficult to serve. One difficulty has to do with the lack of continuity in meeting with homeless migrants, as well as the challenges of program planning for this group:

That’s the thing too with the transient ones, we’ll see them once or twice, and then we don’t see them again so we don’t have that follow up like we do with some of our clients. So its really hard to determine how many or how often do we see them, but it is quite often.

With regard to shelter beds, transient persons were said to amplify the existing difficulties in serving the homeless population because the former often require services on short notice. For example, the requirement to accommodate the immediate need for shelter is sometimes challenging when the system is already overloaded. A consequence is both burn-out for workers and an inability to meet some needs.

Agencies have particular mandates, which pose problems when migratory/transient homeless people do not fit the agency requirements. A challenge with regard to migrants is whether an agency should invest time and funds in stabilizing the person in Sudbury or provide funds to enable the person to return to his/her home community. As noted above, it was explained that it is a practice within some communities to provide bus tickets to a larger urban centre where more services are available or to provide a ticket to return the person to his or her home community. This practice places additional pressure on the service systems in these destination communities—and Sudbury is a key destination community in northeastern Ontario. The information provided did not reveal whether the practice of providing bus tickets typically involves a voluntary move on the part of the homeless person. Rahimian et al. (1992) noted that this practice was also documented in their study of homeless men in Los Angeles. They referred to the practice as “Greyhound therapy” and stated that it involved a forced move. A service provider observed that homeless people are aware of the practice of purchasing bus tickets out of Sudbury as a way to deal with migrant homeless persons. It was stated:

Greyhound tickets to get back to where they're from—this what they've come to expect. People know that if they're migratory and they're not from Sudbury, they [need to] tell them, to say, they're from Sudbury. Don't say you're from somewhere else cause you won't get through.

The lack of resources to provide services was cited as a general problem but also it was noted that there is further difficulty in serving particular populations, including immigrants, families, and people who have been released from incarceration. Service providers stated that the lack of a continuum of services in Sudbury is problematic. Some needs cannot be met when there are gaps in service such as shelters for Indigenous people, homeless women and families, and a drop-in centre for Francophones. A service provider explained that people with health challenges or disabilities can be difficult to house:

[We need to] build relationships with these individuals. [The example is] one person who [has a disability] and is difficult to get placed. With a walker, a place with no elevators and to have to go up and down these stairs, it's a hard thing. We found two places for him and he kept sabotaging it and kept coming back [to the agency] and we finally got him a place. It was only because we worked with the guy and went to see him in the

apartment. We made sure that that transition was there. And I think that is one of the things that we're going to build success in moving people away from the street. There's got to be that kind of continuity through the entire system

Another challenge for service providers is in offering culturally appropriate services. For example, Indigenous participants spoke about wanting to preserve a sense of pride when they accessed services such as those at the local Native Friendship Centre: “Because a lot of [the problem] is, we're too proud of ourselves [to ask for help]; it doesn't work. [The Friendship Centre] didn't know I was homeless. They didn't know at all”. It can be challenging for Indigenous service providers to offer support when they are unaware of the circumstances for those who need their help; these difficulties can be even greater for non-Indigenous service providers who have less knowledge, experience and shared background to facilitate work with Indigenous clients.

2. Comparison of themes mentioned by service users and service providers

Table 12 compares the results of a content analysis of the interview transcripts from homeless migratory/transient persons (from our existing database from 2002 to 2004) with the focus group data from service users and service providers who participated in the current 2009 study. The results based on the frequency of mention show that few of the participants spoke to the issue of definition. Similarly, participants tended to speak about their own experiences of moving from one community to another but did not generalize. The experiences of homeless migrants in the focus groups illustrate the complexity of developing definitions of migration and transience. Their perspectives support the view put forward by Rahimian et al. (1992) that it is not appropriate to apply mainstream measures of migration to homeless people. Excursions to another destination community that would be viewed by domiciled persons to be migratory moves, may not be seen the same way by homeless persons who do not need to deal with housing and personal belongings. The service providers shared some thoughts about definition but they did not have a clear understanding of the issues involved. Migration and transience were simply seen to involve people moving through the community. Some homeless persons and service providers spoke to the extent of the issue but this was an area in which individuals were mainly able to discuss their own perceptions.

