

Keeping the Homeless Housed

An exploratory study of determinants of
Homelessness in the Toronto community

Action Consulting

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Table of Contents

Executive Summary	2
Background.....	5
Literature Review	8
Objectives	13
Study Population.....	13
Results	14
Methods	15
Discussion.....	16
Limitations.....	27
Recommendations	29
Conclusions	32
Bibliography	33
Appendix 1 – Survey Interview Protocol.....	35
Appendix 2 – Demographic Overview of Study Participants	37
Appendix 3 – Cross Tabulations of Results	42

Executive Summary

As a result of an exploratory study examining determinants of housing and homelessness in Toronto, the following findings were reported:

The City of Toronto and the Ontario government need to re-examine their notion of using shared housing as a transitional model.

1. The current model of homeless provision emphasizes the use of shared accommodation as a transitional strategy. This strategy, however, appears to be counterproductive if the goal is to provide individuals with sustainable support as they move from homelessness to housing. As reported in this study, the limitations of shared accommodation are significant, and include: safety issues, fear of living with strangers and the inherent effect of social isolation, lack of privacy, and general sense of feeling “warehoused” and uncared for by broader society. While proponents of shared accommodation may argue that this strategy is not only cost-effective, it also provides some opportunities for social network development because individuals are at least living in proximity to others. However, this study has illustrated that both benefits may be illusory; the cost-effectiveness of shared accommodation as a transitional strategy may be undercut by its propensity to lead individuals towards a vicious cycle of homelessness, and the quality and duration of social networks formed in shared accommodation are, in many cases, problematic and may further exacerbate identification with the homeless role
2. ***The municipal and provincial governments have a responsibility to work with housing and service providers to ensure integration instead of disintegration. From the perspective of many homeless individuals, the current system appears fragmented and confusing.*** Despite significant investment in resources, the current system does not function in any sort of an integrated manner. Indeed, as reported by some homeless individuals in this study, the current system focuses most of its human and financial resources on crisis management, and warehousing rather than developing long-term, sustainable strategies for integration in the community. In particular, as reported by participants in this study, the need for inter-agency cooperation and integration, as well as intra-system integration are both necessary to make the overall system function more effectively and without the barriers that currently frustrate both homeless individuals and social service providers.

From a public policy perspective, homelessness needs to be seen as both a health and a housing problem. The City of Toronto’s 10-year housing plan and the Ontario

government's promised comprehensive housing policy need to incorporate the health policy perspective into the housing plans.

3. Current policies and practices within the shelter system make it difficult for many homeless individuals to break the cycle of chronic homelessness. In particular, the lack of widespread adoption of harm reduction practices throughout the system means homeless individuals have few places of safety in which to begin their transition to more sustainable community-based living and integration. As reported in this (and other) studies, safe and stable housing is a necessary precondition for addressing issues such as those related to substance abuse (including alcoholism). Current prohibitory practices (particularly in public housing and shelters) force many homeless individuals to abandon shelter and re-enter the cycle of homelessness. Developing systems and practices that provide safe sheltered environments using the harm reduction model is essential if the cycle of homelessness is to be stopped.

Homeless housing careers are cyclical not linear, and the housing and support systems funded by governments and offered by housing and service providers need to have the capacity to adapt to life's cycles. Programs, and program funding, need to be flexible to meet the real and changing needs of people.

4. Currently, individuals move from one type of housing to another and the fragmented nature of the system means that the supports required for successful transition (e.g. recreation, education, mental and physical health, social supports) do not necessarily move with them, since these supports are linked to the type of housing, rather than to the individual. Ironically, at the time when individuals may most require and most benefit from these supports (during the transition itself), these supports no longer become available to them. As a result, the stress and chaos associated with moving from one form of housing to another becomes yet another trigger to the cycle of homelessness. Consideration needs to be given to develop systems that link services to homeless individuals themselves, rather than to the nature of the housing.

Governments, housing and service providers need to jointly recognize that four walls and a roof are important, but simply being "housed" is only the first step.

5. **This study reconfirmed recent findings, that being "housed" does not automatically result in an individual no longer being "homeless".** Recognizing that homelessness is, in large part, a psychological state of disconnection from family, friends, social networks, and communities, rather than simply a state of not having a roof over one's head. A more holistic view of these disconnections leads to the conclusion that more work needs to be undertaken to assist homeless individuals in re-developing strong formal and informal social support networks. Failure to

develop such networks will inevitably lead to individuals re-entering the cycle of homelessness. Supports such as recreation, mental and physical health, skills development training/social enterprise, and community building programs will assist individuals in making the psychological transition from homelessness to safety that is required to ensure sustainable housing works.

Housing and service providers need to understand and recognize, within their programs, the complexity of homelessness as it is experienced by individuals. Government funders should resist the “one size fits all” approach.

- 6. A key finding of this study has been to challenge pre-existing assumptions and stereotypes of homelessness.** There is no single explanation or description of who is homeless; instead there are multiple factors that interact with one another in complex systems that lead some individuals away from safety and towards homelessness. Simplistic, reductionist “solutions” (including simply building new shelters without providing adequate social and recreational supports to assist individuals in making the psychological transition from homeless to housed) only result in short-term gains, not long-term sustainable changes. A key issue identified in this study has been the lack of longitudinal research that adequately captures the reality that homelessness is a cycle, not a state. Further work is required to more fully research these important issues in order to more completely grasp the complexity of the experience of being homeless, and to develop rational, long-term strategies to address these issues.

“When you’re addicted to crack, it’s a long term relationship”:

An exploratory study of determinants of homelessness in the Toronto community

Background

Homelessness continues to be a significant public policy issue beyond newspaper headlines and political debates, the consequences of policy decisions related to housing on the lives of women, men and children are enormous. Current calls to decrease the visibility of the population of people who are homeless, to sequester homeless individuals in designated areas, and to cut back support services in the name of fiscal prudence all point to the ways in which homeless people have become a priority for both politicians and the public.

The housing, health and social services landscape has become increasingly fractured in the past two decades. Funding and program cuts at various levels of government, downloading from one level of government to another and from government to community-based organizations, plus a persistent lack of co-ordination amongst various initiatives all adds up to a very difficult policy terrain. It is hard enough for housing, health and service providers to understand and navigate this terrain, and secure the resources that they need to operate their programs. It is practically impossible for homeless individuals to understand, let alone be an informed and engaged tenant and/or consumer of services. However, as the systems have increasingly disintegrated, the expectation has been that it is up to the homeless individual to figure out the practical realities of accessing housing and services. This would be a big enough challenge for someone with a stable home and robust health. To add it on top of the many challenges already facing homeless individuals is to create an almost impossible situation.

Of importance, much of the debate around policy issues for homeless individuals is relatively uninformed by empirical data or evidence. While some suggest the existence of homeless individuals (most frequently seen in terms of panhandling) suggest there is a problem that must

be addressed immediately at the individual level, others contend that system-wide solutions are necessary. Tremblay and Ward (1998) have suggested that "...any homelessness strategy is to move people from...sleeping rough to stable housing". To them, homelessness needs to be conceptualized as a cycle requiring on-going support, not as a simple transitional stage to be managed using short-term solutions. Often, people stay housed on a long-term basis. However, many more have been housed 5 or 6 times before they stay housed. It has been estimated that one in six homeless are 'long-term homeless', cycling on and off the streets for at least five years before becoming stably housed.

