Rural Ontario Institute

HOMELESSNESS AND HIDDEN HOMELESSNESS IN RURAL AND NORTHERN ONTARIO

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ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

Seldom is homelessness portrayed as a social problem existing in rural or northern areas of Ontario. Images of homelessness which appear in the Canadian mass media usually depict homeless people on the streets in cities like Toronto and Vancouver. Such images often show groups of people congregating around homeless shelters, people sleeping in bus shelters or on park benches, and people panhandling for spare change in public spaces. *Homelessness and Hidden Homelessness in Rural and Northern Ontario* is the first study of its kind to empirically challenge these popular perceptions. In fact, as the analysis of data from the recent Canadian Social Survey demonstrates, compared to city dwellers, a higher percentage of people from rural Ontario reported that they had experienced homelessness or hidden homelessness at some point in their lives.

The research carried out for this report was based on a survey of service providers (with responses from 204 service providers and 30 service managers), focus groups (with 76 key sector stakeholders), and interviews (with 40 people who had experience of homelessness or hidden homelessness) in 10 communities in northwestern, northeastern, southwestern, and southeastern Ontario. This was augmented by an analysis of Ontario data from Canada's General Social Survey. The causes of homelessness in rural and northern Ontario were found to be similar to those in big cities: poverty, mental illness and addictions, lack of affordable housing and domestic violence. The study also revealed that many Indigenous peoples are at risk of homelessness and hidden homelessness, particularly those living in northern areas of the province.

A key focus for this project was the examination of *hidden homelessness* that exists in rural and northern Ontario. This population includes those living in temporary, provisional accommodations or in situations that are unsustainable. It refers to people who generally do not pay rent, live temporarily with others and do not have the ability to secure their own permanent housing immediately or in the near future. This population is considered to be 'hidden' because they usually do not access homeless supports and services even though they are improperly or inadequately housed.

Several key findings emerged from the survey of service providers:

- Service providers were aware of all types of hidden homelessness identified in the survey and nearly all respondents indicated that they had very often heard about hidden homelessness occurring due to a lack of affordable housing, including the high cost of utilities. Between 60 and 86 percent had heard about couch surfing, substandard housing, shared accommodation, temporary accommodation and overcrowding. Close to a third (30%) of service providers in rural and northern areas had very often heard about people living outdoors or relying on survival sex as a means of obtaining housing.

- Survey participants stated that the groups at highest risk of homelessness were people with mental illness and those with substance use issues. This was followed by adults without children, men and single parent families. A much larger proportion of northern service providers rated the risk of homelessness for Indigenous people as very high (67%) compared to southern service providers (30%). A quarter to more than half of the service providers who participated in the survey indicated that they did not know about the level of risk for homelessness of people with military service, LGBTQ2S people, immigrants and refugees, Indigenous people and unaccompanied children and youth.

- The results showed that it is oftentimes extremely difficult for service providers to identify and record people who may be experiencing homelessness or hidden homelessness in rural and northern Ontario. Unlike in large cities where varied methods are used to record the number of people living with homelessness, only 32 percent of service providers in rural and northern areas reported that records are kept to document the level of homelessness.

- Over half of the survey respondents reported that people living with hidden homelessness are invisible to the service system because they do not access services, they do not define themselves as homeless or they do not believe that services will meet their needs.

- The findings indicated that in- and out-migration are significant patterns linked to rural and northern homelessness. We found that it was not uncommon to hear about people leaving rural areas and ending up homeless in cities. Yet, it was equally common throughout the course of this research to hear accounts about homeless people who move from one rural area to another, as well as people leaving cities and ending up homeless in rural areas. People who are homeless and hidden homeless are often transient due to the need to search for employment, flee abuse, or connect (or re-connect) with friends and family in order to have a roof over their heads. Migration was recognized as a pattern connected to rural and northern homelessness as more than half (52%) of the service providers responding to the survey reported that people experiencing homelessness often migrate to urban centres. However, nearly half (47%) also reported that people often return to their catchment area following out-migration.

- Northern and rural service providers are not optimistic about the possibility of ending homelessness: just over a third (34%) stated that it is possible to eliminate homelessness, another one-third (34%) did not know and a third said that it is not possible.

Eleven dominant themes were identified from interviews with people with lived experience of homelessness and focus groups with service providers; most themes were supported by findings from the survey:

- Seven types of hidden homelessness were described by respondents in the study. As the first province-wide study of hidden homelessness in rural and northern Ontario, this project has documented how people live with homelessness in rural and northern places by staying in tents or RVs, in substandard housing, or through couch surfing, overcrowding, survival sex or staying in motels or single rooms. Moreover, challenges due to the lack of affordable housing are strongly connected to hidden homelessness.

- In addition to hidden homelessness, people in rural and northern communities were reported to live with four forms of absolute homelessness by squatting or sleeping outside, living in bush camps, sleeping in vehicles or staying in shelters.

- Numerous issues were identified as significant in the lives of people living with homelessness in rural and northern Ontario. These issues included challenges with living expenses such as transportation, food and utilities (e.g., heating costs), violence and abuse, illness (physical and mental), addictions, institutionalization, migration, discrimination, loss of social networks and unemployment. A major issue discussed by interviewees and focus group participants was the nature of support services and service gaps.

- The report includes 28 suggestions for change made by participants. All three groups (people living with homelessness, service providers and service managers) made the following suggestions to work towards change:

  o increase the availability of affordable housing as well as housing supports, shelters and transitional housing units.;

- o increase social assistance rates and incomes so that they are comparable to the actual costs of housing and living expenses.

- o increase funding for transportation and expand the range of services in rural and northern areas to match services offered in urban centres, such as community hubs, outreach, shelters, and detox.

Over 30 promising practices were identified by respondents and they are described in this report. These programs, many operating at the grass roots level and specific to the local context, have been designed to respond to absolute and hidden homelessness and the prevention of homelessness in rural and northern Ontario. The types of services included housing alternatives, homelessness prevention, material supports, information and referral workshops, emergency supports and mental health and addictions supports.

