PREVENTING HOMELESSNESS IN SUDBURY BY ADDRESSING UNIQUE NEEDS AND STRUCTURAL BARRIERS FOR PEOPLE IN KEY CULTURAL GROUPS

FINAL REPORT

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PREVENTING HOMELESSNESS BY
ADDRESSING UNIQUE NEEDS AND STRUCTURAL BARRIERS
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PROJECT GOAL

The primary goal of this study is to conduct *'action-oriented' and 'solution focused'* research that will identify the key structural/systemic issues that lead to homelessness among particular subgroups in the homeless population (i.e. Aboriginal people, Francophones, Anglophones, men and women, people with mental illness, youth, transients, and families). The objective was to enable the development and description of viable strategies for reducing and preventing homelessness in the future.

GENERAL APPROACH

The general approach used in the study builds on our ongoing research on homelessness in Sudbury. We used a mixed-methods (qualitative and quantitative) design to gather data from service providers, homeless people, and members of the community who have had direct experiences with homelessness in the past. Since July 2000, we have been using a multiple-methods design that has enabled us to measure quantitatively the extent and nature of the homeless population in Sudbury, as well as to examine, through qualitative field research, the experiences, perceptions, and circumstances of homeless people. The research techniques employed include surveys, key informant interviews with service providers and homeless people, field observations, and use of agency records. Focus groups were conducted with service providers to stimulate discussion of the issues.

METHODOLOGY

The project builds on the four studies that have been conducted on homelessness in Sudbury in July 2000, January 2001, July 2001, and January 2002. A further analysis of the database provides information on issues and needs, as strategies for change to reduce and prevent homelessness among particular sub-groups in the homeless population.

The project was conducted over 15 months and proceeded through several steps, as follows:

- *Literature Review, Finalizing Research Plans, and Ethical Review.* A review of the existing literature relating to the research questions was conducted in the first Phase of the study. A literature search on structural factors was conducted to identify the primary sources in Canada, the United States, Australia, the United Kingdom, and the European Union including Sweden and France. The search was intended to identify primary sources pertaining to our focus on homelessness including books, scholarly journal articles, and reports available in university libraries as well as high quality Internet sites. Libdex, containing links to university libraries worldwide, and Amicus, containing links to the National Library of Canada and all Canadian

university libraries were used as the major search engines. The key articles, reports, and books were retrieved and a literature review based on 105 sources was prepared.

- *Ethics Review.* An application was submitted to the Ethics Review Committee at Laurentian University in order to ensure that the research was conducted according to the highest ethical principles pertaining to research with human subjects. Ethics approval was obtained.

- *Phase II–Analysis of the Existing Database on Homeless People in Sudbury.*
a) Quantitative database. The completion of four studies on homelessness in Sudbury (July 2000, January 2001, July 2001, and January 2002) has produced a large database on the homeless population (please see the website of the Social Planning Council of Sudbury (SPC) in which these studies are posted). The database from these studies contains information on approximately 1606 individuals based on one-week 'snap-shots' or point prevalence studies conducted at six-month intervals.

  b) Qualitative database. Data from in-depth interviews conducted with 30 homeless people in July 2001 were analysed to enable us to obtain information on the unique needs of sub-groups of this population. These interviews were transcribed and general themes identified.

- *Phase III–Agency Survey of Homeless People.* Service providers have assisted us to collect information from homeless people in Sudbury. They collected individual information from clients willing to participate in the research. This research activity was repeated in January 2002, as noted above, and added to the existing quantitative database.

- *Phase IV–Key Informant Interviews/Focus Groups.* Key informant interviews and focus groups with the staff in agencies serving particular sub-groups (i.e. based on language/culture, gender, age, and mental health status) focussed on obtaining information relating to the most pressing needs of clients, the key structural/systemic issues, and practical steps for preventing and reducing homelessness. A report on Phases II to IV was prepared.

- *Phase V–Comprehensive Survey of Service Providers in Sudbury.* A survey instrument was used to gather information from service providers serving the homeless and high-risk populations. The questionnaire obtained further information regarding the service providers' perceptions of the needs of the particular sub-groups they serve. A report was prepared.

COMMUNITY PLANNING

These research activities and reports have been presented to the community and a planning process was pursued in conjunction with the Task Force on Emergency Shelters and Homelessness. Thus, the research findings are being used on an ongoing basis to develop, monitor, and revise community plans to address homelessness in Sudbury.

- A policy brief was presented to the City of Greater Sudbury on July 31, 2002.

- The Task Force on Emergency Shelters and Homelessness has established three sub-committees and has prepared a draft community plan to address homelessness.

DISSEMINATION OF PROJECT FINDINGS

Efforts are underway to disseminate and to build on the project findings. Results have or will be disseminated through the following activities:

- Homegrown Solutions: Community-University Pathways to Action Research will be presented in Kelowna, BC. *Cultivating Knowledge from the Ground Up: Social Work Research in the Field. Annual Conference*. March 28, 2003.

- Homelessness in a Northern Ontario Community will be presented at the *11th Biennial Social Welfare Policy Conference* in Ottawa, June 15th to 17th 2003.

- A paper entitled *Homeless Women in Sudbury*: *Struggles with violence and doing without* was presented on November, 22, 2002 to the Women's Research Caucus, Laurentian University.

- A webpage has been established on the website of the Social Planning Council of Sudbury to make the results of the project available to the public. www.spcsudbury.ca

- Two presentations were made in introductory classes in the School of Social Work at Laurentian University in November, 2002 and March, 2003.

- A presentation on the project was made for Social Work Week at the School of Social Work for community members, faculty and students.

- Two scholarly papers are being prepared on the topics of (1) the link between homelessness and experiences of abuse among women and (2) issues for homeless people with mental illness. A tentative title for this paper is *Homelessness and Mental Illness: Perspectives of Service Providers in Sudbury.*

FUTURE RESEARCH

Funding by the National Homelessness Initiative has strengthened the research partnerships in Sudbury and has led to a resolve to continue this work. To this end, a proposal was submitted by the Social Planning Council of Sudbury in collaboration with the School of Social Work at Laurentian University to the Social Sciences and Humanities Research Council – Community-University Research Alliances.

This project seeks to understand how local communities can be mobilized to address the issues of homelessness and deep poverty by examining their related structures and processes (i.e. macro- and micro-level issues) through mixed-methods comparative research and community intervention. A community-wide assessment on homelessness can examine local perspectives, government policies on social assistance, reductions in social spending, unemployment, local housing markets and access to affordable housing, and views on human rights issues pertaining to housing and homelessness. Community decision makers and government policy makers will benefit from a clearer understanding of these issues so that appropriate policies and practices can be formulated to deal with the problem.

Comparisons between Sudbury and Kelowna can provide useful insights into homelessness. These cities of similar population size differ in a number of respects including climate, economic, social, cultural, and political factors. These factors can be examined in relation to homelessness. The study can also trace the growing impact of the recent reductions in the social spending in BC which follow, in many respects, the policies of the Government of Ontario since 1995.

The proposed five-year project will continue and expand the program of research on homelessness in Sudbury. The proposal was successful at the letter of intent stage and a Development Grant of $20,000 has been received to assist with the development of a full proposal. This proposal will be submitted on June 30, 2003.

SUMMARY OF RESULTS

PART I: HOMELESS PEOPLE'S VIEWS ON NEEDS
AND CAUSES OF HOMELESSNESS

INTRODUCTION

The Government of Canada has acknowledged that homelessness is an issue affecting large urban centres as well as many smaller communities across the country. As a result, it has announced funding of $305 million through the *Supporting Communities Partnership Initiative* to develop local strategies for reducing and preventing homelessness. The National Homelessness Initiative of the Government of Canada is also supporting research that will lead to the reduction and prevention of homeless. This project relates to two key issues that are central to the national research agenda on homelessness: (1) to describe subgroups of the homeless and their needs, and (2) to identify structural/systemic issues and changes required.

Social theorists have posited that globalization has been the driving force behind the similar changes taking place in many nations in the western world where there have been increases in homelessness. Important factors determining whether and how people become homeless are thought to pertain to the nature of the political climate, economic policy and social policy. Wetherly (2001) proposed that globalization impacts on government policies by altering the costs and benefits of implementing particular policies. Many western governments have opted for policies designed to reduce government expenditures and access to government assistance. The effect has been to erode the financial security of people in the lowest income groups. Increases in homelessness in Canada parallel those in other nations in recent years and reflect the global trends toward decreased social spending and reduced availability of affordable housing.

The prevalence of homelessness is, according to the many perspectives summarized in the literature review for this project, a social indicator of a society in which problems of poverty and housing affordability have reached critical levels. Homelessness is most in evidence in countries where the social supports available are insufficient to provide individuals and families with enough income and stable housing so that they can participate meaningfully in society. Increases in homelessness prevalence appear to be correlated to decreases in social supports, or in the provision of social supports that do not address these root problems.

GOAL

The goal of this aspect of the project (Part I) was to describe the results of a re-analysis of the existing database on homeless people that will provide information about the particular sub-groups of homeless people based on gender, ethnicity (Francophones, Aboriginal people, and Angophones of European origins) and age, as well as people with mental illness. An examination of the data can provide an indication of the needs and required supports, as articulated by various groups of

homeless people. A comparison of the group responses can provide an indication of the policy changes required to prevent homelessness in Canada in the future.