Most research in this area supports this contention, and suggests that the majority of homelessness in the community occurs in a somewhat sporadic or episodic manner, rather than in a long-term way (Wright, Rubin and Devine, 1998). Studies such as this suggest homelessness is a vicious cycle that preys upon those who are most economically vulnerable and socially isolated. From this perspective, a potential solution to the problem of homelessness is to ensure those most vulnerable to losing shelter are provided with supports (including housing support, health facilities, physicians/psychiatrists as needed, etc.) to prevent this recurrence of this episodic cycle. Concentrating resources in this area will consequently free up additional resources to address those fewer in number who have chronic housing problems.

"The man has lived here for 10 years. Before that he lived on the streets for about 8 years. He connected with the housing worker who worked with him to find his present housing. Once a week he still sees the housing worker. The continuing support has been very helpful. As this man stated, he would probably be dead on the streets if he had not connected with the outreach-housing worker." Male, 63

Simply moving people directly from homelessness into housing, without attention to the underlying causes of being homeless (including systemic issues related to employment, health, and social connections) is generally described as a poor and unsustainable strategy. Studies by Dixon et al (1995) and Goering et al (1997) document the pitfalls of addressing the needs of chronically homeless people in a manner that does not account for the factors that determine why individuals are homeless in the first place.

There is increasing interest in the role that formal and informal social networks play in determining long term success or failure of housing initiatives. Social networks of homeless individuals can be very broad, diverse, and complex. The ways in which social agencies (including drop-ins, shelters, and mental health services) act as part of an individual's network is an area of significant interest, since potentially these agencies (as part of a broader network) may have an important influence on housing stability and general well-being.

The lack of available data around which to conceptualize the notion of "determinants of housing" is a significant barrier to understanding how public policy decisions impact individuals, and whether or not certain initiatives are likely to succeed in a meaningful and sustainable way.

This research proposes to address this lack of data using qualitative methods (including informal surveys and interviews, as well as literature reviews and analysis). The identification and description of determinants of homelessness will provide a conceptual framework for understanding why and how certain initiatives and policies may succeed and others may fail.

Literature Review

In order to frame and inform the research, a systematic literature review was undertaken. It is important to note that much of the literature in this area, particularly literature that is or has relevance to the greater Toronto area is either unpublished or 'grey' in nature. As a result, despite use of systematic search and data gathering methods, some relevant literature may not have been located.

Much of the literature on homelessness comes from the United States or Western Europe; while some of these findings may be relevant, the different political, economic, and social climates of these locations may limit applicability for local needs. Nonetheless this literature points to several key themes related to sustainable and stable housing for homeless individuals.

Throughout the world, research on homelessness has confirmed the notion that homelessness is a dynamic and cyclical process rather than a steady state. Piliavin et al (1993) have noted that the majority of homeless individuals experience multiple and chaotic episodes of homelessness. Wong, Culhane and Kuhn (1997) have confirmed this dynamic nature of homelessness, in particular the finding that individuals flow through multiple different pathways and configurations of housing and homelessness in a relatively compressed period of time.

Data from a longitudinal study in Minneapolis (Piliavin et al 1996) lead to a proposed model to explain individual's vulnerability to homelessness. This work draws upon previously published research in suggesting four main reasons for homelessness.

The first model (built upon previous work by Bahr and Caplow in the 1970s) suggested that "institutional disaffiliation" was a primary cause of homelessness amongst men. This model asserts that homelessness is a function of severed social ties, in particular bonds with a broad range of social institutions and individuals. Confirmatory data for this model includes statistically significant differences between homeless individuals and housed individuals on a variety of different demographic parameters, including likelihood of marriage, extent of social networks

(including friends, family, and other contacts), and annual income. Bahr and Caplow (1973) confirm that, statistically, those most vulnerable to the cycle of homelessness (which includes episodic moves between housed and non-housed status) were: a) in foster care during childhood; b) have engaged in felonies; c) were never married nor had any children; and d) had no contact with relatives.

Piliavin et al (1996) also describes a variation of the human capital deficiencies theory, wherein all the benefits of vocational and professional education are limited to the individual who is educated, as a second reason for homelessness. This model was first described in a general way during the Great Depression of the 1930s. This model purports that homelessness is linked to general deficiencies in skills related to education and vocational training. As recently as the late 1980s, Burt and Cohen (1989) found a strong association between educational attainment and occupational training and work history, which in turn was strongly associated with homeless status. Piliavin et al (1996) have extended this work, and noted that those with lower rates of education and vocational skills have a greater vulnerability to episodic homelessness than those with higher educational attainment or specific skills relevant to the local workplace.

A third major theoretical model to describe reasons for homelessness is built upon the nature and extent of personal and physical disabilities that may afflict an individual. In this context, disabilities include both physical and mental health issues, as well as addictions. There have been several confirmatory studies (see Rossi (1991) and Robertson (1991)) that illustrate that the population of people experiencing homelessness has a much-higher than average incidence of physical and mental health issues, including alcoholism and substance use, than the general population. Those who suffer from such conditions are much more likely to rapidly cycle through periods of housing and homelessness.

While the previous three models appear to measure the features of each, in question, there has been some criticism that they may be somewhat cyclical in their argument (i.e. are those with alcoholism more likely to become periodically homeless, or does periodic homelessness cause alcoholism?). To address this concern, Piliavin et al propose a fourth hypothesis to focus on the persistence of homelessness amongst certain individuals, particularly its episodic and cyclical

nature. This theory, sometimes referred to as the “acculturation to homelessness” model, suggests that homeless individuals learn, internalize, and assimilate a very specific ‘street culture’. This culture (which includes very elaborate application of rituals, knowledge, and values) is vitally necessary in order to survive on the street. Over a relatively short period of time, this internalized street culture becomes a dominant or normative preference which may keep individuals entrenched in the society of homelessness. To support this theory, the authors present data suggesting that those individuals who had more contact with, and expressed greater affiliation with friends who were homeless, were much more likely to experience cyclical, episodic homelessness than others.

Soisin, Piliavin and Westerflet (1990) have described the significant methodological challenges associated with studying homelessness and deriving any generalized models or theories to account for it. They note that, for most individuals, homelessness is characterized by episodic, residential instability rather than chronic, long-standing homelessness over the long-haul. Most research, however, only identifies individuals who are currently homeless (who lack a dwelling) and rarely, if ever, follows them through the entire cycle of homelessness (which will include significant periods of time where they may be housed). Failure to address this important time period may result in erroneous results and conceptions of what homelessness really looks like.

Of particular importance to homeless individuals are the various social support agencies and resources available in a community that purport to serve and advocate for them. Drop-in programs have been identified as an important part of the continuum of support for people experiencing homelessness (Crammond, Shewprasad, and Boston, 2006). However, literature examining these institutions is somewhat limited. Jones (1999) and Tsemberis (2003) have both noted that drop-in programs are perceived by both homeless individuals and social support workers as an important component in a network of “non-housing” support services that are needed to help people both find and maintain housing. Jones and Pleace (2005) and Crane et al (2005) have also noted that drop-in programs provide important roles in supporting individuals after they have been housed, as a way of preventing premature exit from housing. In particular, Jones and Pleace, echoing the third theoretical model cited above, noted: “...homeless people

had support needs that made it difficult for them to secure and sustain their own homes. Not a lack of life skill: but other issues, such as health and personal care, mental health problems, drug or alcohol dependency, and a lack of financial resources". They further state, however, that acknowledging need for support services such as drop-ins should not obviate the need to address structural factors that may cause homelessness (particularly in urban areas) related to lack of affordable housing or unemployment directly linked to lack of education and vocational skills. As they note: "(i)nterventions designed to enhance social support, improve access to education, training, and thereby the labour market, will be of little use in a situation in which suitable affordable housing is (simply) not available."