It has been argued elsewhere that the Canadian response to homelessness relies mostly on the provision of emergency services, and less on prevention and support for helping to move people out of homelessness (Gaetz, O'Grady and Buccieri, 2010). While correct, statements like this are normally made within the context of understanding homelessness in urban centres, not in rural, northern or remote areas of Ontario. In this study we found that in villages and small towns right across rural and northern Ontario there are few coordinated institutional mechanisms in place that provide emergency services for those who experience homelessness and/or hidden homelessness—not to mention programs directed at providing stable, long term housing. While it is beyond the scope of this report to explore in detail the nature of these rural-urban differences in service provision, we hope that this research will be used to help inform policy decisions to more effectively address homelessness and hidden homelessness in rural and northern Ontario.

NORA: A PROFILE OF LIVED EXPERIENCE

Nora is of European background and in her 30s. She has been living homeless, on and off, for nearly 20 years and is again homeless after a few months of being housed.

Her pathway into homelessness began with an episode of mental illness and depression in mid-adolescence which led to a rift with her family. She found housing as a caregiver which lasted a short time. When the arrangement ended, she experienced many years of transience.

Nora has experienced five types of absolute homelessness and eight types of hidden homelessness. She has been banned from a shelter serving people living with homelessness and from a detox program because she "gets mouthy". She finds shelters cold and uncaring and consequently sleeps in places such as bush camps, stairwells, under awnings and overhangs and in a tent hidden away from public view. Living on the streets, Nora and others often stay up all night.

She has been badly treated by men, being beaten and raped more than once. She hitchhikes and seeks shelter with men or couples she meets along the way which puts her safety at risk. In the months prior to being interviewed, she was involved with sex work for survival. It was not her preferred way of earning money and she had to use substances to tolerate this work.

Nora dreams of having an apartment in the countryside and a part-time job, in a location where the police, who pick on her, don't know her. She has a sense of pride in trying to help others who live on the streets; she shares with them information about events such as dinners or particular services.

Photo courtesy of Poverty, Homelessness and Migration.

1 INTRODUCTION

The causes of homelessness in rural and northern Ontario are often similar to the issues found in larger urban areas: poverty, mental illness and addictions, inadequate or precarious housing and domestic violence. In Ontario, there is a diverse continuum of rural communities, from near urban to northern remote settings. It is important to recognize that the dynamics of migration and rural homelessness are different in various regional contexts.

The 'hidden homeless' population includes people who live in temporary, provisional accommodation, or in a situation that is not sustainable. It refers to people who generally do not pay rent, live temporarily with others and do not have the ability to secure their own permanent housing immediately or in the near future. The term 'hidden' is used for a variety of reasons. Some use this term to refer to the fact that this population is often not visible to the public as compared to "visibly" homeless people who sleep on streets and in public settings. Others use this term to indicate that there may be a large population of people who, although they fit within definitions of homelessness, do not access services and as such are not visible to the service system.

On October 28, 2015, the Province of Ontario released the report from the Expert Advisory Panel on Homelessness. The Panel's report, *A Place to Call Home*, acknowledged that homelessness is complex, and that progressive action is required to address it. Within the report, rural and northern homelessness is presented as an important issue. The report recognises that approaches to measuring homelessness in urban areas, such as Point-in-Time Counts, might not work in rural and northern contexts. The report notes the importance of paying "attention to difference" and "acknowledging the varied and unequal experiences with homelessness" that are affected by geographic location. This includes attention to the unique experiences and challenges faced in rural and northern regions.

In response to the report, the Ministry of Municipal Affairs and the Ministry of Housing (MMA/MHO) approved a study to examine homelessness in rural and northern Ontario. The Rural Ontario Institute was supported by the Housing Policy Branch, Ministry of Housing to convene a study team, clarify the scope of the study, and provide project support. A review of the relevant literature informed the project goals and study design. The study team identified key project goals which included exploring current understandings of homelessness in rural and northern Ontario, perceptions of service providers about homeless enumeration in rural and northern communities, the nature of challenges experienced by homeless people and service providers in these regions, and innovative responses or promising practices to address these challenges. A study design was created to respond to these goals and focused on surveys of service managers and service providers, focus groups with service providers, and individual interviews among those with lived experience. To ensure broad representation, the study team focused on ensuring geographic representation across Ontario's diverse rural and northern regions as well as representation of diverse homeless and service provider populations.

The study design encompassed the intent to explore whether and how homelessness was different in the diverse geographic regions of the province. To accomplish this, individual study team members were responsible for data collection in four regions of the province. Dr. Carol Kauppi focused on northeast Ontario, Dr. Rebecca Schiff the northwest, Dr. Fay Martin the southeast, and Dr. Bill O'Grady the southwest. Researchers also strove to represent diverse geographies and demographics within their regions. This project gathered data in five northern communities of varying size and density, all of which attracted and served people from the

surrounding area. This project also gives attention to varied rural communities; it gathered data in five northern communities and five southern sites; these 10 communities included northern towns and cities, southern urban fringe, agricultural and cottage country communities. Some of the service providers who participated in the focus groups were located in urban centres that provided services to rural communities of varying density and distance, and some were in low-density communities that provided services to even less densely populated and more distant communities in their region. The Ontario Municipal Social Services Association (OMSSA) provided an opportunity for its service manager members to complete a survey based on the urban/rural/northern geographies in which they were located.

As a result of our approach, the study combines information from distinct streams of information gathering, distinct geographies, and distinct demographics. The report is structured to highlight and reflect these diverse sources of information, as well as the regional, geographic and demographic diversity of experiences. The research did not attempt to count the numbers of people experiencing homelessness or hidden homelessness but gathered information based on informed perspectives about what is occurring in rural and northern regions of Ontario.

BRYAN: A PROFILE OF LIVED EXPERIENCE

Bryan is an Indigenous[1] gay man in his 50s. He has experienced being in child welfare care, losing his brother to a chronic illness, addiction to alcohol, involvement with the criminal justice system and prison, suffering from mental illness and discrimination as a gay man. In a men's shelter, he was watched constantly and unfairly accused of sexual impropriety. Bryan slept in a vehicle where he felt secure but uncomfortable; this led to a lack of sound sleep and negatively affected how he functioned.

Bryan has trouble accessing services because he lacks identification documents and a health card. Without an Ontario Health Insurance Plan (OHIP) card, he is turned away at the food bank. He urgently needs to get to an urban centre for medical treatment.

Photo courtesy of Poverty, Homelessness and Migration.

Despite not having an OHIP card, he could receive additional testing and treatment for his chronic illness in a large urban centre. However, he is unable to manage the challenges of arranging transportation.