Table 12. Frequency of Mention of Main Themes in Interviews and Focus Groups

<i>Main themes</i>	<i>Homeless persons 2002-2004</i>	<i>Homeless persons 2009</i>	<i>Service providers 2009</i>	<i>Total</i>
	<i>N=15</i>	<i>N=17</i>	<i>N=13</i>	
Definition	–	–	2	2
Extent	–	13	7	20
Nature	114	110	83	307
Impact	33	38	44	115
Mitigation	19	26	33	78

Homeless persons described seeing new faces among those using front-line services or of recognizing migratory or transient people who they had seen on occasion in the past. Service providers seemed uncertain about the extent of the issue locally. There were perceptions that there are more migrants in the summer than in the winter but this is not reflected in our quantitative database. Also, some service users mentioned that they see more migrants in the summer but a number of them noted that they had migrated to Sudbury in the fall or early winter.

Most of the discussion about migratory or transient homelessness centred on the nature of the issue. All sources of qualitative data provided extensive descriptions of the reasons why people leave communities and the processes related to migration or transience, as discussed above. The service users and providers mentioned a similar range of issues. It appeared that service providers, collectively, had a solid understanding of the reasons for migration and the processes involved.

The data also provided detailed observations about the nature of the impacts of migratory homelessness. The key differences were that service users, for the most part, did not speak about the impacts of migratory or transient homelessness on service providers. However, service providers discussed both the impacts on homeless persons and the impacts on services. Finally, while all sources of data provided information on issue mitigation, service providers had more to say about the ways in which the issue needs to be addressed.

3. Issue mitigation (2009)

Service users and providers identified the same kinds of actions that need to be taken in order to address the issues for homeless migrants/transients. Service providers were more explicit in stating the specific

changes required whereas service users spoke more to their own needs. Many of these actions/changes would also help to address the challenges and issues of non-migrant homeless persons. As some of our findings indicate, there are many similarities in the experiences of migrants and non-migrants. Table 13 shows the five main themes that emerged from the qualitative analysis on issue mitigation. First, the largest number of comments pertained to housing. Service users believed that rent caps are required in order to increase the supply of affordable housing. In addition, they believed that some measures must be implemented to prevent unscrupulous landlords from exploiting vulnerable tenants. The specific example of survival sex was mentioned: some landlords have been known to demand sex from tenants who are behind in their rent payments. Service users and providers both asserted that more shelters, transitional housing and housing support services are needed.

In addition, drop-in centres that are open 24 hours per day are needed to provide a location where homeless migrant/transient persons can go whenever they arrive in Sudbury. At present, it was noted that there are service gaps in the hours of operation and times when drop-in services are unavailable. Francophone service providers emphasized the need for accessible shelters in Sudbury.

A theme from the focus groups with service users was that migratory people with substance use issues need specialized housing supports to assist them in dealing with addictions. A participant agreed: “I need better control of my life. My life is a mess. [I need] more direction. But, like I said, I don’t want it. You gotta really want it. I’m an alcoholic, right, and I drink every day.” Service providers and agencies need to develop approaches that are more efficacious and responsive to the needs of homeless migrants with addictions, including breakfast programs (as noted

above), housing services to help them secure housing and other supports to assist them in staying housed.

A second theme pertained to agency collaboration and the coordination of services. It was stated that service providers in Sudbury have made progress in working together more effectively to serve the needs of the homeless population. Francophone service providers emphasized that, when it comes to serving homeless migrants/transients, good communication and cooperation between agencies is vital. Homeless migrants with health or mental health problems have great difficulty in dealing with multiple agencies and do not cope well when they are passed from one agency to the next. An Indigenous service provider explained the importance of a strong network of services to assist migrant homeless persons:

I think they need a place to go where they could get all of their needs met because I think they're probably moving around looking for that. [They are saying] 'Where's a place that I could stay or a community I could stay where all my needs will be met. Where can I feel safe, where can I feel a sense of community.' I think if they had that feeling, long term, then they would be able to stabilize themselves.