In examining the needs of chronically homeless individuals, a Region of Peel Study titled "A Program to Address the Needs of Stage Three Homeless Men through an Intensive Case Management Program" (2007, produced for the Region of Peel), concluded that "(i)t seems too simple to say that the solution to chronic homelessness is to provide people with a home. In reality it is this very distinction that underlies the systemic barriers to providing appropriate care and intervention to this community. By providing new mechanisms to provide residential stability in an integrated service environment, the problem focus will shift. Where the problem had been "what to do about homelessness", the challenge becomes "what to do with people who are housed and very sick", to prevent these people from becoming homeless in the near future.

Previous research has noted that homeless people represent a diverse and heterogeneous group. Local factors (including the strength of the economy, local political action/inaction, and the climate) all will affect the cycle of homelessness. Consequently, it may be difficult to extend work undertaken in previous jurisdictions or in previous time periods to current circumstances and needs. While this work is certainly informative and important, it is necessary to contextualize it within current realities.

Hincapie et al (1999) focused on the harm experienced by homeless individuals and proposed a harm reduction response for their report written for the Central-East Health Information Partnership (Toronto). They note that the high-risk homeless sub-group suffer severe harm as a result of high rates of drug use, consumption of alcohol based substances (e.g. mouthwash,

solvents) containing harmful substances, assaults, battery, and robberies. A broader type of harm results from neglect and estrangement from social networks, family connections, and human contact. As a result, these individuals are at higher risk for health (both physical and mental) problems that further exacerbate their homelessness. Drawing an analogy from the addictions literature, they propose a harm reduction model as an alternative to the prohibitionist, interventionist medical model that has previously characterized housing policies and practices. From this perspective, an individual is accepted “as they come” and are not required to change certain behaviours in order to “qualify” for assisted/subsidized housing. This report outlines the potential logistical challenges associated with a harm reduction model, but concludes that, if the goal of housing policy is to encourage sustainable housing and a break in the cycle of homelessness, then harm-reduction practices ought to be more widely embraced. In studying individuals in the Annex program in Toronto (located at Seaton House), they note the urgency in adopting such measures; their research suggests that the longer one remains homeless and on the street, the lifestyle becomes progressively riskier, and results in even higher use of health and social service resources, echoing the cultural adaptation theory cited previously.

Objectives

This research aims to identify which specific housing approaches (including policies, procedures, and practices) have resulted in sustainable stabilization. To inform this primary objective, several secondary questions were framed:

- a) How does the cycle of homelessness manifest itself, particularly for those who are already housed?
- b) What housing support policies/procedures are successful at keeping homeless individuals housed?
- c) How do various triggers and supports impact on the cycle of homelessness, particularly in a longitudinal manner?
- d) How do demographic factors (e.g. age, sex, ethno-racial background, marital status, etc.) influence the cycle of homelessness?
- e) What role do public and private agencies (e.g. shelters and drop-in centres) play in the cycle of homelessness?
- f) What determines who is more vulnerable to homelessness?

Study Population

For this study, we examined the population of homeless individuals (from a variety of groups including those in shelters, shared accommodation, living on the street, or in individual housing, homeless less than 5 years, and those homeless greater than 5 years, etc.) in Toronto over the time period of July-September 2007. Within these groups, convenience sampling strategies were required due to well-described methodological limitations in homelessness research.

Results

During the period of July-September 2007, a total of 101 in-depth semi-structured interviews were undertaken. The semi-structured interview protocol is attached at Appendix 1. A demographic overview of study participants is provided in Appendix 2. While those studied are not necessarily a statistically accurate sample of the population of homeless individuals, in Toronto, they do provide important insights into the research questions described above. It is important, however, to note that all participants were not only English speaking and were able to communicate verbally and non-verbally.

Also, those participating in this study represent homeless individuals who were currently residing either in a shelter, on the streets or in housing of some sort. Of those in housing, individuals either resided in shared or private accommodation. For the purposes of this research, no distinction was made regarding the nature of the housing accommodation (e.g. private sector vs. public sector housing).

As part of the interview protocol, participants were asked to describe the array of social services/supports they had accessed, ranging from drop-ins to 'out of the cold' programs. On average, participants reported accessing more than four different services; with no difference in services accessed by those who were homeless and those who were currently housed. For those who were currently housed, approximately 58% had used an agency in order to find and secure housing; the remaining 42% relied upon other means to locate suitable accommodation, including informal networks, posted ads, and word-of-mouth.

Of the 101 individuals who participated in this study, 61 have used or were currently using the services of a housing support worker. The nature, quality, and value of these services appeared somewhat variable. The cycle of homelessness involves multiple types/modes of accommodation/non-accommodation strung together over a relatively compressed period of time. Most frequently reported modes (in descending order) included: housing (of any sort), shelters, and streets. (More detailed analysis of results are reported in Appendix 3.)

The purpose of this project was to look at how the homeless housing system currently fails and or succeeds in keeping housed those homeless people who have been on and off the streets multiple times. This exploratory study examined ‘triggers’ that lead homeless people who have been housed, back into homelessness; what supports are successful in keeping homeless people housed; and how do the ‘triggers’ and ‘supports’ differ for different representative segments of the homeless population: men, women, housed 5 years or more, homeless 5 years or more and by age, ethno-racial diversity, and finally those diagnosed or not with serious mental illness.

The study investigated the interplay between individual level characteristics of this population (e.g. age, marital status, education, mental health issues, and addictions) and the physical, social, economic and environmental characteristics of the housing and related supports that individuals receive. The role of other contextual factors, such as support from family and friends, friends’ behaviours, and acculturation to life on the streets and the street economy, in helping or hindering this population from staying housed, is also explored.

Methods

The study used a convenience sample of 101 people (completed interviews), who are currently homeless, or currently housed, but have been homeless and housed more than twice within the past three years. Interviews were conducted with respondents in a range of different housing/non-housing situations – people living in the non-profit sector, private housing and boarding room housing, as well as people currently living in shelters and on the street.

The investigators conducted interviews, prefaced with a short structured questionnaire that gathered key socio-demographic data about the respondents. The interviews explored the housing history of clients being housed, including how many times and in what environments

they were housed and unhoused, the triggers and supports that affected their ability to stay housed, the type of services used and the way they used them.

Investigators also conducted interviews with workers in a dozen agencies that provide supports and outreach workers who work directly with the homeless population living in the rough.

Based on notes from all interviews, salient factors (e.g. presence of crack, social isolation, as 'triggers'; types of housing, types of supports received; length of time on-and-off the street), were identified, collated and analyzed using descriptive statistical methods. Qualitative analysis of all interviews was also completed.

Discussion

Qualitative analysis of interview data resulted in identification of several dominant themes:

- a) Subjective sense of "housed but still feel homeless"*
- b) Nature of accommodation predicts sustainability/longevity of arrangement*
- c) Systemic issues leading to lack of service integration*
- d) Personal vulnerabilities*
- e) Lack of respect for homeless perspectives*

a) Subjective sense of "housed but still feel homeless"

Uzo Anucha's study for CMHC first coined the expression "housed but still homeless" to describe the experience of many homeless individuals who experienced issues of rapid cycling through homelessness. The act of cycling through multiple accommodations and the uncertainty of literally not knowing where one would be sleeping the next night exerts both a physical and profound psychological toll on most individuals. While – technically – individuals in this category

would be defined as “housed”, there is little psychological affiliation with the term “home” for most people. The subjective enjoyment of “feeling at home” is almost entirely absent for many of these individuals, who report a lack of comfort, security, and stability as hallmarks of their accommodation. In particular, issues of social isolation (which in turn breed loneliness, alienation, and depression) are of significant concern.