Bryan has been harassed by the police: they made him move along, day or night; they pushed him to the outskirts of town when he had not violated any laws, rules or regulations; they threatened him with a gun when he was sleeping in a bank ATM room; and they told him to leave town and go to Toronto.

Bryan experienced rejection and discrimination at many programs and services, but received kindness from women and gave to them. When he could, he helped women living with homelessness by giving them a safe place to stay with him.

Bryan is concerned about his life as an older adult, facing ageism as well as discrimination as a gay man. He had started going to church because he saw it as a way "to love" himself again, but he sometimes fell asleep while sitting in church.

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[1] In this report, Indigenous refers to Indigenous people in Canada and includes First Nations, Métis, Inuit, and non-Status people.

2 LITERATURE REVIEW

2.1 APPROACH

A literature search relating to the broad topics of homelessness in rural and northern areas within the North American and international contexts was conducted (2000 to 2016). The search strategy included the use of the electronic databases Academic OneFile, Annual Reviews, EBSCOhost Platform Databases, JSTOR, OVID Nursing Journals, ProQuest Platform Databases, Scholars Portal, SAGE Journals, Taylor & Francis and Wiley Online Library. Search terms used were homeless*, rural and northern combined with numerous terms including hidden, concealed, invisible, hidden populations, rough sleeping, residential instability, risk, migration, street children, street youth, homeless pathways, poverty, housing, hidden housing, Indigenous, Aboriginal, Native, First Nations, Canada and Ontario. Further research was conducted seeking publications from websites and reports in the Homeless Hub operated by the Canadian Observatory on Homelessness at York University.

More than 5,000 articles were identified and advanced searches within the search results were conducted in order to identify, download and review those that were considered relevant to the study. The reference lists of Canadian publications were examined to ensure a complete search. The publications included articles about definitions of homelessness.

From the total number of publications reviewed, 129 were considered most helpful for in-depth review to address the research questions and a bibliography was developed. The bibliography does not claim to encapsulate the whole field of scholarly and grey literature addressing issues of homelessness in rural and northern contexts as there is a considerable body of American research pertaining to specific aspects of homelessness in the USA. Similarly, much European and UK literature addresses specific issues within particular countries. Little information on rural and hidden homelessness in Ontario was located. Therefore, this review draws principally from other Canadian, American, UK and Australian literature. For analysis, an open coding process was initially employed to identify major themes and trends in the literature. A subset of thematic areas was identified by the research team for inclusion in the report including definitions, hidden homelessness, characteristics and factors associated with urban hidden homelessness, Indigenous people and homelessness of Indigenous people, rural homelessness and northern homelessness.

2.2 DEFINITIONS OF HOMELESSNESS

Developing a robust definition of homelessness is essential to research on the issue, given that it is often misinterpreted, equated with literal or absolute homelessness (Eyrich-Garg, Callahan O'Leary & Cottler, 2008) and minimized by concentrating on people who are visible publicly (Amore, Baker & Howden-Chapman, 2011). According to Edgar and Meert (2005), efforts to develop a common definition to guide research on homelessness within the European Union were undertaken by the European Observatory on Homelessness (EOH); the definition of the EOH is consistent with the typology put forward by the Canadian Observatory on Homelessness (COH, 2012). The EOH and COH have argued for the need to use common language to guide enumeration, evaluate outcomes and progress, share and coordinate innovative action strategies and put forward stronger policy responses. The definition of homelessness adopted in the Ontario Report of the Expert Advisory Panel on Homelessness (MMA/MHO, 2015) includes

the same categories as those described by the COH (2012, p. 3-4): 1) unsheltered, or absolutely homeless, 2) emergency sheltered, 3) provisionally accommodated, and 4) at risk of homelessness.

This definition of homelessness describes four general types of living situations with variations that are consistent with 13 categories of homelessness and housing exclusion described by the EOH (Edgar & Meert, 2005). Edgar and Meert (2005) explained that the approach to definition taken within the European Union considers three domains that impact on homelessness and housing exclusion. The physical (habitability of the dwelling or space), legal (security of occupation or legal title), and social (provision of privacy and enjoyment of social relations) domains are taken into account in the EU definition of homelessness. People are considered to be homeless when there is a deficiency in any of these domains. Amore et al. (2011, p. 34) elaborated upon the meanings of two categories of housing exclusion: they note that shared accommodation involves sharing a permanent, private dwelling with friends or family members and; uninhabitable housing can be defined as a "legally tenured dwelling without adequate amenities". These categories are particularly relevant to understanding the situation of Indigenous people in Canada, many of whom live in multi-generational, overcrowded housing in need of major repairs (Anaya, 2014) and housing without running water or indoor facilities (Statistics Canada, 2001).

Consideration of housing standards is relevant to understanding hidden homelessness. Bruce (2006) noted that housing is considered to fall below national standards for adequacy if residents report the need for major repairs, it lacks hot or cold running water or does not have a full bathroom. Housing suitability pertains to the size of the housing in relation to family size and composition. A home falls below the suitability standard if it does not have sufficient bedrooms or space requirements given the age and gender of the occupants. The space requirements are based on National Occupancy Standards, which take into account the common elements of provincial/territorial occupancy standards. Further, financial need (the affordability norm) is based on the expenditure of over 30 percent of pre-tax household income on housing. The combination of substandard housing (in terms of adequacy and suitability) and affordability (financial need) defines core housing need. Bruce reported that senior-led and non-family households as well as renters (compared with owners) were those most likely to be in core housing need.

The definitions adopted by Bruce are consistent with those used by Statistics Canada in its analysis of Canadian households (Rupnik, Tremblay & Bollman, 2001). Based on 1996 Census data, the 2001 study indicated that problems with a lack of housing suitability and housing adequacy were evident in rural northern regions of Canada. It was also found that housing adequacy was a problem in 10 percent of rural households in that 10 percent of homes required major repairs. A larger proportion rural homes required major repairs compared with urban homes. Predominantly rural regions of Ontario were among the areas in Canada where the affordability of housing was identified as a problem because housing costs exceeded income in a quarter of the households (24 percent). Hence issues of affordability, suitability and adequacy in rural and northern areas had been identified in the early 2000s.