Francophone service providers also made the point that a key problem for homeless migrants is that they do not know where to go to get help or to access services when they arrive in Sudbury. Service users reinforced the view that front-line service providers are in a good position to support homeless migrants. A service user noted that the access to front-line agencies was a conduit to information about the various agencies in the service system:

At first, I learned by going to the Friendship Centre, the Mission [drop-in centre], plus I've been to Rockhaven [the residential treatment facility] just up the road. And I learned a lot of services from there. And there's the Action Centre [youth drop-in centre], the food banks. I learned where the food banks are.

Making information readily available at the basic, front-line service agencies such as drop-in centres, soup kitchens, health clinics and shelters is an important way in which homeless migrants can get the information they need and get connected to services that can support them. It was also stated by service providers that staff in different agencies must be accountable to each other so that homeless persons do not "fall through the cracks" and so that there can be effective follow-up to ensure that needs have been met. Moreover, there was a strong emphasis on the need for more staffing and more resources within agencies serving homeless migrants/transients so that

agency personnel have the time required to engage in collaborative work.

Table 13: Themes on Issue Mitigation 2009

<i>Main theme</i>	<i>Sub-theme</i>
<i>Housing</i>	<ul style="list-style-type: none"> • Rent caps and controls on landlords who exploit tenants. • More shelters and related services/Shelters for transients requiring immediate assistance/ Accessible shelters. • More drop-in centres. • Drop-in centres open 24 hours per day. • Transitional housing. • Housing support services.
<i>Agencies</i>	<ul style="list-style-type: none"> • Communication and cooperation between agencies. • Agency accountability to each other. • More staff and resources.
<i>Needs</i>	<ul style="list-style-type: none"> • Recognition of the limits and needs of homeless migrant /transients. • System to provide ID cards, especially for access to health care. • Improvements to community health clinics and services. • Literacy centre. • Harm reduction approach. • Continuum of services.
<i>Funds</i>	<ul style="list-style-type: none"> • Assistance to transients in various communities. • Improvement to services. • Travel assistance to transients to get to their destination.
<i>Governments</i>	<ul style="list-style-type: none"> • Communication and cooperation between governments to change policies that disadvantage homeless migrants. • Systemic changes to address poverty and the lack of affordable housing.

Third, several issues were raised regarding the needs of this population. Some comments underscored the importance for service providers of recognizing the limits for expectations of homeless migrants/transients. Service providers noted that there are some people who are difficult to house. The comments of

service users struggling with addictions illustrated the challenges with respect to this group and another example given by service providers was people with physical and mental health challenges.

An issue that was particularly germane to Indigenous people pertains to identification cards and papers. It is not uncommon to encounter situations in which homeless migrants/transients do not have particular forms of identification, including a health card:

ID or verification, they don't necessarily always seem to have it. But yet if they need a health card, they have to have a place of residence. There's no transitory health card, you have to have an address. If you don't have a place to call home or an address to call home, or an address to get mail, they can't give a health card to you.

Francophone service providers also stated that problems with a lack of identification cards and health cards is problematic for migrants who come from out of province. It was stated that procedures must be developed whereby temporary cards can be issued so that individuals can access housing and services even though they do not have identification cards. Moreover, participants recounted negative experiences of homeless migrants with health care providers, particularly at the hospital. Another problem identified by Francophone service providers pertained to migrants who must complete application forms for the Ontario Disabilities Support Program (ODSP). The challenge is that the forms must be completed with a physician who has good knowledge of the individual's health history. Homeless migrants do not have access to physicians who will complete the required paperwork; this problem is further exacerbated by the shortage of family physicians in Sudbury. It was asserted that improvements must be made to community health clinics and services so that the health and mental health needs of homeless migrant/transient persons are met.

In general, it was observed that this population needs to have a continuum of services in place—offering a full spectrum of services—since the particular needs of persons who are homeless and migrant/transient ought to be served in a holistic manner that preserves their dignity and addresses the underlying issues. A final point about agency needs regarded literacy issues. Francophone service providers stated that a service must be developed to address the problem of low literacy in this population.