“Once you are in housing, you also need to have support workers...when I was housed I often felt lonely and depressed” Male, 23

“If I could have had support housing workers and subsidized housing it would have helped” Male, 44

“It feels like I was lost in the system” Male, 45

These excerpts illustrate the danger in assuming that the “problem” of homelessness is solved once an individual has found shelter. As described previously, social disconnection may be an important predictor of the homelessness cycle, and public policy and housing practices that emphasize bricks and mortar housing without providing ancillary supports to facilitate “home-ness” may simply exacerbate the on-again/off-again homelessness cycle.

“In rooming houses, it can be very lonely” Male, 39

“Even now, it is hard to adjust to housing...at times, I still feel like I am living outside” Female, 27

“I like my housing but need to have other goals like education...you need to keep busy to avoid depression” Male, 23

Understanding the true dimensions of the subjective experience of homelessness – not just the objective fact of lacking shelter – is clearly a significant gap in the research.

b) Nature of accommodation predicts sustainability/longevity of arrangement

Of the 101 individuals interviewed, 39 were living in shared accommodation (private or public housing). Interview transcripts reveal the significance of the nature of accommodation, and its impact on long-term sustainability/longevity of this particular housing arrangement:

“There is only one fridge for all five tenants, so the other tenants take your food” Male, 38

“For some people, shared units do not work for them” Male, 45

“The building has problems with prostitution and crack” Male, 54, shared accommodation with 6 other people

The sharing of accommodation with strangers introduces a variety of logistical complexities, including basic safety and security issues. While, on one level, living with others may present opportunities to develop friendships and extend social networks, the reality for most study participants was exactly the opposite. Most individuals in this study indicated that shared accommodation actually bred fear (particularly of losing personal possessions or food) and anxiety (around personal safety, or the potential of recidivism involving alcohol, drugs, or prostitution). There was little evidence to suggest that shared accommodation actually resulted in meaningful friendships or valuable social networks forming; instead, those living in shared accommodation were forced to accommodate an additional layer of self-protective behaviours that further undermined their feeling of safety and belongingness.

“You need to start inspecting places...getting rid of the slum landlords” Male, 43

“I feel safe where I am now. The landlord has security cameras. They keep the security to make sure crack does not get into the building. This makes me feel safe. I know what crack can do from where I have lived in other buildings. Crack takes over housing.” Male, 57

“When he needs to sleep from using crack, he finds friends with housing and trades crack for sleeping.” Male, 27

Several participants spoke of the exploitation they had to endure, and their vulnerability in the housing process. Many recounted stories of totally inadequate bathroom or kitchen facilities that may have been over-run with pests, or that did not provide appropriate public-space/private-space distinctions. However, as homeless individuals, they felt they had little or no choice, considering their alternatives; worse, in some circumstances; there was a belief that, as a homeless individual, this might be the best living circumstance they could ever have or deserve. In some cases, individuals reported they clung to these abysmal conditions even though on one level they realized this was compromising both their physical and mental health, simply because the alternatives were even worse. Particularly disturbing were reports of frank exploitation by landlords, and behaviours (such as changing locks on doors arbitrarily, or entering private units unannounced and without permission) that left individuals feeling even more vulnerable than if they were on the street.

“My present unit, I do not have to share, and it feels like home” Female, 48

“The last 6 years he has been on and off the streets. He found a boarding house for a short amount of time. It was drug infested and he really felt the landlord was part of the drugs in the house. There was a lot of violence so he went back to the streets. He said, “I would rather be on the streets than in an unclean drug infested rooming house.” Male, 27

For those participants who had experienced both shared accommodation and private accommodation, the differences were highly significant. Not having to feel anxious about personal security or ‘falling in with a bad crowd’, and not feeling as vulnerable to the whims of landlords exerting power in arbitrary and capricious ways made most individuals feel far safer and able to care for themselves than the shared accommodation setting. While some policy makers and theorists have suggested shared accommodation may provide a useful transitional stage towards more permanent housing, participants in this study suggested the exact opposite: shared accommodation actually was repellent enough in many circumstances to drive people away from the system and back onto the street or into shelters. It is important to note that there appeared to be no significant difference in the number, quality, and extent of external social support services that were provided to those in shared vs. private accommodation. As a result,

the accommodation itself (shared or private) appears to be of greatest importance in predicting the pathway to or from homelessness.

“In 2004 when I came to Canada I lived with my Mother for 6 months. Then I got work and rented a 3-bedroom place with 2 other people. They started to do drugs and I worked at a club. While doing drugs I lost the apartment and job.” Male, 28

Though not extensively reported in the literature, this study suggests it may be useful to examine the role of shared housing as part of the pathway towards homelessness. In several instances, the narratives indicate how shared housing in fact is a step backwards for some people, driving them back to less optimal housing conditions as a way of escaping the fear and anxiety associated with sharing a home with complete strangers. While it has been assumed the shared housing could help build community and a sense of belongingness and social networks, these findings suggest the opposite is the reality for many individuals. Further study in this area is required to confirm these findings, and to determine the implications of policies and practices that situate shared accommodation as a transitional stage towards more permanent housing.

c) Systemic issues leading to lack of service integration

A major source of frustration for many politicians and other well-intentioned individuals is their observation that homelessness initiatives appear, in some ways, to be a ‘black-hole’ for money. While funding announcements are made, and cash flows to various initiatives, the real success of these initiatives is sometimes questioned. When the public sees more homeless people on the street, rather than fewer, following large infusions of funding into the homeless sector, many may question the value of such programs and whether or not a ‘solution’ to the problem of homelessness is actually even possible.

This research suggests that a major issue that needs to be examined is not simply the amount of money in the system or the specific services that are available, but instead the ways in which existing funding and services align with one another and integrate effectively to support a

pathway from homelessness back to housing – and equally importantly is able to prevent the slide from housing back into homelessness.

***“When people lose their housing, they are often too scared to look for other housing”
Male, 43***

“(we) need to have workers that understand homelessness” Male, 60

“(we) need to have workers that provide peer support for psychiatric survivors” Male, 53

Participants in this study noted that the current patchwork of services is confusing and difficult to navigate at the best of times. For individuals who may have other barriers (for example literacy/reading issues, English as a second language issues, or substance use problems that impair lucid decision making and analysis), the system as a whole appears hostile and impenetrable. The result, for many, is reliance on individual services rather than leveraging a system for promoting housing. The Region of Peel study noted that: “...an inherent risk in the system of service provision to the homeless is the impetus towards expanding the emergency components of the system in response to local issues. This can create a path dependent process that results in massive growth in the system that maintains people who are homeless at the cost of reduced resources to assist people in overcoming their homelessness”.

This finding was corroborated in this research. On many occasions participants reported a significant disconnect between their needs once they were housed and available resources to support them in remaining housed. While there was a significant emphasis and significant resources provided to getting individuals into some sort of housing, the supports (social, economic, emotional, etc.) required to keep them housed were distinctively lacking.

“You need good housing and a good support worker. Some people need to start from the beginning and need to learn to budget, cook and other skills. Some people have been on the streets for years. You need to have harm reduction workers to help you use less crack than before. You need to make a decision to use less crack so that you can keep your housing and change your life style.” Male, 29

“It has been helpful having support workers” Female, 36

For those individuals who were able to navigate the system effectively and were able to identify social support workers to champion and advocate for them once they were housed, the system as a whole appeared to work more efficiently. This finding points to an important need to consider housing at a system level, not simply as the sum of a variety of stand-alone services. The current model, which The Region of Peel study describes as “emergency management” tends not to focus on long-term goals and outcomes, and consequently sacrifices long term sustainability for crisis management. The result, unfortunately, is an exacerbation of the homelessness cycle.