Drawing upon existing definitions of homelessness from the COH (2012), the EOH (2005) and Amore et al. (2008) it is recognized that people living with homelessness may be in circumstances that encompass four main categories. Examples of these circumstances are slightly adapted from the above authors and are listed below:

1. *Unsheltered* and living in places not intended for human habitation (e.g., in cars or other vehicles, in garages, attics, closets or buildings not designed for habitation, in makeshift shelters, shacks, huts, RVs and trailers, or tents).

2. **Emergency sheltered** in shelters for people affected by violence or in overnight shelters for people living with homelessness. Emergency sheltered due to a natural disaster or destruction of accommodation or community (e.g., fire, floods).

3. **Provisionally accommodated** (including hidden homelessness). (i) Living temporarily with others without a guarantee of continued residency (e.g., couch surfers, who stay with friends, family, or even strangers, typically not paying rent, in a living situation that is temporary). (ii) In short-term, temporary rental accommodation without security of tenure (e.g., motels, hostels or rooming houses which do not provide permanency). (iii) In institutional care without permanent housing arrangements or plans for accommodation (e.g., imminent institutional release from prison/detention, medical, residential treatment, withdrawal management, group home).

4. **At risk of homelessness**. (i) Being at risk of homelessness due to hardship, crises, lack of housing, (ii) inappropriate housing (overcrowded, failing to meet public health standards), (iii) insecure or precarious housing, vulnerability to homelessness due to single or multiple risk factors, (iv) in a legally tenured dwelling without adequate amenities.

Some types of living circumstances may be more prevalent in rural or in northern areas than in urban centres in Ontario. As recommended by the EOH, the physical, legal and social dimensions of living circumstances should be taken into account in conducting research on homelessness and they have been considered in this study of rural and northern areas in Ontario.

2.3 HIDDEN HOMELESSNESS

Writers define hidden homelessness in a variety of ways depending upon the purposes of their research. By its very nature, hidden homelessness is not easily studied, but it includes people who are socioeconomically disadvantaged and remain under the radar of social services (such as shelters, food banks, services and programs for homeless people); as a result, large numbers of homeless people may be under-represented or absent in data about homelessness (Sharam, 2008; Whitzman, 2006). People who are among the hidden homeless are thought to be invisible in the sense that their status as homeless people is frequently not recognized as a form of homelessness (Erickson, 2004). Within the published literature on hidden homelessness, it is noted that people are often not recognized in homeless statistics because they typically do not approach service providers or local authorities for assistance or are not served by these agencies.

Definitions of hidden homelessness describe a range of living circumstances. Gaetz, Donaldson, Richter and Gulliver (2013, p. 22) state that hidden homelessness "includes people who are couch surfing (staying temporarily with friends), in short-term transitional housing, staying in motels or are in institutional settings (hospital, prison) but are, by definition, homeless." Marpsat (2005) put forward the argument that hidden homelessness pertains to people who live in circumstances that constitute a departure from the housing norm such as situations where people live in hotels, hostels for homeless people, rented rooms or living temporarily and not through choice with friends or family members. According to Goldberg (1997, p. 96) families that are living with hidden homelessness are those that "double up illegally with other families." Reeve and Batty (2011) noted that single people who are homeless in the United Kingdom comprise a neglected, poorly understood subgroup that often lives in squats, on the sofas of friends, in RVs and trailers, tents, hostels, prisons or hospitals or outdoors.

Some individuals who are deemed to be hidden homeless live in uninhabited structures such as sheds, cars or tents (Grodzinski et al., 2011). Squatting, or unofficially occupying a building or segment of land has been identified as a common form of living while homeless. Approximately a quarter of the participants in a UK study had squatted at some point (Reeve & Coward, 2004, pg. 10). Squatting takes place in residential buildings, factories, warehouses, outbuildings, schools, community centres, night clubs and shops, and is difficult to identify as part of statistical records; homeless monitoring methods and statistics usually fail to account for squatters (Reeve & Coward, 2004, pg. 4). People who are homeless tend to squat after several years of living with homelessness; squatting often follows a period of time spent on the streets "sleeping rough". Yet squatting incidents are more likely to be short lived and to last fewer than six months; few squatting episodes are longer than one year. Typically, squatters move into stable accommodation after squatting but then return to living homeless afterwards as part of a cycle (Reeve & Coward, 2004).

A longitudinal study of 71 people in Windsor, Ontario, showed that a majority of homeless individuals in the study alternated between periods of absolute homelessness and doubling up, couch surfing or "crashing" with friends (Anucha, Smylie, Mitchell & Omorodion, 2007). This finding indicates that, for some proportion of the homeless population, periods of hidden homelessness are interspersed with episodes of absolute homelessness. Doubling or tripling up, also known as sharing accommodation (Burns, Bruce & Marlin, 2007), is often a short-term strategy. Revealing a type of hidden homelessness, Anucha et al. (2007) reported that housing obtained by some participants was so inadequate that they considered themselves to be homeless. Such participants described their housing using words like dump, shack, a room, a sweat box, in a rundown area, illegal, nothing in it [empty] (p. 62-63).

Hidden homelessness includes concealed households. Concealed households are those in which entire families, couples or single adults live with others (Fitzpatrick, Pawson, Bramley, Wilcox & Watts, 2015). People in concealed households may be related or unrelated to those with whom they share housing. Such living arrangements are associated with overcrowding. Overall, the majority of people who stay with friends or family members are not accounted for in official statistics on homelessness, and at least half of them have not approached local homeless authorities for help with homelessness (Robinson and Coward, 2003, p. 2). This British finding is consistent with a Canadian study of hidden homelessness among urban Indigenous people as approximately half (50 percent) were found to remain in circumstances of hidden homelessness over a period of 18 months (Distasio, 2004). Distasio, Sylvestre & Mulligan (2005) report that 69 percent of urban Indigenous people experiencing hidden homelessness were in concealed households as they were living temporarily with others in apartments, row houses or single detached homes.

Historically, gender-based norms have obscured homelessness among single women through social pressure to enter into relationships (partnering), live with family members or accept "tied accommodation" such as housing in exchange for domestic service, or rooms linked to nursing or teaching education. In a qualitative study of 23 women aged 35 to 64 living in Australian cities, Sharam (2008) describes shared housing as a strategy used to obtain affordable accommodation. Renting a single room within a housing unit can be a low-cost option for individuals who cannot afford to rent an apartment or house. However, this strategy can be unstable and insecure because it frequently does not afford the security of tenure that comes with a lease. Moreover, women in Sharam's (2008) study commented that it can be difficult for single, adult women to obtain this kind of accommodation as it is primarily available to young people.