Fourth, funding was a vital issue for service providers. Overall, more funding is required to improve services. A service provider summarized some of the gaps in the service system in Sudbury relating to shelters and services:

We need shelters, harm reduction shelters, somewhere they have a place to stay while they're intoxicated, as apposed to staying at a detox where it's not necessary. A shelter, like in Toronto, they have those shelters where they come in at 8:00 at night and leave at 7:00 in the morning—no questions asked, no one is told, 'No, you can't stay here'. But at 7 o'clock in the morning its time to go and they understand it. For a lot of them, they aren't ready to deal with issues, the way they deal with it is through the bottle, and it may be 2 to 3 years before they can actually address their issues. Its like the more you force them the more they're gonna run away from you. So when they're ready, they're ready, although it might take 2 to 3 years and harm reductions.

However, service providers emphasized the view that improving the service system in a particular community can simply have the effect of attracting more migrants and, hence, overwhelming the system. There is a need, beyond the local level, to improve assistance to migrant/transient persons. Since homeless migrants/transients often communicate information about the best communities in which to access services, an overall improvement is required throughout the province and the country. One service provider also raised the issue of international migration: even though the number of international migrants in Sudbury is small, it was observed that there has been an increase. Moreover, this trend is expected to continue. Thus, planning is essential to understand how such trends may be addressed in the future.

Fifth, service users and providers clearly stated that provincial and national governments must be involved in making the changes required to address the needs of homeless migrants/transients. An example of a problem to be resolved by the provincial government pertains to regulations regarding rent and the shelter portion of Ontario Works. Service providers explained the problem with the system:

If I pay rent in Toronto, I'm from Ontario, but I've been in a relationship and we just had a regular break-up so I can't go to Geneva house [shelter for women experiencing domestic violence], it's a regular break-up. We break-up and I have no where to go, so I'm coming to Sudbury because its the last place I lived or whatever and I liked it here, so I leave that place in Toronto where I paid rent on April 1st. And I come to Sudbury and need shelter today, April 15. [But] I can't get shelter because, if I'm on OW, I already paid rent somewhere in Ontario within this month. So I payed rent at the place my boyfriend gets to sleep at, and I can't have shelter because, according [to regulations] I paid a place

for rent so I should be able to live in that place until the 31st. Then on May 1st, I qualify.

So like they, Ontario Works, give you a cheque for \$576-\$250 is for your basic needs and the other \$326 is your rent portion. So technically they paid your rent so you're not considered homeless because you got that and you're paid til the 31st.

This issue was discussed extensively by service providers who gave examples of women with children arriving in Sudbury who were adversely affected by these regulations and were prevented from obtaining shelter in Sudbury. The problem was cited as an issue to be resolved by the provincial government.

Better communication and coordination is needed between provincial governments and jointly with the federal government. Furthermore, the main systemic issues of poverty, unemployment and the lack of affordable housing are matters that cannot be resolved at the local level. Senior levels of government must take the lead in making the required changes.

3. Homeless Individuals and Families Information System (HIFIS) Data

The HIFIS Coordinator examined the local database to determine whether relevant data were available for analysis. When this study was being conducted, information pertaining to transience and migration was not being collected and recorded in the local HIFIS database. Thus, the local HIFIS database did not contain information relevant to the present study. Further additions are being considered so that the local database will be useful in the future for research on migratory/transient homelessness.

CONCLUSION

This project sought to obtain information about the definition, extent, nature and impact of the issue of migratory/transient homelessness and issue mitigation. A mixed-methods study was designed to analyze existing databases and to collect new data to address the objectives of the project. A review of literature pertaining to the definition of migration/transience within the context of homeless populations showed that transience involves four dimensions (Pollio, 1997). We adopted the definition of transience which comprises the elements of migration, duration, intention and involvement; we also drew on research by Lindquist et al. (1999) and Rahimian et al. (1992). A questionnaire was developed to gather information from homeless persons in Sudbury who were also migratory/transient. The analysis suggested that the definition used in the current study was useful in

collecting quantitative data about homeless migrants/transients in order to understand the nature of the phenomenon.