Anecdotally, however, most support workers in the field recognize an inherent contradiction that frustrates their efforts. In a classic “catch-22” type situation, individuals are frequently placed in shared accommodation in high-risk areas simply because there are no other places to go, and the concentration of available social support agencies tends to be highest in geographic areas that are most vulnerable to cyclical homelessness. Conversely, placing individuals in geographic areas that are less vulnerable to cyclical homelessness may result in greater isolation, and diminished accessibility to informal regular supports, as well as formal social services supports which are concentrated in other areas.

This is an area that warrants further observation and discussion. Clearly, there are at least two separate processes which are occurring in parallel. First there is a need to ensure emergency cases and crisis management occurs in a timely and efficient manner; the longer an individual remains in an untenable situation the more difficult it will be for them to emerge from it. As a result, there is a legitimate reason for dedicating scarce resources to this crisis management function. Unfortunately, in doing so, longer term needs are consequently given a lower priority, and as the emergency processes get built up, paradoxically, lack of long-term planning leads to an even greater demand for these emergency services, in a vicious cycle that appears to trap many homeless individuals. It is important to emphasize that there exists a clear and pressing need for emergency management of homelessness; however this should not be seen as a solution to the problem itself, merely a stepping-stone towards more sustainable, long-term

practices that should, over time, result in a decrease in demand for those same emergency services.

d) Personal vulnerabilities

A particularly poignant part of the narratives during each interview related to the struggles and day to day experiences of individuals who are homeless. While it is tempting to look for generalizations that are applicable to all, each individual's story is unique, representing their personal histories and circumstances. Nonetheless, several important issues emerged that link personal vulnerabilities to the pathway into or out of sustainable housing.

“Crack is so powerful that the word “enough” does not exist” Male, 57

“The longer you are on the street the more you start to give up on life” Male, 27

“I like that nobody knows where I live” Male 43, recently released from prison

“I have lived on the streets for the last six years. I was a prostitute for 3 years. I quit the sex trade when I quit crack. For me the system worked. The drop-in I frequent helped me once I stopped the sex trade work and crack. I am still living on the streets but doing better.” Female, 27

As described previously, acculturation to the homeless role may be a powerful predictor of who is more likely to enter the homelessness cycle. Acculturation to this role may be accelerated through substance use or mental health issues that may contribute to feelings of desperation or worthlessness, which in turn heighten individual vulnerability. Sadly, many participants in the study reported experiencing firsthand the way in which others (including drug dealers) prey on these vulnerabilities which further erode an individual's ability to claw his/her way out of the 'black hole' of homelessness.

Exploitation and exacerbation of these personal vulnerabilities, fuelled by substance use/alcoholism or mental health issues was clearly an important factor in examining the cycle of homelessness. The Region of Peel study noted that the complex psycho-social issues facing

homeless individuals are frequently overlaid upon a foundation of significant physical and mental health issues; consequently a multi-pronged approach is necessary to address issues in a sustainable manner. They note the value of the harm reduction approach in addressing these interconnected issues: “(a) n integrated system of alternative shelter delivery will depend, in large part, on the system’s ability to provide people in crisis with residential stability. As an individual moves through the stages of homelessness, issues of substance use become more prevalent. The delivery of specific harm reduction programs becomes a first principle of service delivery, as it is one of the basic strategies that have proved to be effective in stabilizing clients who are, or are at risk of, chronic homelessness.”

This notion that client stabilization must precede dealing with homelessness is controversial, and somewhat cyclical. Arguably, client stabilization becomes possible only once homelessness is addressed. It is difficult, if not impossible to determine which should precede the other in any generalized manner; different approaches will work for different people, and above all it is imperative to understand each individual’s needs. However, the notion that harm reduction is itself an important tool for addressing homelessness merits further discussion and study.

Interestingly, this study has suggested that certain systems in place to assist homeless individuals may actually be worsening their condition. In particular, emergency shelters have been identified by The Region of Peel study as potentially being a contributing factor to chronic homelessness: “(t) his change from asset to liability takes place as an individual in the system transitions from episodic homelessness to chronic homelessness.” They note that the existence of emergency shelters may paradoxically lead to overreliance on this system that may in fact breed dependency. In some cases, particularly for those individuals already struggling with overwhelming personal vulnerabilities, including substance use or mental health issues, this system may further exacerbate these issues. As has been noted previously in the homelessness literature, the proviso “Shelter if necessary, but not necessarily in a shelter” may be an important way of helping those who are most vulnerable address underlying causes of homelessness, rather than simply placing band-aid cures.

Anecdotally, social services workers have long noted the tendency of some homeless individuals, particularly those in chronic shelter situations, to acquire a highly fluid and inaccurate notion of time. Our interviews confirmed this finding – participants in this study were frequently unaware of timelines, how long they had resided in shelters, and in some cases even present time and date. This distortion of time has a significant impact on a variety of social skills. To an outsider, time distortion may appear as indifference, lack of motivation, or even a signal of more serious mental illness. To the individual experiencing time distortion, reversion to basic survival strategies assumes even greater significance. Time distortion has not been formally described extensively in the literature on homelessness, but clearly it represents a unique and important type of personal vulnerability. Social services agencies frequently must rely upon fairly rigid timelines to demonstrate progress of their clients; understanding the experience of time distortion and how it affects homeless people should assist social services agencies, their workers, and their funders in more effectively serving the needs of those who are homeless.

e) Lack of respect for homeless perspectives

“It is a fact that once people know you have no address, they hold it against you as being homeless and a drifter” Female, 54

In virtually all times and places, homelessness has been (and continues to be) associated with criminality, mental illness, and a myriad of other social ills. Consequently, those who are homeless have been arbitrarily labelled in negative and demeaning ways. Today, in enlightened urban centres, it is acceptable for some politicians and others to make sweeping generalizations denouncing the homeless and calling for their eradication. The lack of respect for homeless people as human beings, the lack of understanding of their situation, and the desire by some to view homeless people as a homogenous group results in a variety of outcomes, many of which contribute to the cycle of homelessness.

Participants in this study discussed at length the ways in which attitudes of others affected their own self-esteem, feeling of self-worth, and their ability to actually help themselves. Sadly, some

participants noted that some social service workers, those who interact with homeless individuals on a regular basis, perpetuated stereotypes and demonstrated negative behaviours towards homeless people.

“Sometimes, they need to just shut up and listen....they don’t always have to be telling me what to do.” Male, 41

Acculturation to homeless individuals; role has been identified as a potentially powerful and important reason why the cycle of homelessness persists. Role identification as a homeless person is further exacerbated by others in society who ‘expect’ certain behaviour from a person who is or has been homeless. As described by social psychologists, this self-fulfilling prophecy in turn may become the behaviour of homeless individuals, and a vicious spiral begins.

“Once they know you are on welfare or homeless, the landlord does not want you there because of that” Male, 38

“If they find out you have done time, it gets you in trouble” Male, 43

Like acculturation to any role, acculturation to the homeless role may be a particularly difficult barrier to transcend for some individuals. The necessity to find coping mechanisms to ensure day-to-day survival will frequently mean that many homeless people only have social networks that extend to other homeless people. An us/them dichotomy may be struck, where those who are not homeless view those who are homeless in stereotypical ways (lazy, crazy, or frightening), while those who are homeless may view others as arrogant, selfish, or ignorant.