Context for the Study and Sample

The context for this study is the City of Greater Sudbury. Sudbury is a good site for the examination of structural issues faced by particular groups such as Aboriginal people and Francophones since our prior research has demonstrated that the homeless population in Sudbury includes significant numbers of people from these groups.

Methodology

We have worked with local service providers in order to obtain snapshots of the homeless population during a one week period for each of the point prevalence studies. Given the inherent difficulties in studying homeless people, it must be recognized that any count will produce an under-estimate of the total homeless population. Nevertheless, by securing the participation of a majority of the service providers in Sudbury, a reasonable estimate can be obtained. A list of providers generated in the spring of 2000 was used and updated every six months to ensure that the key organizations serving this population were participating. A letter explaining the objectives of the study and the need for participation from all providers was delivered to the agencies along with a copy of the data collection instrument to be used for the count. Every provider was subsequently contacted by telephone in order to set a date and time for a meeting to review the information to be collected in the study and to determine how the data could be collected from each agency. The data collection instrument consisted of a form for collecting information on each homeless person (see explanation in the following section).

Peressini, McDonald & Hulchanski (1996) noted that there has been a tendency to utilize a variation of the service-based methodology in most studies of homelessness conducted since the late 1980s. This methodology was used in the current study because it captures most of the population. In addition, by gathering detailed information about each individual using shelters and allied services for seven consecutive days, we were able to identify repeat service users and unique cases. In contrast, other researchers, such as those conducting research on homelessness in Edmonton, have opted to conduct their count of homeless people by collecting data on a single day. While this approach reduces the time and effort required to collect the data, it may produce a more conservative estimate of the number of homeless people, since individuals who are not visible on the streets or using services on the day of the count will be excluded. Continuing the data collection for a one-week period may capture a more accurate "snap-shot" of the homeless population. Furthermore, by having the count conducted by providers who are experts in the field, the intrusiveness of the study is reduced and client confidentiality is fully maintained. The timing of all studies 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 tool was designed to obtain information providing a valid, unduplicated count of the homeless population in Sudbury without raising concerns about violating the privacy rights

of individuals using services. The data collection tool utilized was adapted from the Automated National Client-specific Homeless services Recording System (ANCHoR). The ANCHoR recording system is an information system designed to support the coordination of services to the homeless. It was designed to collect basic socio-demographic information about the consumers using the services, including the first, middle, and last initials, date of birth, social insurance number, gender, ethnicity/race, marital status, linguistic orientation, date of entry or use of services and exit or service discontinuation (Peressini, McDonald and Hulchanski; 1996). We also gathered information on welfare status and reasons for homelessness. Furthermore, the every study conducted after the initial one in July 2000 has differentiated between people at high risk of homelessness and those who were absolutely homeless. In every study, service providers have collected the data from homeless people who were willing to provide the information. Given that the data collection tool includes basic demographic data and questions on income sources and reasons for homelessness, the approach has generally been successful. While some homeless persons are unwilling to provide responses to all questions, missing data excluded only four percent of the sample (78 cases). This is well within the acceptable range. However, this does not provide any indication of the rate of refusal to participate. Service providers have reported that approximately 80% of their clients have provided the information.

When combined with data from three earlier studies (conducted in July 2000, January 2001, and July 2001), the January 2002 data provides a total sample of 1606 individuals. The data collected in each study represented a "snap-shot" of the homeless population for a one-week period at the end of each respective month. Using unique identifiers, we excluded 300 duplicate cases (i.e. individuals using services more than once during each data collection period). In addition, 79 cases of individuals who used services in two or more of the four studies were excluded from the sample of 1606, thereby producing a final sample of 1527 homeless individuals.

A comprehensive analysis of this database provided for a better understanding of the factors and circumstances leading to homelessness among various sub-groups in the population. We examined unique cases, ***across all data collection periods*** (July 2000, January 2000, July 2001, and January 2002) and undertook additional analysis of this database to determine the number of individuals who had been identified in more than one of these data collection periods (i.e this involved a cross-analysis of the four databases to identify and examine repeat or duplicate cases across the four data sets). This analysis provided information about the chronic, periodic, temporary, and relative homeless sub-populations within the total homeless population. However, the limitations of the data (i.e. it was not a longitudinal design following individuals) did not permit us to determine all periods of homelessness experiences by homeless individuals given that data collection occurs at set, six month intervals (individuals may not necessarily use the services during the data collection period).

Aboriginal people represent approximately 25% of the homeless population and Francophones represent approximately 20%. Other sub-groups are also present among the homeless population in Sudbury; these include women, adolescents, seniors, people with mental illness, and families with children. Prior research in Sudbury has enabled us to obtain a substantial database on homeless people using emergency services in the winter and summer. The consistency in the patterns of

findings across several studies suggests that the methodology is sound and that it has produced a good estimate of the parameters of the homeless population in Sudbury.

RESULTS

Circumstances of Homelessness for Various Sub-groups
Women
Women over the age of 19 accounted for over a quarter of the homeless people (27%) while men represented almost half (45%) of the sample and the remainder (28%) were children or adolescents. On average, their age was 36 but the oldest woman was 83. The Aboriginal women were over-represented, comprising 31% of this group whereas women of colour (visible minorities) were present in similar numbers as in the general population in Sudbury (2%). In contrast, Francophones were slightly under-represented among homeless women, at 18% (26% of the Sudbury population is Francophone). A quarter of these women stated that they had children. Over a third (40%) of these women were absolutely homeless at the time of the study while the remainder were at high risk of becoming homeless in the near future. Less than two-thirds (61%) were receiving welfare benefits while a further 13% were receiving other forms of income support from government sources. A significant proportion were not receiving any social assistance (26%).

There were some notable differences in the reported causes of homelessness for women who are absolutely without housing versus those who were at high risk of losing their housing. Domestic violence was the primary factor leading to homelessness for absolutely homeless women while problems with social assistance (i.e. Ontario Works) were identified most often as the second major factor. Poverty and low wages, typically resulting in an inability to pay rent was the third main cause of homelessness. While the order of importance of the three main factors differed for women who faced a risk of homelessness compared to those who were absolutely without housing, they were also the three reasons mentioned most often by the latter group. Women also cited "family issues/problems" more generally as a factor implicated in homelessness, as well as divorce or separation.

Key Structural Factors for Women. The systemic nature of domestic violence is a major cause of homelessness for women. However, the structural factors of poverty, low wages, and unemployment are also inherently linked to women's dependency and the inability of many women to earn enough income to live independently. The reductions in income support programs constitute the third systemic factor linked to homelessness for women. Additionally, racism is a key structural factor related to homelessness for Aboriginal women.

Gender Differences
The results show that a larger proportion of homeless men were Anglophones whereas there were proportionately more homeless Francophones and Aboriginals among the women. There were also age differences between homeless men and women. Homeless women were slightly younger, on average, compared to the men and men greatly outnumbered women among homeless people who were 60 years of age or older. A further difference between homeless women and men pertains to

family and marital status. While both homeless men and women were most likely to be single, a larger proportion of the women were married or in common law relationships. Women were also more likely to state that they had children (24%) compared with men (5.1%). Perhaps reflecting more generalized patterns of reliance on social services and income support programs (cf. Evans & Wekerle, 1997), a slightly larger proportion of women than men were receiving welfare benefits (i.e. Ontario Works) or another form of income support. A third of the homeless men and a quarter of the women were not receiving any form of government income support.

The results of this study suggest that the circumstances for homeless women and men differ in several ways. Few men cited domestic violence as a cause of either absolute or relative homelessness while this was the primary factor in women's homelessness. In contrast, men were most likely to report that they are absolutely homeless because of unemployment. Women were more likely to mention family issues in general and divorce or separation in particular as resulting in homelessness. Finally, men mentioned transience more often than women while more women than men cited mental illness as resulting in homelessness.

Families with Children
As noted above, children and adolescents comprised 28% of the sample of homeless people in Sudbury. Most homeless people with children were women (75%). The parents were most likely to report that they were single/unattached (46%) or divorced/separated (11%). A minority were married or in common law relationships (43%). Over a third of the parents reported that they were absolutely homeless. Eighty percent of their children were 12 years of age or younger while the remainder were adolescents. Homeless parents most often cited problems with social assistance (i.e. inadequate income support, late payments, or disentitlement), domestic violence, or poverty/unemployment as the main causes of homelessness. Family problems and divorce are also circumstances leading to family homelessness. Women become vulnerable to homelessness when they divorce. It has been well established through research that women and children are economically disadvantaged in the divorce process since women's income typically decreases, resulting in poverty for as many as 60% of women who have custody of their children (Finnie, 1996). As Mossman and Maclean (1997) have observed, the failure of government policies to address the gender differences in the economic realities faced by men and women after divorce is a key factor in the feminization of poverty.

Mental Illness
Mowbray and Bybee (1998) noted the difficulty in conducting research on homeless people with mental illness since they may not self-identify as such for a range of reasons including fears of compulsory hospitalization, victimization, or suspiciousness. This has been evident in the studies of homelessness in Sudbury; only a small proportion (4%) of homeless people have cited mental illness as a cause of their homelessness.