This study has provided information about the extent of the problem. The 2009 quantitative study indicated that the proportion of the total homeless population that is migratory/transient was over a quarter (28%) if stayers who self-reported migration are included. Excluding this subgroup and drawing on official definitions of migration that are limited to moves within a five-year period prior to the study, approximately a fifth of homeless persons were migratory/transient (19%). It is difficult to compare this proportion to other studies of homeless migrants since there are so many differences based on the context (i.e. most prior studies were in large urban centres in the US), timing (most prior studies took place in the 1990s), samples (e.g. Rahimian et al. (1992) studied homeless men in "skid row", Los Angeles while Coston (1995) studied homeless women in New York City), and measures.

Our period-prevalence studies in Sudbury have indicated that, at any given time, the homeless population, including adolescents, adults and dependent children, is about 440. Extrapolating from this number, the results of the current study suggest that there may be as many as 120 homeless migrants in Sudbury at any given time who require help and support. This is likely to be an under-estimate given the challenges of studying homeless populations. Given that the basic needs of recent migrants must be addressed soon after they arrive, service providers stated that migrants place additional pressures on service networks since non-migrant homeless persons are thought to be better connected with local services. This study provided some evidence for this since homeless non-migrants as well as at risk migrants were referred to other services more often.

While many service providers and some service users believed that the homeless migrant population in Sudbury increases in the summer, our quantitative data did not provide any evidence of this and our qualitative data did not provide conclusive evidence since all seasons were cited as times of the year in which persons had travelled to a new destination or arrived in Sudbury. However, further research using the same set of questions measuring migration/transience would be required to provide stronger evidence about this issue through a direct comparison of trends in the winter and summer.

The analysis of quantitative data on migrants in our previous studies and a comparison with a sample from the 2009 survey suggests that there are some fairly stable characteristics of homeless migrants/trans-

sients in this community. Most of the participants in our study were men and this was confirmed in all phases of the study. Most homeless migrants/transients were either single or divorced/separated and few had custody of children. In terms of cultural backgrounds, homeless migrants/transients were similar to the general homeless population in Sudbury, with the majority being Anglophones of European origins and a substantial proportion (about a quarter) being Indigenous persons. A smaller subgroup was Francophone (about 10%). The main reason for being homeless, according to migrants relates to unemployment. Illness, family issues or domestic violence and problems with social assistance were other major contributing factors. The study has clearly shown that most homeless/transient migrants had extensive histories of absolute homelessness and most had experience with sleeping rough. Problems with physical or mental health were prevalent among homeless migrants.

Migratory/transient homelessness is linked to intersecting individual-level and community-level problems. According to service users, community-level problems such as a lack of services, employment, education, and housing were the main factors that led people to leave their communities of origin. Often connected to these factors were problems with relationships, including violence and addictions. Several kinds of processes were involved with migration/transience including cycles of movement between communities, the establishment of networks of relationships within destination communities, and ongoing challenges due to the existence of structural problems related to poverty and unemployment in destination communities.

Being migrant and homeless impacts on individuals at an emotional level, social level (through the loss of relationships) and also challenges them to find and access services to meet their basic needs for shelter, food, healthcare and income support. Compounding these difficulties for some were issues related to addictions.

The impacts also extend to the service system and service providers experience challenges in serving migratory/transient persons who have immediate and pressing needs. In addition to shortages in resources to operate front-line services, some service providers struggled with agency mandates that may conflict with the needs of people seeking support. Some of the issues which confront the service system due to the needs of migratory homeless persons are similar to those generated by the general homeless population. However, there are also some unique service pressures that stem from the circumstances surrounding individuals who have migrated from another place

and are often unfamiliar with their surroundings. Moreover, as this study has shown, there are some ways in which migrant homeless persons differ from the general homeless population which place further pressures on particular types of agencies, programs or services.

The network of services at the local level is not adequately funded to provide the continuum of services that is required. At the same time, the local service networks have worked hard to make improvements and service providers believe that a basic set of quality services exists. Agency staff are highly committed to resolving issues that confront migratory/transient persons. Yet when the system is overwhelmed by many people with high needs, this can lead to staff burn-out.