Lack of respect from others will, over time, breed lack of self-respect, which in turn will exacerbate the cycle of homelessness. Addressing this issue is far from simple or straightforward, since it requires a fundamental reorientation in the way the general public view homelessness, and the way homeless people view themselves. Despite recent attempts to paint homeless persons in a more sympathetic light, and to provide opportunities for homeless individuals to demonstrate their strengths and abilities, overwhelming public sentiment and the

political agenda view homeless people as a “problem” to be solved...as opposed to viewing homelessness as an issue that needs to be understood.

Limitations

This qualitative study was designed to explore issues of homelessness in the context of the Greater Toronto Area. The research methods used included a literature review to guide development of a semi-structured interview protocol. Interviews were then conducted with 100 homeless individuals and specific themes were extracted based on the interview transcripts.

Qualitative research such as this should only be interpreted in its own context. The findings of this research may not be generalized to other cities, countries or contexts. While certain themes may be similar in other places, the specific instantiation of these themes are unique to this research.

As described previously, methodological limitations limited the sample of participants that were included in these interviews. In particular, those living in parks, on the street, or under highways were included in this study; the vast majority of participants in this study had shelter of some sort or were housed. As a result, those who were, in all senses of the word, “homeless” were truly represented in this study. Since an important theme of this research has been the notion of “housed but still homeless”, we feel these findings, while not generalized or universally applicable, are still reflective of the experience of many homeless individuals, and consequently should be interpreted in this light.

Other groups were also included in the sampling; however, again, the sampling is limited. There is a broad sampling of cultural diversity and ethnicity including those for whom English is not a first language. Those in the midst of acute crises, including substance use or hallucinations, were not interviewed due to logistical issues. It is important to note that, as a result, this perspective could not be included in this report.

A significant limitation of research in this area relates to the lack of high-quality longitudinal research that tracks individuals through all phases of the cycle of homelessness. As discussed previously, most of the literature focuses on individuals only in the shelter-less stage of the cycle; if homelessness is conceptualized as a cycle, not a specific point in time, longitudinal study will be required in order to more fully elaborate upon the patterns, cycles, and determinants that characterize the experience of homeless people.

While many studies have focused on individual characteristics of those in stable or unstable housing, we have not elected to do so, primarily because this is terrain that has been explored in previous research.

Mindful of these limitations, this research has provided us with an opportunity to explore the concept of determinants of homelessness, without developing an overly-simplistic or reductionist cause-effect model. Recognizing that there are a complex constellation of reasons and circumstances that give rise to the cycle of homelessness, we recognize that much more research and discussion is required to truly understand its dimensions. Only with this understanding can informed public policy decisions and choices be made that will, in a meaningful manner, address issues and concerns of homeless persons.

Recommendations

As a result of this research, we believe the following recommendations should be considered:

a) Shared accommodation as a transitional strategy to address homelessness should be re-examined and reconsidered since it may actually be counterproductive and may be alienating some individuals. Consideration should be given to more successful models for shared living, including development of small-scale (i.e. 6-7 people) shelter/transitional housing, who may or may not work and learn together in order to create a shared sense of community which can then be transposed to a more independent living situation.

Roles for mediation in terms of landlord tenant interaction/action are also an area for further consideration.

b) Housing supports need to be viewed as a whole, integrated system whose sum is greater than its parts. The current patchwork model is isolating and may be difficult to navigate for some homeless individuals and may paradoxically worsen the cycle of homelessness by focusing resources and energy on crisis management rather than sustainable long-term integration in the community. Further work is required to establish the quality of system-wide integration of current and future services for homeless people. Different approaches to providing consistent supports including more community based and outreach mobilized supports should be investigated.

c) Harm reduction as a model for management of cyclical homelessness needs to be considered and piloted in a variety of contexts. Given the links between cyclical homelessness and substance abuse (including alcoholism) prohibitory policies and practices (particularly in public housing and shelters) may be exacerbating the problem rather than addressing the needs of homeless individuals in a sustainable manner and leading to social decompensation. This does not, of course, negate the need for detox/rehabilitation services within a continuum and paradigm of harm reduction.

d) The current model focuses on individuals moving from one type of housing to another (i.e. from shelter to rooming house to another form of dwelling) without supports moving with them. The act of moving itself is chaotic, stressful, and frequently fraught with issues that may require supports that are no longer in place. Consideration needs to be given to developing systems that are more seamless in their nature so that supports (including recreation, physical and mental health, social support and education) move with individuals as they transition through different stages of the process.

e) Simply finding housing for individuals does not solve the “problem” of homelessness; housing is more than simply a roof over one’s head, and it is possible to be housed but still feel homeless. Further work must be undertaken to ensure long-term access to needed social supports are available once individuals have housing. Such supports include recreation, mental health, community building, as well as mediation and conflict resolution services to prevent premature eviction, etc.

f) Previous research has enumerated a variety of “triggers” (including drug use, breakdown of relationships, employment instability, mental health issues, etc.) that are thought to initiate homelessness. This current research suggests it is important to re-examine this assumption for a variety of reasons. First, homelessness is a cyclical, not a linear process and consequently, individual triggers do not necessarily influence outcomes in a predictable manner. At different stages of this cycle, the same triggers may have varying degrees of influence on outcomes. Once enmeshed in the cycle of homelessness a “trigger” is no longer a trigger, but instead has become a “lifestyle” and needs to be addressed as such. Similarly “supports” should not be conceptualized simply as one-off interventions designed to address an immediate crisis (or trigger). Instead, long-term strategies and supports must be in place to address healthy lifestyles (including long term relationships built on trust).

g) Further research, particularly longitudinal research, is required to more clearly elucidate pathways leading to, from, and exacerbating or mitigating the cycle of homelessness.

h) It is important to not just look at housing as an opportunity to house people but it also a great opportunity to get people moving into housing, involved in construction of buildings. This is the way people learn skills and also feel ownership of the building.

i) It is also important to have people involved in the design of the building before they move in. Again this gives the tenants moving in a sense of ownership of the building.

j) When possible agencies working on the housing should hire people from their community to do community relations with the local community, such as going door-to-door to businesses in the community and local residents. These same people should also be involved in the community housing meetings.

k) We know from the experience of interviewing the clients, housing and outreach support workers that it is very crucial for the first 6 months to one year to have good security through housing support workers. This will prevent the use of housing units for drug related activities.

l) When designing a building tenants who have lived in other buildings where there have been drug-related issues, should be consulted to give advice from their experience about how to make a building secure.

Conclusions

This qualitative research has delineated important determinants of homelessness. In conceptualizing homelessness as a cycle, rather than a single point in time, factors that may affect the pathway into or out of homelessness have been discussed. Clearly, there is significant complexity to this issue, and factors interact with one another in numerous ways.

Understanding the importance of factors at the individual, local, and systemic levels will prevent myopic, reductionist approaches to these issues.

Homeless persons, like any other group in society, are a diverse and heterogeneous group with some commonalities, and many differences. One-size-fits all solutions, while being convenient and simplistic do not capture the true dimensions of how the cycle of homelessness manifests itself. Further research, particularly longitudinal study, is required to develop explanatory models that may be used by policy makers and others in addressing issues and concerns of homeless individuals. As described in this study, even those with housing may feel homeless. Truly understanding this important concept is a critical first step in moving toward collaborative and stabilizing approaches to homelessness.