The profile of homeless people who reported that they suffered from mental illness was somewhat different from the general homeless population. Similar proportions of these individuals were male (47%) and female (53%) and all but one were single (77%), divorced/separated (18%), or widowed (2%). The age range of this sub-group was 17 years to 60, with a mean of 37. The cultural/linguistic background of this group was consistent with that of the homeless population in general. Over half

(54%) were absolutely homeless. However, a majority of them (69%) were receiving some form of income support from welfare (61%) or other government programs (9%). While family issues were seen by absolutely homeless people with mental illness as contributing to homelessness, the structural factors of unemployment, poverty, problems with social assistance were identified most frequently.

Youth
Adolescents unaccompanied by a parent represented 10% of the sample. Over half were males (58%). Nearly all were single/unattached (91%) while a small number (n=13) stated that they were married or living common law and a few (n=6) had children of their own. Homeless adolescents often fall between the cracks of the social safety net, typically being ineligible for income support programs or finding the provisions of programs unresponsive to their needs. Nearly three-quarters of the homeless youth were not receiving any form of income support from government programs (72%).

Many adolescents see the circumstances of family life as causing their homelessness. Some adolescents specifically mentioned domestic violence as resulting in homelessness. However, a majority identified the structural problems associated with inadequate levels of income support from government programs, unemployment, and poverty as the causes of their homelessness. Transience is also a factor for some adolescents who leave their home communities in search of opportunities. Male adolescents who were absolutely homeless identified a broader range of issues than did females and males who were at high risk of homelessness.

Seniors
The sample includes a small number of older adults (n=59) who were sixty years of age or older. The age range was 60 to 83 and the average (mean) age was 68. Over three-quarters of these seniors were men (78%). A majority (51%) were single/unattached while a third (34%) were divorced/separated, and a few were widowed (7%, n=4). Two-thirds (68%) of these seniors were absolutely homeless. Most homeless seniors were receiving some form of income support from government, with 52% receiving welfare benefits and a few receiving other types such as Old Age Security, disability pension, or Canada Pension. However, 41% were not receiving any income support from government sources. The linguistic/cultural origins of seniors was similar to the profiles of other subgroups; however, there was a larger number of Anglophones of European origins (72%), fewer Aboriginal people (17%) and Francophones (11%) and none who were members of a visible minority group. The main circumstances leading to homelessness among older women are poverty and domestic violence. Other causes such as transience or relocation, family issues, substance abuse, and mental illness were cited by a similar proportion of the women. In contrast, older men reported that transience was the main factor contributing to their homelessness.

Relative versus Chronic or Periodic/Episodic Homelessness in Sudbury
Many researchers and policy analysts have adopted the position of the United Nations in distinguishing between absolute and relative homelessness (cf. Canadian Public Health Association, 1997). Observing definite increases in homelessness internationally in the cities of both the North and the South, the United Nations developed a position paper and has stated that "housing is central

to human well-being and fulfilment. Improving housing is therefore a central priority, not an optional extra" (UN Centre for Human Settlements (UNCHS), 1997a). It views **absolute homelessness** as characterizing situations where people are literally without access to housing. In contrast, the term **relative homelessness** is used to describe housing that does not meet basic standards in terms of aspects such as size, health and safety, security of tenure, accessibility, and affordability (UNHCR, 2001). When housing costs rise, creating problems of tenant affordability, people become vulnerable to eviction and loss of housing. Households are reported to be in *core housing need,* according to the Canada Mortgage and Housing Corporation (CMHC), when shelter costs exceed 30% of before-tax income (CMHC, 2000). Poverty becomes a serious risk factor for homelessness when the cost of housing exceeds 50% of income and is an important cause of periodic homelessness.

Characteristics of People Experiencing Periodic Homelessness
In the current study, 73 homeless persons were included in more than one of the studies. Just over a third (35%) of this subsample of periodically homeless people comprised women and 65% were men. It is notable that this finding corresponds with reports of gender differences in the homeless population in major urban centres, whereby the majority of homeless people have been men. It is possible that homeless women are more often supported in obtaining services and housing, compared to men.

It has been noted in previous analyses that a majority of the absolutely homeless people were single or unattached. This was also the case for people who suffered recurring bouts of homelessness or were homeless for long periods of time; 68% were single/unattached, while the same number of individuals (16%, n=11) were married or in a common law relationship. One person was widowed. The linguistic//cultural composition of this group was as follows: 62% Anglophones of European backgrounds; 11% Francophones; and 27% Aboriginals. This profile does not differ significantly from that of the total sample. This group included children and adolescents; children under the age of 13 represented 19% of the subsample and adolescents represented 7%. Overall, the age range was 2 years to 61 years; however, adults aged 35 to 56 years comprised nearly half of this subsample

People who suffer through chronic or periodic absolute homelessness viewed the circumstances of poverty and an inability to pay rent, and to a lesser extent unemployment, as the main causes of their situation. A substantial proportion (about a third) also identified transience as a key factor. Problems with social assistance programs were noted by about a fifth of those who experienced absolute homelessness. Taken together, domestic violence and family problems were also circumstances that led to absolute homelessness.

It must also be recognized that there is some overlap between the subgroups of people who are absolutely homeless and those experiencing relative homelessness. A third of the former group shifted between relative and absolute homelessness at different data collection points.

Needs of Homeless People by Types of Homelessness Based on Qualitative Interviews
Relative: Those experiencing relative homelessness spoke first of their psychological needs; they required supportive services to resolve problems in their lives. Women often mentioned counselling

services as being necessary. Housing needs were also mentioned, as were difficulties in obtaining food.

Temporary: The temporary homeless focussed on the lack of accommodation that they could call their own home. A place to stay which would be theirs and would provide them with stability was first and foremost in the minds of the majority of respondents. They also mentioned the difficulty of acquiring the material goods they need to furnish a home (e.g. furniture and cooking equipment). The need for a job, as the means of obtaining the home and its furnishings were seen as vital needs.

Periodic or Episodic: People experiencing periodic or episodic homelessness expressed a variety of needs, both psychological and physical. Emotional support, either through counselling or from a family was mentioned as often as the physical support, such as accommodation, clothing and money.

Chronic: The chronically homeless reported a range of needs such as food, clothes, money, housing and a job. This is a stark expression of people's most basic needs to ensure their physical survival.

CIRCUMSTANCES LEADING TO HOMELESSNESS

In-depth Interviews with Homeless People
Sampling Strategy: A heterogeneous sample of homeless people was identified using a purposive sampling strategy based on the results from the our earlier studies of homelessness in Sudbury. The sampling strategy included consideration of the key issues identified as the main circumstances contributing to homelessness such as problems with work, problems with social assistance, problems with housing, domestic violence, substance abuse, family issues, travelling or relocation, mental illness and incarceration.

Linguistic/Cultural Groups
Anglophones: The two most important factors that led to homelessness among Anglophones were personal security and family conflict. Homeless people described how unsafe living conditions, stemming either from abusive relationships or accommodation in a neighbourhood which was not safe, were the causes of their homelessness. Ongoing conflict in the family was also described as a cause of homelessness. Some participants stated that they had been "kicked out" of the home by parents or a sibling. A major change in the family situation or a traumatic event can also precipitate homelessness.

Francophones: Among Francophones, abusive relationships, whether physical or emotional, either involving parents or spouses, were the dominant causes of homelessness. Some had left the home while others had been "thrown out" by family members. Incarceration was also identified as a circumstance that caused homelessness. Low wages and a corresponding inability to pay rent were noted by Francophones. Some respondents recounted problems with the eligibility requirements for receiving food. Francophones believed that a local agency discriminated against members of their cultural group.

Aboriginals
Like Anglophones and Francophones, Aboriginal people cited abuse—mental, physical and sexual, by a parent or a spouse—as a cause of homelessness. A change in family circumstances can also lead to homelessness. Examples included divorce, illness, or the death of a family member. Arrest and incarceration resulted in homelessness for others. A number of Aboriginal people discussed apprehension by child welfare as circumstances that ultimately led to homelessness. In earlier decades, many children were removed from their homes on reserve and then placed in abusive non-Aboriginal homes. Substance abuse among Aboriginal people is seen by many as having roots in the residential school system, where Aboriginal students were mentally, physically, emotionally and spiritually abused in order to assimilate them.

First Nations communities, for the most part, do not have enough jobs to sustain their membership. As a result, many Aboriginal people leave their reserves and go to urban centres seeking employment and education. Aboriginal people had experienced situations in which landlords would not rent units to them. Such discriminatory actions pose a serious challenge to homeless people when they try to become reintegrated into the community. Aboriginal women also believed that some shelter staff were biased against Aboriginal women and treated them unfairly.

Women
A lack of personal security was, by far, the reason given most often by women for their homeless situation. It was caused by their personal surroundings such as an unsafe physical surroundings, an abusive relationship from parents, or from a spouse or live-in partner. Women cited physical abuse mental abuse, and sexual abuse as causes of homelessness. Most often when women spoke about abuse, they did not simply discuss one form of abuse but noted multiple forms. Women also mentioned changes in family circumstances as causes of homelessness, including breakdown, death, or illness in the family. Financial reasons were cited by others as well as the lack of affordable housing.