The five areas for issue mitigation identified through this project involve housing, agency services, addressing the needs of homeless persons, funding and responsibilities of government. Service users and providers emphasized the complexity of migratory/transient homelessness. This problem must be addressed through the development of a comprehensive action plan that includes the five areas for issue mitigation, followed by its implementation.

REFERENCES

- Acorn, S. (1993). Emergency shelters in Vancouver, Canada. *Journal of Community Health*, 18(5), 283-291.
- Adler, P. & Adler, P. (1999). Transience and the postmodern self: The geographic mobility of resort workers. *The Sociological Quarterly*, 40(1), 31-58.
- Brown, W. (1993). Hidden Homeless Who Came to Stay... *New Scientist*, 18, 4-5.
- Brennan, T., Dieterich, W. & Ehret, B. (2009). Evaluating the predictive validity of the compas risk and needs assessment system. *Criminal Justice and Behavior*, 36(1), 21-40.
- British Columbia Ministry of Social Development and Economic Security. (2001). *Homelessness: Causes & effects*. Victoria: Housing Policy Branch.
- Canadian Welfare Council. (1961). *Homeless Transient men: A study of the characteristics of homeless transient men with recommendations for suitable government and community action to help meet the problem of transiency*. Ottawa: Public Welfare Division.
- Cloke, P., Milbourne, P. & Widdowfield, R. (2003). The complex mobilities of homeless people in rural England. *Geoforum*, 34, 21-35.
- Cresswell, T. (1999). Embodiment, Power and the Politics of Mobility: The Case of Female Tramps

- and Hobos. *Transactions of the Institute of British Geographers*, New Series, 24(2), 175-192.
- Coston, C. (1995). Self other judgements about perceptions of vulnerability to crime among urban transient females. *International Review of Victimology*, 4, 33-46.
- Coughlin, E. (1988). Studying homelessness: The difficulty of tracking a transient population. *Chronicle of Higher Education*, 35, A6-12.
- Cull, M., Platzer, H. & Balloch, S. (2006). Out on my own: understanding the experiences and needs of homeless lesbian, gay, bisexual and transgender youth. *Research Papers*, Health and Social Policy Research Centre, University of Brighton.
- Davey-Rothwell, M., German, D. & Latkin, C. (2008). Residential transience and depression: Does the relationship exist for men and women? *Journal of Urban Health*, 85(5), 707-716.
- Dupuis, J. (2000). Homelessness: The U.S. and Canadian Experience. Depository Services Program. Ottawa: Government of Canada.
- Dobson, J. & Stillwell, J. (2000). Changing home, changing school: Towards a research agenda on child migration. *Area*, 32(4), 395-401.
- East Metro Youth Services. (2005). *Building a foundation: assessing current outreach care for homeless and transient youth in Scarborough*. Toronto: Ministry of Children and Youth Services.
- Fiedler, R., Schuurman, N. & Hyndman, J. (2006). Hidden homelessness: An indicator-based approach for examining the geographies of recent immigrants at risk of homelessness in Greater Vancouver. *Cities*, 23(3), 205-216.
- First, R., Rife, J. & Toomey, B. (1994). Homelessness in rural areas: Causes, patterns, and trends. *Social Work*, 39(1), 97-108.
- Fearon, P. (2006). Relief for wanderers: The transient service in Kansas, 1933-35. *Great Plains Quarterly*, 26(4), 245-264.
- Frankish, C. J. (2005). Homelessness and health in Canada: Research lessons and priorities. *Canadian Journal of Public Health*, 96, S23-S29.
- Higate, P. (2000). Ex-servicemen on the road: Travel and homelessness. *The Sociological Review*, 48(3), 331-347.
- Hrenchuk, C. & Bopp, J. (2007). *A little kindness would go a long way: A study of women's homelessness in the Yukon. Territorial Report*. Whitehorse: Yukon Status of Women Council.
- Hulchanski, D. (2009). Homelessness in Canada: Past, present, future. Conference keynote address, *Growing Home: Housing and Homelessness in Canada*. University of Calgary, February 18, 2009.
- Hulchanski, D. (1991). *Solutions to homelessness: Vancouver case studies*. Canada Mortgage and Housing Corporation.
- Hwang, S. (2002). Is homelessness hazardous to your health? *Canadian Journal of Public Health*, 93(6), 407-410.
- Johnson, K., Whitbeck, L. & Hoyt, D. (2005). Predictors of social network composition among homeless and runaway adolescents. *Journal of Adolescence*, 28, 231-248.
- Kelly, B. (2005). Structural violence and schizophrenia. *Social Science & Medicine*, 61, 721-730.
- Lambert, E. & Caces, M. (1995). Correlates of drug abuse among homeless and transient people in the Washington, DC, metropolitan area in 1991. *Public Health Reports*, 110(4), 455-461.
- Lee, B., Price-Spratlen, T. & Kanan, J. (2003). Determinants of homelessness in metropolitan areas. *Journal of Urban Affairs*, 25(3), 335-355.
- Letkemann, P. (2004). First Nations urban migration and the importance of "urban nomads" in Canadian plains cities: A perspective from the streets. *Canadian Journal of Urban Research*, 13(2), 241-256.
- Lindquist, C., Lagory, M & Ritchey, F. (1999). The myth of the migrant homeless: An exploration of the psychosocial consequences of migration. *Sociological Perspectives*, 42(4), 691-709.
- McCallum, T. (2006). The great depression's first history? The Vancouver archives of Major J.S. Matthews and the writing of hobo history. *The Canadian Historical Review*, 87(1), 79-107.
- McCormack, D. & MacIntosh, J. (2001). Research with homeless people uncovers a model of health. *Western Journal of Nursing Research*, 23(7), 679-697.
- Metraux, S., Culhane, D., Raphael, S., White, M., Pearson, C., Hirsch, E., Ferrell, P., Rice, S., Ritter, B. & Cleghorn, J.S. (2001). Assessing homeless population size through the use of emergency and transitional shelter services in 1998: Results from the analysis of administrative data from nine US jurisdictions. *Public Health Reports*, 116, 344-352.
- Nord, M., Luloff, A. & Jensen, L. (1995). Migration and the spatial concentration of poverty. *Rural Sociology*, 60(3), 399-415.
- Phelan, J. & Link, B. (1999). Who are 'the homeless'? Reconsidering the stability and composition of the homeless population. *American Journal of Public Health*, 89(9), 1334-1338.
- Pollio, D. (1997). The relationship between transience and current life situation in the homeless services-using population. *Social Work*, 42(6), 541-551.