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Appendix 1 – Survey Interview Protocol

1. Male/Female
2. Age
3. Where are you presently living?
 - Shelter
 - Street
 - Housing
4. If housed, how long have you lived at your present address?
5. Do you live in private accommodation or is it shared?
6. What services do you presently use?
 - Drop-ins
 - Health Services/health Centre
 - Hospitals
 - Shelters
 - Out of the Cold program
 - Food banks
7. How did you find housing?
8. Do you have any housing support workers?
 - Or other agencies that help you with your housing?
9. If you are not housed could you tell me over the last 3 years where you have been living?
10. Could you tell me over the last 5 years some of your history as to where you have been living?
11. If housed presently can you tell me what you like about your housing?
12. Can you also tell me what you do not like about your housing?
13. Have you experienced (if applicable) discrimination when looking for housing due to your repeat incarceration?
14. Do you have any other comments?

CLIENT INTERVIEWS	
AGENCY	# Interviews
Corner Drop In	5
Christian Resource Centre	5
Dixon Hall	6
Eva's	5
Good Shepherd	2
Habitat	10
Christie Ossington	5
Fred Victor	5
Green Thumb	5
LabourLink	5
School House	5
Sound Times	5
PARC	8
Adelaide Women's Resource Centre	4
St. Simon's	6
Seaton House	10
St. Joseph's	3
Youth Link	7
HOUSING AND OUTREACH STAFF	
CAMH	1
Central Neighbourhood House	1
Christian Resource Centre	1
Dixon Hall	2
Good Shepherd	1
HOP	1
PARC	1
Seaton House	1
Sistering	1
Sound Times	1
St. Simon's	1
St. Stephen's	2
Street Health	1
Youth Link	1

Appendix 2 – Demographic Overview of Study Participants

Chart 1

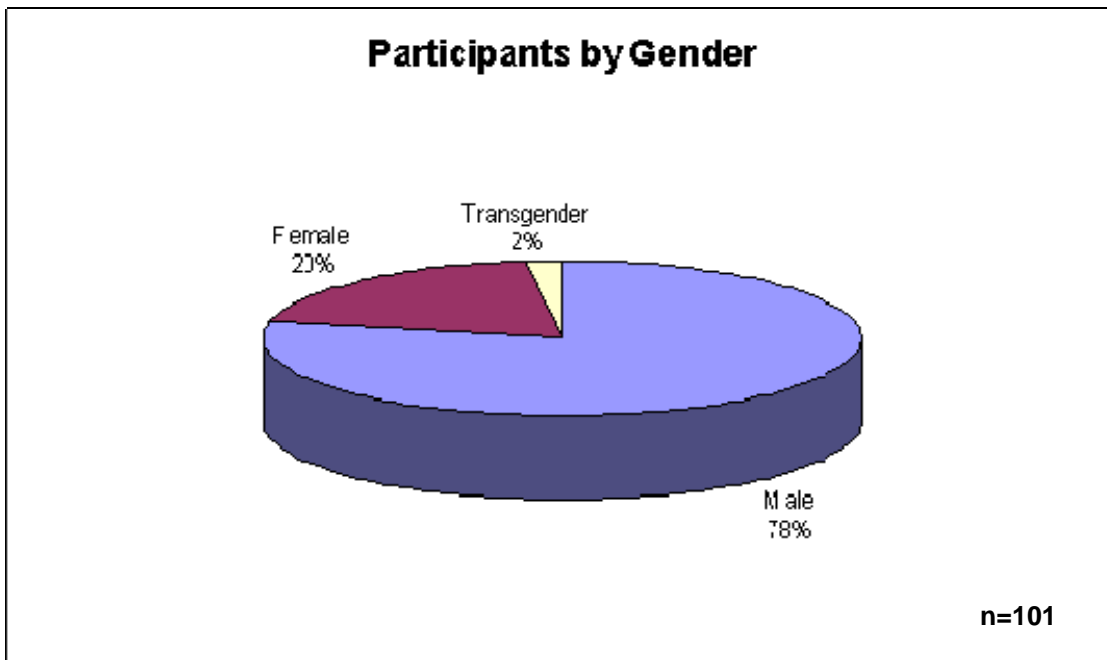
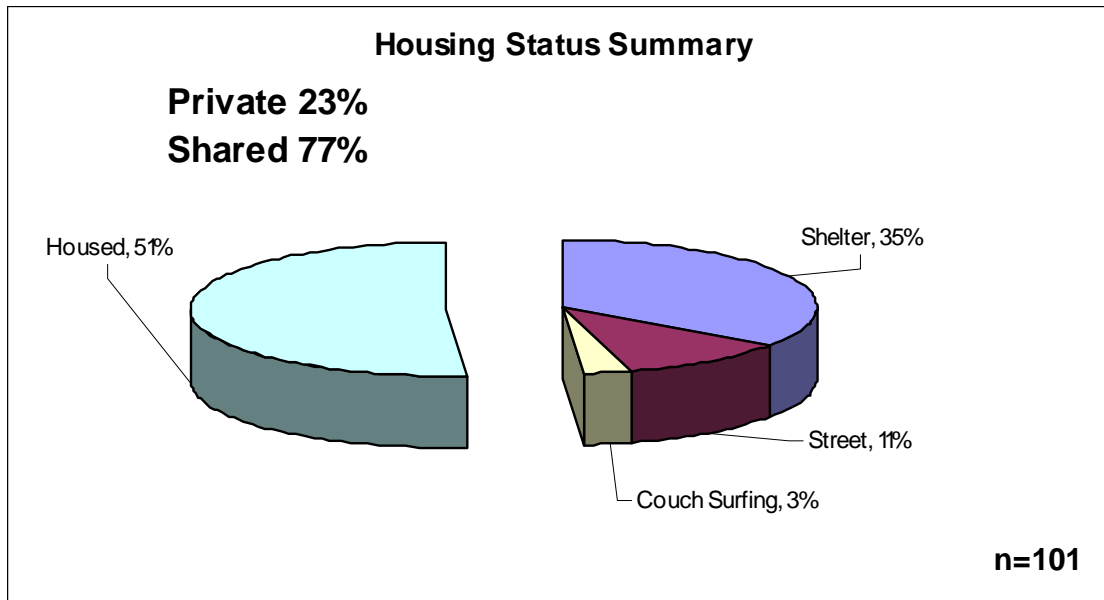


Chart 2



Of the 101 people interviewed, 79 were male, 20 were female and 2 were transgendered. Age ranged from 18 to 66, with an average age of 41. At the time of interviews, 53 were housed (shared accommodation or individual housing), 37 were in shelters and 11 were on the street (i.e. moving frequently from place to place, often relying upon friends, relatives or acquaintances to provide housing, but not necessarily knowing from night to night where they would end up). As described by Pilivian (1993) et al there are methodological complexities in locating homeless individuals who are currently living 'on the street'. In addition to these logistical issues, street-living homeless individuals may also exhibit some difficulties in memory recall and communication skills that may make interviewing problematic and unreliable at times. Interviews took some time because some people have personal issues such as mental health, addictions and memory loss.

For those who were currently housed, 13 lived in private housing (i.e. by themselves), while 39 lived in shared-accommodation settings. Though not formally captured as part of the interview protocol, several participants noted that, while they had housing, the quality of this housing may

be suboptimal (e.g. due to pests/vermin or poor construction/maintenance), and in some cases, basic amenities (e.g. kitchens) were lacking.