When women discussed the dangers to which they were exposed as homeless people, they emphasized the need to be cautious and discussed the need to carry weapons to protect themselves if attacked. Women also touched on the psychological impact of the fear and danger. Homelessness is an alienating psychological process that is characterized by mistrust, detachment, and self-sufficiency.

Families with Children
The lack of affordable housing is strongly linked to family homelessness. Mothers described their inability to pay the rent and the subsequent apprehension of their children by the Children's Aid Society. Other women cited experiences with verbal, psychological and physical abusive as being the origin of homeless. Depression made it difficult to cope with life and then the children were taken into the care of the Children's Aid Society. Several women were attempting to regain custody of their children. They mentioned the strain of losing their children as well as the difficulty of re-establishing stable lives in the community, dealing with agency regulations or staff, and obtaining sufficient resources to provide adequately for their children. Another problem related to the transition from homelessness pertained to the difficulty of establishing a household. One woman had

recently obtained housing but the struggle to obtain other necessary items meant that she did not have enough money to purchase food. This woman explained that the CAS had, in the past, provided food vouchers to help with food expenses. However, she was being told that she was not entitled to this support because she did not have custody of her children.

Experiences of Homelessness among Family Members or Ex-partners: Some women mentioned that other family members had also been homeless. Two described the circumstances of a sibling or former partner who were living on the streets in Toronto. Participants alluded to the disconnect between some homeless people and services for this population. Indications that segments of the homeless population are not helped by service providers reinforce the need for flexible, non-judgmental, alternative services emphasizing congruence between the goals of service providers and the recipients of services as well as the responsiveness of services to the needs of homeless people.

Family Support: Some of the women described the importance of family support to them. In particular, parents provided financial support and emotional support to some. "Bunking" or doubling up temporarily with extended family members was cited as a common strategy. Some "couch surfers" had moved to Sudbury because of the more extended system of services and a perception that housing was more affordable. However, many homeless people were not connected to their family members or did not have families from which they could obtain support.

People with Mental Illness
Abuse in its various forms—mental, physical and sexual—was seen as an important factor at the origin of homelessness of people with a mental illness. Abuse by a parent, a former spouse, or a partner was mentioned often as the cause of homelessness. Others described a lack of personal physical security because of unsuitable living conditions. Changes in family circumstances also led to homelessness in people with mental illness (e.g. divorce, being "kicked out", or a family move).

Young People
Adolescents living on the streets also identified family conflict or abuse as constituting the primary circumstances leading to homelessness.

COMPARISON OF KEY CIRCUMSTANCES LEADING TO HOMELESSNESS FOR VARIOUS SUB-GROUPS

The results show that the main structural problems are poverty and the lack of affordable housing, the organization and design of social programs such as income support programs, and unemployment. Key strategies for reducing and eliminating homelessness must address these structural problems first. Other vital issues, such as domestic violence and mental illness are likely to be impacted positively by measures taken to improve the living circumstances and opportunities for disadvantaged groups. The issues identified most often in relation to ***absolute homelessness*** are as follows, in order of frequency: poverty, unemployment, problems with social assistance (welfare and government income support programs), substance abuse, and transience. However, homeless people, especially women, also emphasized the need for supportive programs including counselling and emergency food services. Therefore, the prevention of homelessness must include two types of

strategies: (1) policy changes at the senior levels of government are required to deal with the problems of poverty and unemployment; (2) local services must be improved to deal effectively with the immediate needs of homeless individuals and families.

CONCLUSIONS

This analysis has clearly identified the systemic issues of poverty, a lack of government support through income support programs and affordable housing programs, unemployment, and domestic violence as the major causes of homelessness. While many homeless people mentioned seemingly personal issues such as transience and substance abuse, these problems may be seen as stemming from the larger structural problems. In the qualitative interviews, many homeless people described transience as their response to poverty and unemployment. They migrate to other locations in search of opportunities and services that will assist them. Furthermore, the literature on substance abuse indicates that this is often a response to the difficult circumstances of homelessness, rather than being a causal factor. It is also important to recognize that racism and discrimination are contributing to homelessness for Aboriginal people, and for other minority groups including Francophones who represent a linguistic minority group. Finally, people who acknowledged that mental illness is a key factor leading to homelessness tended to identify the same factors as other homeless people.

SUMMARY OF RESULTS

PART II: SURVEY OF SERVICE PROVIDERS IN SUDBURY

PURPOSE AND APPROACH TO THE STUDY

The purpose of the study was to examine service providers' perspectives on the circumstances, and needs of homeless people in Sudbury, as well as the structural factors contributing to homelessness and the perceived solutions to the problem. A survey conducted in the fall of 2002 was designed to gather the same information as was obtained in an earlier survey conducted in 2000. A self-administered questionnaire was distributed to the network of agencies providing services to homeless people and those at high risk of becoming homeless. The response rate was 73%, with 20 service providers completing the questionnaire.

RESULTS

Staffing and Services
- The overall profile of the agencies participating in the 2000 and 2002 studies was similar. Most of the agencies operated with a relatively small number of staff. In 2002 these organizations had, on average, 8 full-time and 5 part-time staff. The majority of these agencies are also supported by volunteers.

- The service providers, including those with shelter beds, collectively offered a range of services. The most common services are counselling and referral, support services, and advocacy. A third of the agencies offered two to four different services to the homeless population.

- All but one of the respondents in both surveys reported that they keep records on the people who use their services. The types of client data varied considerably and were specific to the services provided. Most of the agencies did not appear to be receptive to the idea of using a common or standardized form for collecting information on homeless people.

Clients Served and Demand for Services
- The aggregated responses regarding the number of homeless people served were 300 on a weekly basis and 460 on a monthly basis (12 agencies only). While this finding provides a conservative estimate of the number of homeless people in Sudbury, these aggregated results are generally consistent with the results of the Time 1 to Time 5 studies on Homelessness in Sudbury, providing a form a *data triangulation* or verification of the findings.

- In the fall of 2002, fewer of the service providers (16%) indicated that they experienced weekly peaks in service demand compared with the results of the 2000 survey (43%). Similarly, few of the 2002 service providers described slow times in demand for services by some providers. Hence, the demand for services was reported to be steady.

- In 2002, more of the service providers reported that they had experienced times during the

previous year when they were unable to provide help to clients (78% in 2002 vs. 56% in 2000). A lack of community resources to deal with the needs of clients was the primary reason cited for the inability to provide services. Over two-thirds of the service providers indicated that either the agency had exhausted its resources or there was a lack of community services available to serve the clients. Some indicated that clients who refused to see a physician, take medications, or those "under the influence" were not served.

- The majority of service providers (72% in 2002 and 67% in 2000) have attempted to accommodate the particular demands of clients in peak periods. A broader range of strategies for assisting clients was reported in 2002, such as stretching the boundaries of agency policies, use of staff contributions or staffing funds, assisting clients to move or store belongings, and using triage to identify and to serve the clients with the greatest needs.

Links between Service Providers
- Nearly all of the respondents (89%) stated that they are linked up with other services in some way. The agencies work together through both formal and informal agreements and relationships that have been established over time. A majority of the service providers reported that the linkages to other agencies were functioning effectively (89%).

Client Needs
- Three-quarters or more of the service providers believed that all or most clients need services in the areas of housing, counselling/case management, health care services, life skills, and basic needs such as food and clothing. A majority of the respondents also believed that most clients need income and employment supports, mental health, and transportation services and close to half identified the need for educational supports or services to deal with addictions.

- Most service providers are not confident that clients are getting the services they need. While they believed that most services available to homeless people deal with the basic needs of food and clothing, as well as income support, substance abuse, and housing, these service providers reported that less than half of their clients usually or always receive these essential services.

Perceived Causes of Homelessness
- The major causes of homelessness were seen to stem from poverty and the lack of affordable housing as well as mental illness. Overall, it appears that the service providers in 2002 emphasized the structural and systemic problems to a greater extent than in 2000 since inadequate social assistance and the lack of services were mentioned more often. However, individual issues such as substance abuse and "personal choice" were identified by a similar number of participants in both surveys.

- Service providers identified many commonalities for various subgroups of homeless people (men, women, families, youth, people with mental illness, Aboriginal people, and Francophones) but there were also some unique issues. Themes common to many subgroups were unemployment, lack of education, lack of affordable housing, need for life skills development, mental illness, addictions/substance abuse, and poverty. Themes seen as being more unique to

various subgoups were (1) domestic violence and vulnerability due to poverty in the family of origin for women, (2) abuse and family problems for youth, (3) discrimination for Aboriginal people, Francophones and people with mental illness, (4) transience for Aboriginals and people with mental illness, and (5) various systemic problems for people with mental illness.

- The service providers in both surveys agreed that structural and systemic factors were linked to homelessness for people with mental illness. Two-thirds or more of the 2000 and 2002 participants believed that several systemic issues are contributing to homelessness, notably resource limitations, a lack of community-based crisis alternatives, a lack of integrated community-based treatment and support services, a lack of affordable housing, inadequate discharge planning, and discrimination against people with mental illness.

Short- and Long-Term Strategies to Address Homelessness
- In both surveys, the same number of participants emphasized the need, over the short-term, for more affordable housing, and support services to help vulnerable people become housed and to remain housed. Furthermore, the needs for supported transitional housing and other social and health services were also mentioned. Nearly all of the service providers indicated that short-term needs are not being adequately satisfied.