- Radley, A., Hodgetts, D., & Cullen, A. (2006). Fear, romance and transience in the lives of homeless women. *Social & Cultural Geography*, 7(3), 437-461.
- Rahimian, A., Wolch, J. & Koegel, P. (1992). A model of homeless migration: Homeless men in skid row, Los Angeles. *Environment and Planning*, A 24, 1317-1336.
- Ryan, E. & Hartman, M. (2000). Homeless families on the border: A demographic profile. *Journal of Children & Poverty*, 6(2), 169-177.
- Shapcott, M. (2006). *Backgrounder: Counting Toronto's homeless people*. Wellesley Institute. www.wellesleyinstitute.com
- Spencer, J. (1960). *Report on homeless and transient Men*. Social Planning Council of Metropolitan Toronto.
- Stadum, B. (1997). Female protection and empowerment: travelers aid services, 1919-1934. *Affilia Journal of Women and Social Work*, 12(3), 278-297.
- Statistics Canada. (2006). *2006 Community profiles—Census subdivision, Greater Sudbury*. Census of Canada: <http://www12.statcan.gc.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>
- Statistics Canada (2008). *2006 Census of Population*. Catalogue no. 97-564-XCB2006007. <http://www12.statcan.gc.ca/english/census06/data/topics/RetrieveProductTable.cfm?ALEVEL=3&APATH=3&CATNO=97-564-XCB2006007&DETAIL=0&DIM=&DS=99&FL=0&FREE=0&GAL=&GC=99&GK=NA&GRP=0&IPS=97-564-XCB2006007&METH=0&ORDER=&PID=97614>