For low-income, single women who are pension aged, finding housing becomes challenging and Sharam notes that those who do not have dependent children tend not to satisfy criteria for

social housing. Such women manage by using adaptive strategies such as partnering. Indeed, women, more often than men, may avoid absolute homelessness by entering into arrangements that involve housekeeping, caring, partnering and engaging in forms of survival sex, including sex work (Sharam, 2008). Sharam stated that many of her participants did not view themselves as homeless but most fit researcher definitions of homelessness.

Statistics Canada reported on a study of hidden homelessness conducted in 2014 (Rodrigue, 2016). Rodrigue reported that eight percent of Canadians experienced hidden homelessness in 2014 and 18 percent of them lived in circumstances of hidden homelessness for a year or more. Males were slightly more likely to live with hidden homelessness (8 percent) compared with females (7 percent). Indigenous people had a much higher risk of hidden homelessness (18 percent) compared with non-Indigenous people. People who were immigrants and members of a visible minority group also were more likely to experience hidden homelessness. Rodrigue also showed that the combination of physical and sexual abuse during childhood substantially increased the likelihood of living with hidden homelessness—to five times the risk compared with those who had not been abused. Other groups at higher risk of hidden homelessness include those who were crown wards, had disabilities, moved more than twice during the previous five years, had few or no close relatives and friends, had a weak sense of belonging to their local community, were victims of crime in the previous 12 months especially victims of violent crime, used marijuana in the previous month, were adults aged 25 to 54, were separated or divorced or self-identified as homosexual or bisexual. Rodrigue (2016, p. 8) summarized the results of a multivariate analysis of variables most strongly related to hidden homelessness and she stated: "The four characteristics with the highest predicted probabilities of having experienced hidden homelessness were self-identifying as an Aboriginal person; having been the victim of both physical and sexual childhood abuse; reporting two or more disabilities; and having moved three or more times in the past five years."

2.4 CHARACTERISTICS AND FACTORS ASSOCIATED WITH URBAN HIDDEN HOMELESSNESS

Sharam (2008, p. 10) refers to the concept of a "slow moving train wreck" to describe a future in which large numbers of women of pension age will find themselves struggling to obtain affordable housing as they face a lack of retirement income, lack of employment options, divorce or relationship dissolution or the death of a partner. The feminization of poverty, the gendered nature of factors linked to hidden homelessness and austerity measures that restrict access to social support programs may lead to the rising incidence of hidden homelessness among women approaching pension age.

Men are also affected by such social processes. A Canadian study of 34 people between the ages of 15 to 69 in Windsor-Essex County, Ontario, found that most of those who were experiencing hidden homelessness (concealed homelessness, couch-surfing or doubling-up) were male and single with little formal education (Crawley, Kane, Atkinson-Plato, Hamilton, Dobson & Watson, 2013). Among Indigenous people, a majority were found to be male (55.8%), close to half (47.5) were under age 30 and over two thirds (68.6) were unemployed (Distasio, Sylvestre & Mulligan, 2005). Fitzpatrick et al. (2015) similarly noted that concealed households in the UK were associated with youth, migrants, unemployment and relationship breakup.

A recent report on immigrants and refugees living in Toronto indicates that precarious housing and hidden homelessness are common among these groups (Preston, Murdie, D'Addario, Sibanda, & Murnaghan, 2011). There is evidence that newcomers living in Canadian suburbs experience forms of hidden homelessness that include shared accommodation, couch surfing

and other precarious housing circumstances due to the high cost of housing (Preston et al., 2009).

2.5 FACTORS ASSOCIATED WITH INDIGENOUS HOMELESSNESS

While noting the higher rate of homelessness among Indigenous people in Canada compared to non-Indigenous groups, Baskin (2011) explained that the nature of Indigenous homelessness has been poorly understood in part due to widespread concealed homelessness. Much homelessness among Indigenous people is hidden as it stems from avoidance of shelters, unstable housing, unsuitable or inadequate housing, "couch surfing" and other living conditions leading to a high risk of homelessness. The primary causes of elevated homelessness are linked to Canada's colonial history, historical trauma and the ongoing effects on virtually all aspects of life for Indigenous people including health, participation in the economy, legal rights, housing, cultural security and families (Baskin, 2011). The report of Ontario's Expert Advisory Panel on Homelessness, *A Place to Call Home* (2015), references the *Truth and Reconciliation Commission of Canada* and states that homelessness among Indigenous people "is intricately related to Canada's colonial past and present, to pervasive institutional racism, and to inter-generational trauma." Mitrou et al. (2014) showed that inequalities between Indigenous and non-Indigenous people in Canada, Australia and New Zealand, with regard to key social determinants of health, have persisted over time.

A recent ruling by the Canadian Human Rights Tribunal (CHRT, 2016) states that the Government of Canada discriminated against children from First Nation communities in a manner that resulted in the underfunding of child welfare and education. In February 2017, the Superior Court of Justice–Ontario issued a ruling in favour of Indigenous plaintiffs in a class action lawsuit dealing with the 'Sixties Scoop'; this was a period when child welfare authorities removed Indigenous children from their communities and placed them in foster homes with the result that many were adopted by non-Indigenous people (ONSC, 2017). The Superior Court decision states that the Government of Canada was negligent in delegating Indigenous child welfare services to the province and thus failed to live up to obligations to Indigenous children with regard to their cultural identity and opportunities to exercise treaty rights. Consequences of the Sixties Scoop and loss of identity include "psychiatric disorders, substance abuse, unemployment, violence and numerous suicides" (ONSC, 2017, p. 3). The rulings of the CHRT and the ONSC provide support for the view that the legacy of colonialism has resulted in great harm to Indigenous people and the perpetuation of inequalities. The apprehension of an estimated 15,000 Indigenous children during the Sixties Scoop has been described as a practice leading to worse outcomes than residential schooling because the connection to families and communities was severed resulting in identity loss and social dysfunction (Dickason & McNab, 2009). The negative outcomes of involvement with child welfare include homelessness (Clarkson, Christian, Pearce, Jongbloed, Caron, Teegee, Moniruzzaman, Schechter & Spittal, 2015). Harvey (2016) similarly identified a history of foster care as a factor linked to Indigenous homelessness in Quebec, especially among First Nations youth.