- It was also noted that support services will also be essential over the long-term and that there will be on-going needs for rent and financial assistance. Services to support people with mental illness were identified more often in 2002 than in the 2000 survey. Various types of support services were seen as being required, including counselling, assistance with job search, and health care services.

- In suggesting possible ways to create affordable housing, the service providers in the 2000 and 2002 surveys focussed on somewhat differing strategies, with respondents in the latter study placing more emphasis on increasing the availability of subsidized housing and low cost rental units.

- Nearly all of the service providers believed that better social support programs and more affordable (subsidized housing) must be provided in order to address the problem of homelessness in Sudbury. Programs to deal with alcohol and substance abuse were also perceived to be required, as well as more financial support through public assistance programs and generalized improvements in welfare conditions. The service providers also demonstrated awareness of the need to deal with domestic violence.

CONCLUSIONS

The fundamental causes of homelessness are seen by service providers to be two-fold. First, systemic and structural factors of poverty, unemployment, discrimination, and inadequacies in the social safety net for vulnerable groups such as people suffering from physical or mental illnesses

or domestic violence are key contributing causes. Second, individual problems are also understood to contribute to homelessness, most notably in the area of addictions and limited life skills.

A cross analysis of the perceived causes of homelessness for particular subgroups of homeless people suggests that addictions treatment is seen as the primary area for attention. But it is also clear that service providers believe that the problem of homelessness must be tackled by dealing with the fundamental structural problems that affect most client groups. These problems include (1) the lack of affordable, subsidized housing, (2) high unemployment and low educational attainment, (3) the lack of services and supported housing for people with mental illness, and more generally (4) the persistent problems of poverty. Influencing the latter are factors such as the high cost of living, and low income support payments from Ontario Works and the Ontario Disabilities Support Program.

CONSIDERATIONS IN DEVELOPING RECOMMENDATIONS FOR CHANGE

Our data indicate that structural factors are seen to be the main causes of homelessness for various subgroups of the population; thus, in order to prevent homelessness, changes in social policies are required in order to provide better access to education, income security, and affordable housing. At the same time, it is important to ensure that adequate front-line services are available to homeless people so that the basic needs of food, shelter, and clothing are met and that people are supported appropriately in becoming linked to key services, such as income support, that can assist them to acquire stable housing. The data in Sudbury suggested that programs and services can play an important role in preventing homelessness for some groups, such as battered women, people with mental illness, youth, and Aboriginal people. Enhancements to services could ensure that these homeless persons are supported in effective ways to retain their housing (e.g. prevent evictions) or to be assisted by shelter or program staff to obtain housing.

The provision of employment supports are also required. It makes sense to provide appropriate programs to assist vulnerable and marginalized persons to achieve their goals in areas of education and employment. The restrictive and mandatory aspects of programs such as Ontario Works are not designed in ways that respond to the needs of homeless persons. Developing appropriate and responsive programs for homeless persons, who have often been traumatized by forms of violence or suffer from physical or mental disabilities should be seen as an investment in the long-term economic and social well-being of the country. Work is increasingly knowledge- and technology-based. Therefore, educational and employment programs must recognize that homeless persons may require specialized educational programs that include the relevant social supports, offered in a way that is culturally and linguistically appropriate.

In short, individuals who are affected by numerous stressors or life changes, those who have been severely traumatized by experiences of abuse, or those with addictions or mental health disorders may become vulnerable to homelessness under unique sets of circumstances. It is vital for governments to develop a comprehensive social safety net in order to reduce and prevent homelessness. Taylor Gaubatz (2001) has outlined the requirements of comprehensive housing and service programs for homeless people. These include the provision of clean, safe housing,

professional counselling, housing support services, medical care and mental health services, income support, literacy and job skills training, job placement, education, day care and respite care, and drug and alcohol treatment. Furthermore, a focus on prevention programs should become a priority to ensure that individuals do not lose their housing. Given the human costs of homelessness and the expenses associated with providing temporary food and shelter as well as front-line services for homeless people, it makes sense to attack the problem on all fronts: economic, social, political, and personal (Taylor Gaubatz, 2001).

RECOMMENDATIONS

The following recommendations arise from the various phases of this project. The findings emphasize the complexity of problem and the interaction between different types of individual and structural factors. Pleace (2001) has put forward the view that there is an emerging consensus in homelessness research regarding the need to acknowledge the interaction between structural and individual/personal causes of homelessness and the unique configurations of these two types of factors for persons who lose their housing. According to this perspective, homelessness should not be conceived of as a problem separate from other social issues that produce disadvantages for particular sub-groups of people such as those with mental illness, children and youth in foster care, and other vulnerable groups. Therefore, recommendations must take into account the complexity of the issues for particular subgroups of homeless persons and the need for systemic/structural change to stem the flood of people losing their housing over the long-term; such changes must be made in combination with the provision of comprehensive services and program supports that can, over the short-term, address the most basic needs of individuals who are without housing.

Income Security
1. Review and revise the provincial and federal income security programs for groups such as battered women and families, seniors, Aboriginal people, youth, and people with mental illness to provide these groups with sufficient income to meet basic expenses.

2. Identify the barriers to the receipt of welfare benefits at the local and provincial levels in order to prevent homelessness among people who are denied benefits or are disentitled.

3. Establish income and housing supports that can prevent individuals and families from losing their housing and their possessions. For example, provide funding for an emergency fund for rent arrears, storage, and moving supports.

Addressing the Lack of Affordable Housing
4. Develop new public housing initiatives (i.e. the creation of subsidized housing units).

5. Educate landlords in order to reduce discrimination against key groups (e.g. people with mental illness, battered women, and Aboriginal people).

6.   Increase the Ontario Works shelter allowance and provide/enhance government moving allowances.

7.   Study the local housing market and develop strategies to create more safe, decent, and affordable private housing, including room and board accommodation.

8.   Provide more supportive housing services in order to reduce the risk of repeated or chronic homelessness.

9.   Develop policies to prevent evictions from private and public housing.

Developing Long-Term Strategies for Addressing Homelessness

10.   Conduct a series of community forums to ensure that service providers and other community partners have opportunities to meet, exchange information about needs and local services, and resolve conflicting program requirements. For example, Ontario and Children's Aid Society have conflicting policies for women who are attempting to regain custody of their children (i.e. OW benefits are provided for a single person while the CAS requires women to demonstrate that they can provide adequate food and shelter for their children).

11.   Develop local, provincial, and national initiatives to address the structural problems of lack of access to education, unemployment, lack of jobs, and low wages for vulnerable groups.

12.   Provide enhanced funding for community-based prevention programs for youth with a focus on family violence, abuse, sexual assault, bullying) in order to reduce youth homelessness.

Shelters

13.   Provide more funding for shelters and beds for homeless people to ensure that there are adequate numbers of shelter beds available.

14.   Develop strategies for providing responsive, appropriate emergency shelter beds and services for sub-groups of people affected by service gaps such as homeless women (i.e. those who are not fleeing abusive relationships), couples, families, gay/lesbian couples and families, Aboriginal people, and Francophones.

15.   Establish standards for emergency shelters to ensure that homeless people are not exposed to further stress from over-crowding in shelters, or overly rigid shelter regulations.

16.   Extend the length of time that clients may stay in shelters to provide sufficient time for homeless people to become connected to services and housing support systems.

Services

17.   Redesign the system of emergency services to reflect the characteristics of the homeless populations using them (e.g. more women, children, Aboriginal people etc).

18. Examine how services can be made more responsive to the needs of adolescents. Homeless youth are among those who are least well served by community agencies and most often do not have access to income support from government programs.

19. Implement strategies to facilitate inter-agency collaboration and the coordination of services of services for people who are periodically or chronically homeless to ensure that local solutions are found that meet the needs of the individual (e.g. adopt a holistic approach).

20. Provide homeless people with free access to counselling services in the settings they inhabit (e.g. shelters, soup kitchens, and other emergency services). There must be more acknowledgement of the experiences of abuse among homeless people.

21. Provide funding support for programs that assist people being released from incarceration to ensure that their basic needs of food, shelter, and clothing are met quickly.

22. Develop training materials documenting effective strategies for working with the most marginalized groups of people (e.g. people with addictions and serious mental illness) and ensure that these groups are not barred from access to services.

23. Establish a planning process to enable service providers to deal with peak periods in demand for services, thereby ensuring that homeless people are not turned away from services.

24. Provide sufficient funding to agencies serving homeless people to ensure that adequate staffing is available to meet the needs of clients.

25. Provide resources to shelters and soup kitchens to enable the provision of comprehensive services and to work with individual clients in order to coordinate services. Taylor Gaubatz (2001) has outlined the requirements of comprehensive housing and service programs for homeless people. These include the provision of clean, safe housing, professional counselling, housing support services, medical care and mental health services, income support, literacy and job skills training, job placement, education, day care and respite care, and drug and alcohol treatment.

26. Utilize practices from the literature on the integration and coordination of services in order to improve inter-agency collaboration and the coordination of services to homeless people.

27. Develop the service system for the provision of services addressing the basic needs of food, shelter, and clothing for homeless people so that there are enough services to meet the needs.

28. Enhance services in the areas of greatest need:
    • housing and income security
    • counselling
    • health care and mental health services

- life skills
- employment services
- transportation
- addictions

29. Develop a program and materials drawing on the national and international literature on proven strategies for addressing the needs of various subgroups of homeless people through the application of best practice models of service delivery.