Chart 3

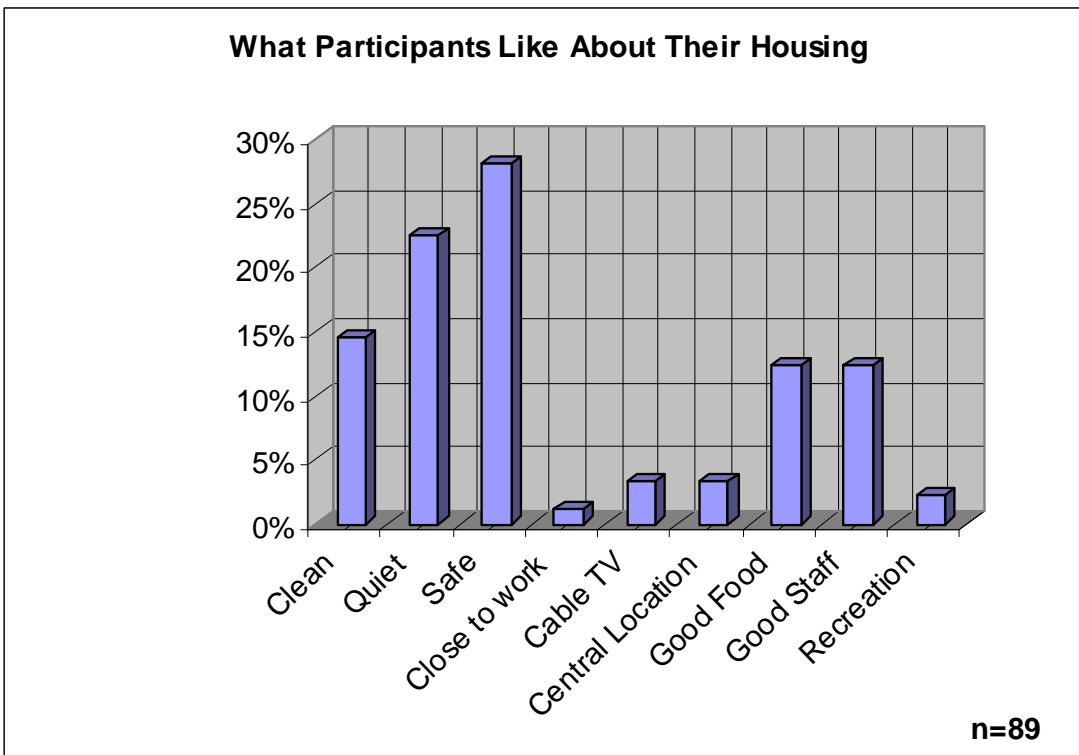


Chart 4

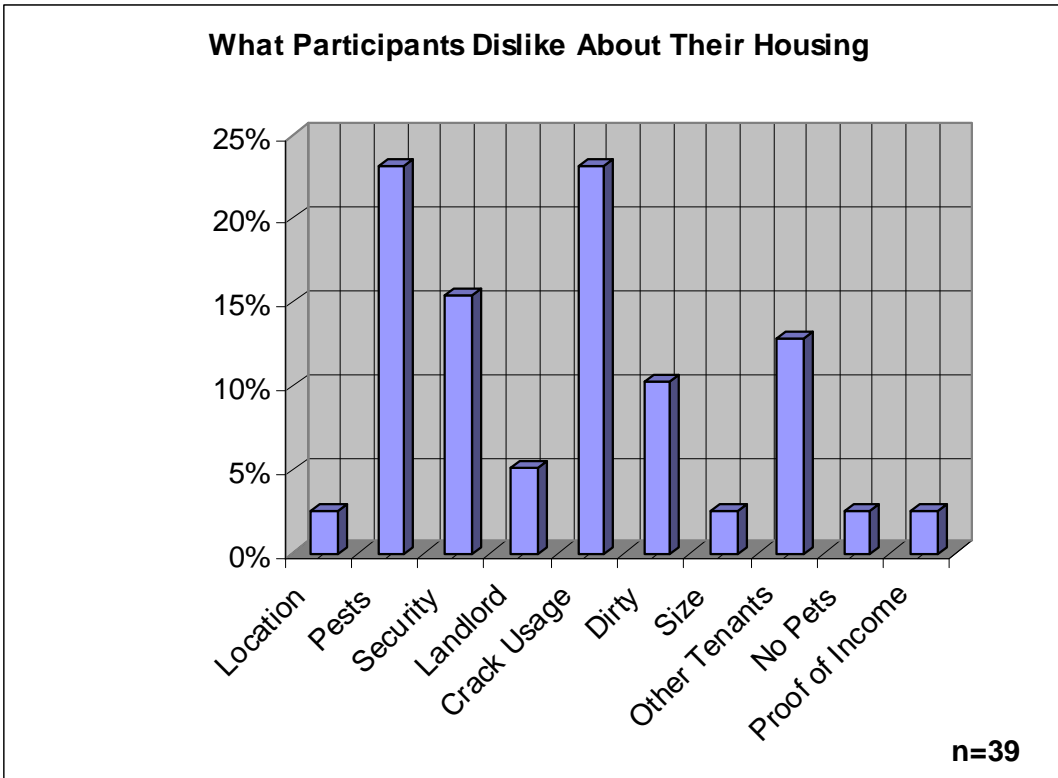


Table 1

Gender by Age				
		Male	Female	Transgender
<20	2	1	1	0
20-29	32	20	10	2
30-39	12	10	2	0
40-49	23	19	4	0
50-59	22	19	3	0
>59	10	10	0	0

Table 2

Years Homeless by Age				
Age Range	Number	Over 5 years homeless	Under 5 years homeless	N/A
<20	2	1	1	
20-29	32	12	13	7
30-39	12	4	6	2
40-49	23	12	11	0
50-59	22	12	10	0
>59	10	5	5	0

Table 3

Housing Status by Age			
Age Range	Housed	Shelter	Street
<20		2	
20-29	7	17	8
30-39	7	3	2
40-49	19	4	0
50-59	12	9	1
>59	8	2	0

Appendix 3 – Cross Tabulations of Results

Table 1

Housing Status by Gender				
	Housed	Shelter	Street	Total
Male	42	28	9	79
Female	11	7	2	20
Transgender	0	2	0	2
	53	37	11	101

Table 2

Housing Status by Years Homeless				
	Housed	Shelter	Street	Total
over 5 years homeless	29	8	9	46
under 5 years homeless	22	22	2	46
N/A	2	7	0	9
	53	37	11	101

Table 3

Use of Support Workers by Years Homeless				
	Supports	No Supports	N/A	Total
over 5 years homeless	28	16	2	46
under 5 years homeless	33	12	1	46
N/A	6	3	0	9
	67	31	3	101

Table 4

Type of Housing by Years Homeless				
	Shared	Private	Shelter	N/A
over 5 years homeless	23	3	6	14
under 5 years homeless	16	8	19	3
N/A	0	2	5	2
	39	13	30	19

Table 5

Type of Housing by Average Months in that Housing				
	Shared	Private	Shelter	N/A
average time housed	29.05	33.17	5.85	11.57
over 5 years homeless	36.78	53.67	10.33	12.5
under 5 years homeless	17.2	32.43	6.38	24
N/A	0	5	0.75	3.5

Table 6

Housing Status by Use of Support Workers				
	Housed	Shelter	Street	Total
supports	38	23	6	67
no supports	14	13	4	31
N/A	1	1	1	3

Table 7

Use of Services by Years Homeless						
	Drop ins	Health Services (outside of Hospitals)	Hospitals	Shelters	Out of the Cold	Food Banks
over 5 years homeless n=46	44	43	32	40	21	28
under 5 years homeless n=46	38	45	31	41	18	28
N/A n=9	4	5	7	8	3	5

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