2.6 RURAL AND NORTHERN HOMELESSNESS OF INDIGENOUS PEOPLE

Distasio, Sylvestre & Mulligan (2005) use the term "churn" to describe the extensive mobility patterns of Indigenous people who move frequently between First Nations communities and cities, but also within cities. Harvey (2016) similarly observed that "circular mobility" among Indigenous people moving between First Nations and cities in Canada is a main finding in a

study of homelessness among First Nations people in Quebec. Bruce (2006) states that hypermobility characterizes the movements of First Nations people between their home communities and urban centres, resulting in routine searches for housing in cities. A reason for the churn or hypermobility is the challenge with obtaining housing within First Nations communities. According to Bruce (2006), Indigenous people are not guaranteed security of tenure and, for more than a third of households, overcrowding and the need for major repairs characterize housing circumstances. A review of the literature on rural homelessness among Indigenous peoples in Canada confirms the significance of mobility patterns as well as issues related to housing quality, overcrowding, and security of tenure (Schiff, Turner, Waegemakers Schiff, 2016). With regard to mobility patterns, this study also indicates that direct migration from First Nations to urban areas may not always be the predominant trend and points to some additional factors related to this issue not yet covered in the literature. It also identifies issues for Indigenous people experiencing rural homelessness that are related to racism and the limited housing and support services available in rural communities.

Within a northeastern Ontario First Nations community, Kauppi and Pallard (2015) reported on a study of homelessness which showed that 42 percent of participants were experiencing absolute or hidden homelessness while living on the First Nation. Circumstances of absolute homeless involved camping, tenting or living in the bush or in an underground shelter, or living in a shack, vehicle or camper-trailer. A majority of homeless community members were living with forms of hidden homelessness, including couch surfing, sharing a room, sleeping in a basement or generally living in crowded conditions. The rate of homelessness within the First Nation was compared to that in a nearby urban centre; the results showed that the rate was much higher in the First Nation. Examination of data on histories of homelessness showed that the rate was five times higher in the First Nation compared to the nearby city. Participants of the study spoke about the traditional values of helping each other and taking in those who were in need. However, the capacity of community members to take in everyone who needed housing was limited due to the shortage of homes. While people in the First Nation community were aware of the varied living conditions and the need for more housing, the study findings were not known outside of the First Nation community. Research with First Nations communities in Quebec showed that many forms of homelessness were widespread and that hidden homelessness was prevalent throughout most communities studied. The most common forms of hidden homelessness were insecure housing, unfit housing and extreme overcrowding (Harvey, 2016). Hence, it is widely acknowledged that there is a housing crisis within First Nations communities throughout Canada (cf. Anaya, 2014), but the high rates of homelessness are largely unknown and undocumented.

2.7 RURAL HOMELESSNESS

Most writers acknowledge that homelessness exists in rural communities but state that it is more prevalent in urban settings (Lee, Tyler & Wright, 2010). Milbourne and Cloke (2006) suggested that the extent and nature of rural homelessness have been poorly understood because relatively little research had been done to examine it. They argued that most attention had been devoted to urban centres within various countries. The particular characteristics of rural settings such as the absence of large shopping areas and the limited infrastructure of services for people who are homeless (few shelters or drop-in centres) contribute to the invisibility of rural homelessness. Forchuk, Montgomery, Berman, Ward-Griffin, Csiernik, Gorlick, Jensen and Riesterer (2010, p. 140) describe features of rural life that make rural homelessness invisible such as "living in inadequate accommodations or with violent others, staying temporarily with friends or relatives, and seeking non-local services".

According to the American organization, *National Health Care for the Homeless Council* (NHCHC), despite a lack of research, rural homelessness is thought to be pervasive due to high rates of poverty, unemployment and under-employment, lack of affordable housing and isolation geographically from urban centres (NHCHC, 2013, p. 1). Unlike the hidden homelessness that occurs in urban centres, extra challenges related to rural housing include having sufficient heat, utilities, and additional services such as snow removal, access to food, transportation and health care. These concerns are amplified for people who have disabilities, are elderly or are single-parents with young children (Waegemakers Schiff & Turner, 2014, p. 17).

Within small, rural communities, denial of homelessness is often an issue. Indeed, a factor in the lack of attention given to studying rural homelessness is the idealized conception of rurality. Rural life is viewed as embodying values of property ownership, privacy and independence (Aron, 2006), close-knit communities, closeness to nature, purity and freedom from urban problems (Cloke & Milbourne, 2006). Erickson (2004) similarly states that the countryside is understood to be unaffected by personal and social failures. A related notion is that rural people have the appropriate "life-management skills" (Hänninen, 2006, p. 173) to survive. Edwards, Torgerson and Sattem (2009) reported, in their study of youth homelessness in a rural community in northwestern USA, that attitudes in the rural area were quite conservative and emphasized the idyllic aspects of rural life, self-sufficiency and independence. However, this conservatism led young people living with homelessness to hide their homeless status due to the fear of disapproval and being negatively judged.

Prior to the 1980s, there were few studies examining homelessness in rural communities. It has been affirmed that, until recently, knowledge about the factors involved in rural homelessness has been minimal due to the fact that most research on homelessness has focused on urban populations and their specific needs (Grodzinski et al., 2011; Waegemakers Schiff et. al., 2014). Milbourne and Cloke (2006) provide an extensive list of particular groups of people who are vulnerable to experiencing rural homelessness. They include elderly persons, single women with children, people with disabilities, members of LGBTQ2S communities, immigrants and refugees, Indigenous people, social assistance recipients, the working poor and people who live in trailer parks or who have been deinstitutionalized. However, the particular social groups that are affected by rural homelessness in a given country vary considerably.

The available Canadian research suggests that several groups most at risk for rural homelessness are youth, women and Indigenous people. The issues faced include mental illness, addictions, family violence, low income, housing costs, migration and few supportive services (Waegemakers Schiff et. al., 2014).