30. Involve homeless people or formerly homeless people in the development of new services and the enhancement of existing services to ensure that services are sensitive to and effective in meeting the needs of various subgroups of homeless people. Many clients were concerned about the ways in which services were not responsive to their needs. A process must be developed to ensure that clients' concerns are addressed.

31. Establish more outreach services to homeless people in Sudbury to connect them with existing community resources.

Migration

32. Various levels of government must recognize the medium-sized urban centres that are destination points for people leaving small, rural, and remote communities in search of work or services. The emergency service systems must be enhanced to deal with the needs of those who become homeless.

Violence and Abuse

33. Given the primacy of domestic violence as a cause of homelessness, provide more funding support for services to address trauma.

34. Programs must be developed so that they address trauma and reduce further exposure to abuse and violence on the streets.

35. Increase funding for outreach and prevention programs to address domestic violence and abuse among all age groups, including seniors.

Cultural Issues, Racism, and Social Exclusion

36. Take steps to address racism as a cause of homelessness to ensure that Aboriginal people can obtain rental housing and gain access to services.

37. Develop programs that can address the social exclusion of homeless people. Many homeless people do not have access to family or friends who can assist and support them. People overcoming addictions often need to form new networks of friends in order to avoid relapse. Programs that strengthen ties between homeless people and others in the community must be designed to prevent marginalization and social exclusion.

38.   Develop linguistically and culturally appropriate emergency services for Aboriginals and Francophones.

39.   Work with Aboriginal communities to develop strategies for supporting Aboriginals who move from their First Nations communities into urban centres. Culturally appropriate services must be developed to assist with basic needs, education, and employment.

40.   Develop strategies for ensuring that Aboriginal people moving to urban communities can be connected to emergency services.

People with Mental Illness
41.   Provide more community-based services to people with mental illness in order to prevent periodic or chronic homelessness.

Public Education
42.   Develop materials to educate service providers and the general public about the complex individual and structural causes of homelessness, including the high prevalence of victimization and trauma among homeless people.

Food Security
43.   Develop standards around food security to ensure that near homeless and absolutely homeless people have access to nutritious food supplies. For example, the needs for food security are not meth when clients can only access food banks once per month and when homeless people are not permitted to use food banks due to the requirement to produce proof of residence.

Collecting Local Information on Homelessness on an Ongoing Basis
44.   Sustain local working relationships between the university, local planning bodies, and local agencies to ensure that there is an ongoing process for the ongoing collection of data on people who are homeless.

45.   Seek additional funding to sustain the research activities, and develop a process for ensuring that Sudbury's Community Plan on Homelessness is implemented in a timely and effective manner.

46.   Provide funding to community agencies in order to implement a standardized system for gathering consistent information on homeless people (i.e Homeless Individuals and Families Information System, or HIFIS) in order to facilitate the monitoring of the extent and nature of homelessness locally and to be more proactive in meeting the needs of subgroups of this population.

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APPENDIX A

Community Plan to Address Homelessness

❖ Terms of Reference of Sub-committees
❖ Workplan of the Planning and Coordination Sub-committee

TASK FORCE ON EMERGENCY SHELTER & HOMELESSNESS INITIATIVES

Research Sub-Committee

Terms of Reference

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1. General Purpose:
a. To act as a consultative community resource to address the research issues identified in the Workplan.
b. To be accountable to the Task Force on Emergency Shelter & Homelessness Initiatives.

2. Specific Responsibilities:
a. Determine a strategy for ongoing collection of data following Time 7.
b. Investigate the possibility of a housing study that would include inadequate housing.
c. Undertake a review of best practices literature.
d. Examine homeless people's access to food/food banks

3. Membership:
a. Members of the Task Force on Emergency Shelter & Homelessness Initiative
b. Primary researcher responsible for the homelessness study
c. Open to other providers of emergency and affordable shelter and/or support services to the homeless as well as to those conducting research

3.1 Members will:
▸ Keep at the center, the needs of consumers of emergency and affordable housing, and support services in our discussions
▸ Play an active role in supporting the committee
▸ Attend committee meetings and actively participate

3.2 Chairperson:
▸ To be selected by the Task Force on Emergency Shelter & Homelessness Initiatives
▸ Ensures the observation of and adherence to terms of reference
▸ Provides leadership in the completion of the research issues identified in the work plan.
▸ Calls and chairs all meetings of the committee
▸ Prepares the agenda
▸ Reports to the Task Force on Emergency Shelter & Homelessness Initiatives

4. Work Plan
Decide how often we want to be collecting stats on homelessness
Seek research funds in order to do so.
Investigate possibility of creating a partnership with Health Unit, Social Housing, Rent Tribunal and others to create study on the availability of affordable and appropriate housing.
Create a student research position at SPC this summer in order to conduct Best Practices literature review as well as a food security report.

Public Relations Sub-Committee

Terms of Reference

1. **General Purpose:**
   a. To act as a consultative community resource to address the public relations issues identified in the workplan.
   b. To be accountable to the Task Force on Emergency Shelter & Homelessness Initiatives.

2. **Specific Responsibilities:**
   a. To develop a strategy to address the following public relations issues identified in the workplan:
   - Use the media more
   - Public marketing / social marketing campaign to get the message out (in every study the negative aspect of homelessness has increased).
   - Community Awareness
   - Keep homelessness on the political agenda
   - Stigma reduction
   - Affordable housing - continuum of housing services

   b. To review, evaluate and advise the Task Force on Emergency Shelter & Homelessness Initiatives of newly identified public relations issues as they arise.

3. **Membership:**
   a. Members of the Task Force on Emergency Shelter & Homelessness Initiatives
   b. Open to other providers of emergency and affordable shelter and/or support services to the homeless, and/or media representatives

   3.1 Members will:
   a. Keep at the center, the needs of consumers of emergency and affordable housing, and support services in our discussions
   b. Play an active role in supporting the committee
   c. Attend committee meetings and actively participate

   3.2 Chairperson:
   a. To be selected by the Task Force on Emergency Shelter & Homelessness Initiatives
   b. Ensures the observation of and adherence to terms of reference
   c. Provides leadership in the completion of the public relations strategy to address the issues identified in the work plan.
   d. Calls and chairs all meetings of the committee
   e. Prepares the agenda
   f. Reports to the Task Force on Emergency Shelter & Homelessness Initiatives

Time Commitment:
   a. Three year term
   b. Bi-monthly meetings approx. two hours in length.

Planning & Co-ordination Sub-Committee

Terms of Reference

1. **General Purpose:**
   a. To act as a consultative community resource to address the planning and coordination issues identified in the Workplan.
   b. To be accountable to the Task Force on Emergency Shelter & Homelessness Initiatives.

2. **Specific Responsibilities:**
   a. To develop a strategy to address the following planning and coordination issues identified in the Workplan:
      ‣ Initiative for Homeless Seniors that will emerge
      ‣ Full utilization of existing beds
      ‣ Resource list required to indicate the specific shelters and specific support services
      ‣ Steady flow of services
      ‣ Focus on employment strategies for all homeless
      ‣ Affordable housing - continuum of housing services
      ‣ Improved networking between shelters
      ‣ Sustainability - secure funding
      ‣ Support services once in housing
      ‣ Finding the root causes of homelessness
      ‣ Look at the Housing Stock - who gets in - expand
      ‣ 16/17/18 Year Olds

   b. To review, evaluate and advise the Task Force on Emergency Shelter & Homelessness Initiatives of newly identified planning and coordination issues as they arise.

3. **Membership:**
   a. Members of the Task Force on Emergency Shelter & Homelessness Initiatives
   b. Open to other providers of emergency and affordable shelter and/or support services to the homeless

   3.1 Members will:
      a. Keep at the center, the needs of consumers of emergency and affordable housing, and support services in our discussions
      b. Play an active role in supporting the committee
      c. Attend committee meetings and actively participate

   3.2 Chairperson:
      a. To be selected by the Task Force on Emergency Shelter & Homelessness Initiatives
      b. Ensures the observation of and adherence to terms of reference
      c. Provides leadership in the completion of the planning & coordination issues identified in the work plan.
      d. Calls and chairs all meetings of the committee
      e. Prepares the agenda
      f. Reports to the Task Force on Emergency Shelter & Homelessness Initiatives

4. **Time Commitment:**
   a. Three year term
   b. Bi-monthly meetings approx. two hours in length

Draft Community Plan to Address Homelessness in Sudbury

1. Sustainability	2. Shelter Beds	3. Support and Co-Ordination	4. Mental Health
- focus on sustainability - be ready for change - think broadly and creatively	- women's beds - linguistic and culturally focussed targeted - what about one night/short term	- outreach - transition housing/workers - funding - mechanism for sharing information about shelters/services	- mental health patient in crisis - outreach - good things happening - still need - transition shelter
-needs to be over riding agenda of the task force -most important if we hope to develop other sections -write proposal to Federal and Provincial for permanent funding. Ottawa agreed with this across the province at meetings evaluating SCPI -work on funding sources -support for Community Health Centre Model	-continue to have the women's shelter meeting - formalize committee/working group -work groups - women's bed - sub committee for what may happen when Genevra House (current site) closes	-info sharing -co-ordination and pooling of resources within existing services -create office position to co-ordinate -a regular meeting and sharing of information could provide support and co-ordination and address shelter beds -not only pooling of resources but doing the proposals for the shelters required with various groups. Trans. Shelter for mental ill proposal already done and in province and FAS??? -now need task force at city written support to get funded. -family shelter and/or transitional housing	-closed floors in hospitals - make rooms available for homeless -think tank specifically on Mental Health & Homelessness in Sudbury at Canadian Mental Health Association Housing -work group - mental health -possibly need additional category for developmental so they can be part of strategy -political lobbying/media -more funding for case management/counselling