The living arrangements of rural youth who are homeless have been described as including a fairly wide range of circumstances. Martin (2013) reported that variations included living with another family (which could include couch surfing or becoming involved in a partnering relationship), renting a room (with or without roommates), working in exchange for room and board or living in institutional settings such as shelters. Some youth made the attempt to become homeowners, which led to financial hardship. In addition, some young people became identified as the "black sheep" within a family and this could lead to an involuntary move (Martin, 2013). Gaetz and O'Grady et al. (2016) stated that young people are more likely than adults to report having a history of homelessness. As services are concentrated in large urban centres, young people outside of such communities are largely invisible — among those living with hidden homelessness — and they less often receive services and supports. Within rural areas, general knowledge about which youth are at risk, who has a substance abuse problem and who is in need of employment can create barriers. When individual challenges become public knowledge in small communities, it is often harder for at-risk populations to secure funding and be accepted into housing (Waegemakers Schiff & Turner, 2014).

Forchuk et al. (2010) describe problems for people with mental health challenges living with homelessness in rural areas. They noted strained relationships due to the stigma of mental illness and the lack of mental health services which led to a lack of trust with the available services — such as emergency services — and a sense of powerlessness. Participants moved often as they attempted to find solutions to their homelessness. Access to transportation was a challenge in rural areas but it was vital to the ability to access the available services as well as to remain connected and integrated into the community (Forchuk et al., 2010; Martin, 2013). Due to the lack of housing options, services and transportation, many participants opted or were forced to relocate to urban areas in order to gain access to these supports and also to education and employment opportunities.

2.8 NORTHERN HOMELESSNESS

Some northern areas are rural in nature when population size is considered but, as Wenghofer, Timony and Pong (2011) noted, the tendency to conflate northern and rural issues is problematic. Northern Ontario comprises a vast territory with 90 percent of the land mass of the province but less than 10 percent of the population. The economic base of northern Ontario is largely dependent on resource extraction in comparison with rural Ontario which is largely agricultural (Wenghofer et al., 2011). There is also a difference in the composition of the population as many regions in northern Ontario have higher proportions (over 10 percent) of Indigenous people than rural areas of the province (6 percent), as was noted by the Rural Ontario Institute (2013).

Because of certain commonalities and intersections between issues in rural and northern communities, many of the challenges faced by rural communities are also apparent in northern communities; however, in the north, there are longer-than-normal travel times to reach urban centres with social services (such as hospitals, doctors and other forms of assistance). Northern social services, when they do exist, are known to be uncoordinated and difficult to navigate; issues such as narrow eligibility criteria, long wait times and wait lists, slow follow-up times, and lack of community outreach increase the difficulty and frustration associated with navigating services (Schmidt, 2015). In addition to remoteness, northern communities also face challenges related to extreme weather conditions and a lack of options when it comes to housing, especially for elderly people and those with disabilities (Canada Mortgage and Housing Corporation, 2003). The greater distance between northern rural communities and their nearest urban centre can also result in disparities between the perceived needs of "local residents" and individuals commuting from outer regions.

In Canada, most Indigenous communities (First Nations reserves) are situated in the north away from major urban cities (Waegemakers Schiff & Turner, 2014). As noted by Peters and Craig (2014), Indigenous people are disproportionately represented among homeless populations throughout Canada. Anaya (2014) reported that there had been no improvement between 2004 and 2014 with regard to the gap between Indigenous and non-Indigenous people in Canada on the human development indicators of health care, housing, education, welfare and social services. Anaya further described the housing situation for Indigenous people as a crisis, with problems centering on overcrowding, need for major repairs, concerns with water supply and chronic housing shortages. Housing shortages in the north and low vacancy rates are reported to be an important cause of homelessness among Indigenous people (Hill, 2010).

Pallard, Kauppi & Hein (2014) compared housing conditions of people living with forms of homelessness in two remote northern Cree communities compared with Sudbury, Ontario. Based on photographs and narratives, the study found similar conditions experienced by people

living with hidden homelessness in First Nations and those who were living in Sudbury. The analysis of themes revealed conditions of living outdoors and sleeping in rough, unsanitary conditions, lack of security, darkness, overcrowding, poor construction and maintenance and adverse health impacts. The findings indicate that conditions associated with hidden homelessness, through such problems as overcrowding, noise, unsanitary conditions, exposure to moisture and mould, impact on both physical and mental health.

In northeastern Ontario, several period prevalence studies of homelessness revealed a high rate of homelessness, particularly hidden homelessness, in Sudbury, Timmins, North Bay, Cochrane and Moosonee (Kauppi, Pallard & Faries, 2015). The findings indicate that homelessness is a significant issue in northern communities. Reporting on a northeastern Ontario sample of 2,148 people who were homeless, Kauppi, Pallard & Shaikh (2015) found that 28 percent were Indigenous people, while 16 percent were Francophones and 56 percent were Anglophones. Among those at risk of homelessness (hidden homelessness), 45 percent were women. Kauppi et al. (2015) summarized five findings from Period Prevalence Counts (PPCs) that are consistent with other studies they conducted in northeastern Ontario communities. First, the proportion of Indigenous people among those who were homeless was high (26 percent in North Bay and 39 percent in Timmins). Their proportion within the subgroup of absolutely homeless people was even higher, for example, 41 percent in Timmins. Second, absolutely homeless people comprised approximately a third (30 percent) while the remainder were people who were hidden homeless. Third, women, children and youth constituted about two thirds of the homeless population. Fourth, Francophones were under-represented in the homeless population compared to the general population in these communities. Fifth, the main reasons for homelessness reported by the participants were unemployment and problems with social assistance (notably the low rates) as well as domestic violence, mental illness and substance use.

2.9 SUMMARY

The literature review identified a wide range of patterns related to hidden homelessness in various countries and within rural and northern regions. Table 1 summarizes the forms of hidden homelessness identified, descriptions and terms used, as well as general characteristics that may apply to the various forms. The last three categories in the list of forms — namely squatting, institutions and living outdoors — overlap with forms of absolute or literal homelessness. However, it is important to recognize that people who live with such homelessness may remain hidden from view and thus invisible within official statistics on homelessness.

Gaps in the published literature pertaining to hidden homelessness in rural and northern regions are evident with regard to several areas: (1) definitions of homelessness; (2) forms of homelessness — notably squatting, concealed households, partnering, tied accommodation and survival sex; (3) subgroups at risk of hidden homelessness including Indigenous people, women, children and adolescents, LGBTQ2S communities, people with disabilities, immigrants and refugees and people living with poverty; (4) characteristics of northern and rural communities that are linked to homelessness; and (5) social processes that lead to homelessness such as disablement, dispossession, displacement and disaffiliation (Milbourne and Cloke, 2006).