Draft Community Plan to Address Homelessness in Sudbury (continued)

4. Young People	6. Appropriate & Effective Services	7. Food Security & Health Services	8. Long Term Solutions
- gaps in service - outreach - more vulnerable - all other issues impact (i.e. - mental health) - available of space is overcrowded - prevention opportunity - advocacy required	- dialogue with Francophone and Anglophone groups - young people /people addictions - seniors	- send to Research Committee	- Send to Public Relations & Advocacy Committee
-establish youth sub-committee -set up ind. Committee -A sub-committee for "Young People" is needed. -sub-committee for "Crisis calls" outreach and/or "mental health" outreach -prevention program with youth and families is needed -municipal and other funding for youth drop-ins including Francophone /Aboriginal -Examine the number of young people in Sudbury are affected.	-keep this issue as a principle to all other work done -additions very important issue...also dual diagnoses (mental health & addiction_ need special workers		
9. Best Practices			
- co-location model - research			
-online information data base.			

APPENDIX B:

Questionnaire for Survey of Service Providers

Study of Homelessness in Sudbury: Survey of Service Providers

The Government of Canada has launched a national initiative to address homelessness and has provided funding for homelessness under the Supporting Communities Partnership Initiative. The Social Planning Council of Sudbury (SPC), a non-profit organization, is conducting a study to document the extent of homelessness in the City of Greater Sudbury. The study has a number of components, including a count of the homeless, a survey of service providers, and interviews/focus groups.

We are asking for approximately 30 to 45 minutes of your time to answer this questionnaire. Please note that your participation is strictly voluntary and you can withdraw from the study at any time by not completing the questionnaire. The results will be used to secure funding to address homelessness locally.

We assure you that *all information you provide is strictly confidential and will only be seen by the researchers at the SPC who are working on this project*. If there are any questions that you prefer not to answer, you are free to leave them blank. Information from individual agencies will not be reported, rather, the results will be reported based on group responses only. Your agency's name and responses will not be mentioned in the report except in the list of participants.

I have read this consent form and I agree to participate in this study.

_____   _____
Signature   **Date**

Definition of Homelessness:

Please note that our definition of homelessness includes those who are visible on the streets or staying in our local shelters; those who live in unsafe, overcrowded, illegal, temporary or transient accommodation; those at imminent risk of losing their housing; and those who need to migrate in and out of the area searching for housing, employment, services, etc.

AGENCY INFORMATION

1. What is the name of your agency or shelter?_____

2. Please indicate the number of years your agency or shelter has been in existence:_____Years

3. What is your job title?_____

4. How many years have you been working in this position?_____

5. How many years have you been working with the homeless population?_____

6. Please tell us about the staffing levels in your agency:

Staffing: Paid	*Number*	*Volunteers - Number*
Full-Time	_____	# of volunteers _____
Part-Time	_____	Average # of hours per week_____
		Total # volunteer hours per week_____

7. Please describe the geographic area serviced by your organization.

_____

_____

8. Do you provide services other than emergency shelter or food? 1....Yes   2....No
_____Please describe:

_____

_____

_____

_____

CLIENTS AND SERVICE USE

9. Do you keep any records of the people using your service?   1.....Yes   2.....No

    If yes, please list and describe the different kinds of information contained in the record(s).

    _____

    _____

    _____

    _____

    If no, would you consider using, on a regular basis, an automated information system similar to the information chart provided for this study?   1.....Yes   2.....No

    If no, please explain:

    _____

    _____

    _____

    _____

10. **IF your agency offers shelter services,** how many beds for homeless people do you have available?
    _____ (#)

10a.   On average, what is the bed utilization for your agency (i.e. what percentage of beds are typically occupied)?
    _____ % occupied

11. **IF your agency *does not* provide beds for homeless people**, how do you know they are without shelter and how do you support them? Please explain:

    _____

    _____

    _____

    _____

12. On average, how many homeless people use your services

        each day?   _____ (# per day)

        each week?   _____ (# per week)

        each year?   _____ (# per year)

12a.   How many people does your agency expect to serve on an average day in August, 2002?

        _____ (# of people)

12b.   How many people did your agency serve during the entire year of 2001? _____ (# of people)

13. We would like to have a better understanding of the population using your services. Below you will find lists that can be used to describe the people who have used your services over **the past 12 months**. Please think of the number of people you estimated above as using your service. To the best of your understanding, please tell us the percentage of your clients that fall into each of the different categories listed below.

a. First of all, please think of your clients in terms of different **age groups**. What percentage of *your clients* would fall into the following age groups? You may not have clients in every group.

Young children (0-5)	_____ %
School aged children (6-12)	_____ %
Teenagers (13-18)	_____ %
Young adults (19-34)	_____ %
Middle aged (35-65)	_____ %
Elderly (66+)	_____ %
	100%

b. Now, think of your clients in terms of **family types**. What percentage of *your clients* would fall into the following types?

Young Single Females	_____ %
Young Single Males	_____ %
Single Parents	_____ %
Couples no children	_____ %
Couples with children	_____ %
Older Single Females	_____ %
Older Single Males	_____ %
Seniors (65+)	_____ %
	100%

c. Now, think of your clients in terms of **gender (males/females)**. What percentage of *your clients* would fall into the following categories?

Male (14-25 years)	_____ %
Male (25 over)	_____ %
Female (14-25 years)	_____ %
Female (25 over)	_____ %
	100%

d. Now, think of your clients in terms of whether or not they are **social assistance recipients**. What percentage of *your clients* would fall into the following categories?

Welfare Recipients	_____ %
EI recipients	_____ %
Disability Recipients	_____ %
Non-recipients	_____ %
Don't know	_____ %
	100%

e. Now, think of your clients in terms of **language/ethnic groups**. What percentage of *your clients* would fall into the following categories?

Anglophones	_____ %
Francophones	_____ %
First Nations	_____ %
Other (specify)	_____ %
	100%

f. Now, think of your clients in terms of **how often they have used your service**. What percentage of *your clients* would fall into the following categories?

i) First-time users of the service _____%
ii) Occasional users of the service _____ % (please specify frequency of use)
iii)Frequent users of the service _____% (please specify frequency of use)_____
iv) Long-term users of the service _____ % (please specify frequency of use)_____
                                        100%

14. Are there peak times for your service?

	Yes	No	What period?
a) weekly			
b) monthly			
c) yearly			

15. Are there slow times for your service?

	Yes	No	What period?
a) weekly			
b) monthly			
c) yearly			

15a. If you answered YES to any of the above, why do you think there are variations in levels of service demand?

_____

_____

_____

_____

16. Have there been occasions in the last year on which you were unable to provide help to clients?

     1....Yes   2.....No

     If yes, how many times?_____; and why? Please explain why you could not serve these clients:

_____

_____

_____

_____

17. Have you ever made extra accommodations (i.e. beyond the services you normally provide) to serve clients?
     1.....Yes   2.....No

If yes, what did you do to serve these clients?

_____

_____

_____

_____

18. We would like to know how you determine client eligibility. What kind of process (if any) do you use to determine need/access to your service? Please describe:

_____

_____

_____

_____

LINKS TO OTHER AGENCIES

19. Please indicate how often you refer clients to the following types of services and then indicate how often the other service providers refer clients to you. First circle a number for each type of service in the column **"Refer to"** and then circle a number for **"Receive referrals from"** for each type of service:

	Refer to					*Receive referrals from*				
	Never	Some-times		Often		Never	Some-times		Often	
Services to assist with basic needs of food or clothing.....	1	2	3	4	5	1	2	3	4	5
Housing services...	1	2	3	4	5	1	2	3	4	5
Education services..	1	2	3	4	5	1	2	3	4	5
Employment services...	1	2	3	4	5	1	2	3	4	5
Counselling services or case management........................	1	2	3	4	5	1	2	3	4	5
General health care services..	1	2	3	4	5	1	2	3	4	5
Substance abuse services..	1	2	3	4	5	1	2	3	4	5

Mental health services...	1	2	3	4	5	1	2	3	4	5
Life skills services..	1	2	3	4	5	1	2	3	4	5
Child care services..	1	2	3	4	5	1	2	3	4	5
Domestic violence counseling...........................	1	2	3	4	5	1	2	3	4	5
Legal assistance...	1	2	3	4	5	1	2	3	4	5
Income support..	1	2	3	4	5	1	2	3	4	5
Transportation...	1	2	3	4	5	1	2	3	4	5
Other (specify) _____.....	1	2	3	4	5	1	2	3	4	5

20. Does your agency share space (or is co-located) with another agency?   1.....Yes   2.....No

21. Are you linked up with other services in any way?   1.....Yes   2.....No
     If yes, which ones and how are you linked?

_____

_____

_____

_____

22. How well have the linkages to other services been working?   1   2   3   4   5
                                                                   Not very   Very
                                                                   well   well

     Please explain

_____

_____

_____

_____

NEEDS OF HOMELESS PEOPLE IN SUDBURY

23. In your opinion, why do most people in Sudbury have to use emergency shelters and/or support services?__

_____

_____

_____

24. In your opinion, what are the needs of the homeless population in Sudbury?
Short term:

_____

_____   _____

_____

Long term:

_____

_____

_____

25. Which of these needs are being met locally?

Short term:

_____

_____

_____

25. Which of these needs are being met locally? (CONTINUED)

Long term:

_____

_____

_____

_____

26. Which of these needs are not being met?

Short term:

_____

_____

_____

_____

Long term:

_____

_____

_____

_____

27. Please consider your current clients who are homeless. *How many* of these clients need the following services? (Please circle one number for each type of service)

	None		Some		All	Don't Know
Services to assist with basic needs of food or clothing.....	1	2	3	4	5	9
Housing services..	1	2	3	4	5	9
Education services..	1	2	3	4	5	9
Employment services..	1	2	3	4	5	9
Counselling services or case management..........................	1	2	3	4	5	9
General health care services..	1	2	3	4	5	9
Substance abuse services...	1	2	3	4	5	9
Mental health services..	1	2	3	4	5	9
Life skills services..	1	2	3	4	5	9
Child care services..	1	2	3	4	5	9
Domestic violence counseling...	1	2	3	4	5	9
Legal assistance..	1	2	3	4	5	9
Income support...	1	2	3	4	5	9
Transportation..	1	2	3	4	5	9
Other (specify) _____.....	1	2	3	4	5	9

28. Now please indicate how often you think your homeless clients who clients need the following services are able to get their needs met. (Please circle one number for each type of service)

	Never		Sometimes	Always		Don't Know
Services to assist with basic needs of food or clothing.....	1	2	3	4	5	9
Housing services..	1	2	3	4	5	9
Education services..	1	2	3	4	5	9
Employment services..	1	2	3	4	5	9
Counselling services or case management..........................	1	2	3	4	5	9
General health care services..	1	2	3	4	5	9
Substance abuse services...	1	2	3	4	5	9
Mental health services..	1	2	3	4	5	9
Life skills services..	1	2	3	4	5	9
Child care services..	1	2	3	4	5	9
Domestic violence counseling...	1	2	3	4	5	9
Legal assistance..	1	2	3	4	5	9
Income support...	1	2	3	4	5	9
Transportation..	1	2	3	4	5	9
Other (specify _____.......	1	2	3	4	5	9

29. Where do you think your homeless clients go after they have accessed services?

	Never		Sometimes		Often	Don't Know
The streets or other outside locations................................	1	2	3	4	5	9
Emergency shelter..	1	2	3	4	5	9
Transitional housing..	1	2	3	4	5	9
Family or friend's housing..	1	2	3	4	5	9
Private unsubsidized housing....................................	1	2	3	4	5	9
Government subsidized housing..................................	1	2	3	4	5	9
Special housing for persons with disabilities..................	1	2	3	4	5	9
Other group home...	1	2	3	4	5	9
Hospital...	1	2	3	4	5	9
Jail or prison...	1	2	3	4	5	9
Other (specify) _____............	1	2	3	4	5	9

CHARACTERISTICS OF THE HOMELESS IN SUDBURY

30. In your opinion, what are the major characteristics homeless people in Sudbury (i.e. Who are the majority of the homeless)? (please circle all answers that apply)

1.....males
2.....females
3.....youth
4.....adults
5.....older people
6.....persons going through divorce or separation
7.....Aboriginal people
8.....visible/ethnic minorities (e.g. Asian, Black etc.)
9.....European origins/Caucasian
10....persons with mental illness
11....alcohol/substance abusers
12....unemployed people
13....victims of domestic violence or sexual abuse
14....persons going through divorce or separation
15....persons on welfare
16....other, please specify: _____

_____   _____

_____

_____

FACTORS RELATED TO HOMELESSNESS

31. Please indicate your level of agreement or disagreement that the following are factors that contribute to homelessness *in the Region of Sudbury*.

	disagree completely				agree completely
	1	2	3	4	5
increased poverty...	1	2	3	4	5
unemployment...	1	2	3	4	5
excessive rent cost..	1	2	3	4	5
divorce/separation..	1	2	3	4	5
inadequate welfare payments.......................	1	2	3	4	5
alcohol/substance abuse...............................	1	2	3	4	5
low wages...	1	2	3	4	5
domestic violence...	1	2	3	4	5
shortage of public assistance programs........	1	2	3	4	5
lack of affordable housing............................	1	2	3	4	5
lack of program support...............................	1	2	3	4	5
mental illness...	1	2	3	4	5
racism and discrimination	1	2	3	4	5
lack of government funding for the poor.......	1	2	3	4	5

32. Now we would like you to think about *the link between homelessness and mental health issues*. Please rate the following issues related to mental illness for homelessness and indicate your level of agreement or disagreement that each is a factor contributing to homelessness *in Sudbury* by circling one number for each factor.

		disagree completely				agree completely
		1	2	3	4	5
a.	co-occurring mental illness and substance abuse...	1	2	3	4	5
b.	exposure to victimization (physically or sexually abused)............	1	2	3	4	5

Environmental Risk Factors (Mental Health System)

c.	inadequate discharge planning..	1	2	3	4	5
d.	resources limitations...	1	2	3	4	5
e.	lack of integrated community-based treatment and support services...	1	2	3	4	5
f.	lack of community-based crisis alternatives................................	1	2	3	4	5
g.	lack of attention to consumer preferences...................................	1	2	3	4	5

Structural Factors

h.	lack of affordable housing..	1	2	3	4	5
i.	insufficient disability benefits...	1	2	3	4	5
j.	lack of coordination between mental & substance abuse systems	1	2	3	4	5

Family/Community Factors

k.	discrimination..	1	2	3	4	5
l.	poor family relationships..	1	2	3	4	5

Other Factors

m)	Please specify _____	1	2	3	4	5

33. Please indicate your level of agreement or disagreement with the following *issues related to overcoming homelessness*.

	disagree completely				agree completely
employment services..	1	2	3	4	5
lowering rent cost...	1	2	3	4	5
dealing with divorce/separation..	1	2	3	4	5
providing more supportive welfare conditions...............................	1	2	3	4	5
dealing with alcohol/substance abuse..	1	2	3	4	5
providing better incomes...	1	2	3	4	5
dealing with domestic violence..	1	2	3	4	5
better public assistance (financial support)...................................	1	2	3	4	5
providing more affordable housing (subsidized housing)..............	1	2	3	4	5
providing better social support programs......................................	1	2	3	4	5
other (specify) _____	1	2	3	4	5

34. What do you think should be done to address the lack of affordable housing in the City of Greater Sudbury?

_____

_____

_____

_____

35. In your view, what is the cause of chronic homelessness (i.e. when people experience repeated cycles of homelessness—from homelessness to housing back to homelessness)?

_____

_____

_____

_____

36.   In your opinion, are the support programs in the region adequate to address homelessness?

1.....Yes   2.....No

If no, please give us ideas on how the governments can deal with this and offer better support programs to people who are homeless:

_____

_____

_____

_____

37.   Do you think that all or most of the homeless people are accessing the services available to support them in the City of Greater Sudbury? 1....Yes 2.....No

Please explain:

_____

_____

_____

_____

38.   What services do you think are lacking in the community that would help the people you serve?

_____

_____

_____

_____

39. Do you have any other comments?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for assisting with this survey! The results of the study will be provided to your agency and will also be available through the Social Planning Council of Sudbury.

APPENDIX C:

Interview Guide

HOMELESSNESS STUDY
FOCUS GROUPS

DATE _____   _____   _____   TIME _____   PLACE OF INTERVIEW _____

1)   General question: Can each of you talk a bit about your experiences in working with
        homeless people who are _____ (women, men, Aboriginal people, people with mental
        illness, youth, older adults etc)?

        What are some of the key experiences that stand out in your mind?

2)   What do you think are the problems in our community and our society that are causing
        people to become homeless?

        What do you think are the systemic or structural problems that lead to homelessness for
        _____ (subgroup – women, men, Aboriginal people, people with mental illness, youth,
        older adults)?

3)   Being homeless can impact on different people in different ways. What do you think the
        issues are for _____ (e.g. women, men, Aboriginal people, people with mental
        illness, youth, older adults)?

4)   I would like to discuss each of the issues you mentioned. Are these issues being met by
        the community?
        Discuss first issue
        Then discuss second issue, etc.

5)   Can you tell me about your experiences in working with local services for homeless
        people? What are some of the key issues regarding services for _____(e.g. men,
        Aboriginal people etc.) in Sudbury? Do you think that these services meeting the needs?

6)   What do you think homeless people (e.g. men, Aboriginal people etc.) need to support
        them in obtaining housing and helping them with some of the problems that caused them
        to become homeless? What should be done to help homeless people?

7)   Are there any other issues pertaining to homeless people who are _____ (men, women,
        Aboriginal people, people with mental illness, youth, older adults) that you would like to
        mention?