This report touches on many of these issues and was guided by the following research questions, taking into account gender, age and particular cultural groups.

1. How are homelessness and hidden homelessness manifested in rural and northern Ontario? Are there differences between rural and northern regions? How can hidden homelessness be defined so that it reflects the living circumstances of people in rural and northern Ontario?

2. What are the dynamics of migration and homelessness and hidden homelessness in rural and northern Ontario? What are the gaps in knowledge about rural and northern homelessness and hidden homelessness?

3. Are service providers in rural and northern regions of Ontario aware of forms of hidden homelessness? What aspects of hidden homelessness lead to invisibility in official statistics?

4. What kinds of services are available and utilized for hidden homelessness in rural and northern Ontario? Are there gaps in rural and northern homelessness service systems?

5. What are the unique challenges to homelessness service provision in rural and northern Ontario?

Table 1: Forms and characteristics of hidden homelessness from the published literature

Forms	Descriptions and terms	Characteristics/dimensions
Staying with family, friends	Double up, triple up Couch surfing, crashing, crowding, overcrowding Shared accommodation, concealed household	• Insecurity of tenure • Illegal • Unregulated • Temporary • Lack of choice
Tied accommodation	Domestic service, housekeeping, caring, survival sex, partnering	*Contributing factors*
Substandard accommodation	Major repairs, precarious, dump, shack, rundown, unsanitary, unsafe, unaffordable	• Disablement • Dispossession • Displacement • Disaffiliation
Temporary accommodation	Hostels, motels, hotels Rented rooms, single room Short transitional housing RVs and trailers, car or truck, boat, hut, tent Shed, makeshift shelter	*EOH dimensions:* • Physical • Social • Legal
Squatting, hidden squatting	Factory, warehouse, outbuilding, shop, community centre, school, night club	
Institutions	Hospital, prison	
Outdoors	Forest, woods Homeless encampment, bush camp, cave or underground shelter	

EILEEN: A PROFILE OF LIVED EXPERIENCE

Eileen is in her 20s and was given special priority for social housing because she had experienced domestic abuse from her mother's partners. She moved out of home at age 14, staying with families of friends in her home community and a nearby city where she completed high school. She returned to live with her younger brother in a trailer on their mother's property on a back road. This was unsustainable in the winter, so they took up another friend's invitation to live in Toronto, which failed when Eileen was unable to find work.

Upon return, she — and her dog, who was essential to her sense of security — were subsidized to stay in a motel for three months, until she lost her job and the housing outreach role was de-funded. She then lived in an RV on the property of a family she did not know, accessing the house for use of the bathroom and meals. The outreach mental health worker visited her regularly in this remote setting and within a few months arranged for social housing that would accommodate her dog. Eileen is happy with her apartment but feels vulnerable because the majority of tenants have mental health issues and she is the only young person. She has experienced one incident of sexual harassment by another tenant that has not been resolved.

Eileen is participating in a work preparation course. She qualifies for income support from the Ontario Disability Support Program (ODSP) because of complications from a childhood illness. Her transportation to medical appointments and work is covered while she is in the work preparation course, but getting around will be an issue in the future.

3 METHODOLOGY

The research team met regularly to develop collectively the design and implementation of the project. It recruited an Advisory Group comprised of twelve individuals of significant profile and influence in their fields of practice, geographically located across the province. The research team, with input from the Advisory Group, developed the data collection protocols and instruments. The Advisory Group was consulted about the project design and data collection methodology; they were also invited to be involved with knowledge translation and mobilization activities to be undertaken following the publication of the report.

The project was submitted to and approved by the Research Ethics Boards of each of the affiliated universities. The study design samples the wisdom of four types of engagement with hidden homelessness in rural and northern communities:

- the academic view through a literature review;
- the management view from CMSMs and DSSABs;
- the service delivery view from community-based agency managers and frontline workers in health and social services, court-related services and training and employment, and;
- the humanistic view from people who have experienced or are experiencing rural and northern homelessness and hidden homelessness.

The literature review explored existing research on rural and northern homelessness in Ontario as a primary focus, as well as in other provinces/territories across Canada and internationally. It confirmed that rural and northern homelessness is poorly understood and identified key gaps in existing research.

The 2014 Canadian database from the General Social Survey or GSS (Public Use File) was used to analyse data and present findings on the prevalence of homelessness and hidden homeless in rural Ontario. While data from this survey has been used to examine hidden homelessness in Canada at a national level (Rodrigue, 2016), the presentation of GSS results in the current report is based on new analyses. This is the first time that data from the 2014 GSS has been analyzed at the provincial level and through an urban/rural lens.

An online survey of service providers, with a non-random purposive sample, was designed to gather information from people who manage and deliver services to individuals and families living with homelessness or the risk of homelessness in rural and northern regions. Laurentian University directed the survey to an email list of over 800 people who had been confirmed as working with the target population, with an invitation for them to share the opportunity with others. The online survey was available from mid-August to the end of October, with four reminders sent via email or telephone to non-responders over that time period. Over 200 individuals answered the survey, with 204 providing consent to participate.

A slightly modified version of this survey was sent by OMSSA to its membership in late summer 2016. Sixty-four percent responded (30 of 47), primarily those serving rural areas. During a follow-up call in October, a brief summary of preliminary findings was presented to members of an OMSSA sub-committee known as the Service Manager Housing Network (SMHN). CMSMs were advised that follow-up discussions would take place with those whose programs or services had been highlighted in survey responses as "promising practices."

To expedite the collection of qualitative data from service providers and people with lived experience of homelessness, the province was divided into four geographic regions, each led by

a member of the research team who implemented the research protocol in their region. Each team lead collected data from two focus groups with service providers from health and social services, criminal justice system personnel, and employment and training, and individual interviews with ten people with lived experience of homelessness. Figure 1 shows the boundaries of the four regions.

The focus groups were generally supported by local community partners to ensure that the groups included a mix of people who could provide diverse perspectives on hidden homelessness in their area. The sessions took place in the fall of 2016 and a total of 76 people participated in the eight focus groups. All were audio recorded and transcribed.

Forty individuals with lived experience of homelessness were interviewed in-person in the four regions of the province to put a human face on the reality of rural and northern homelessness, and to illuminate how homelessness is manifested and is managed in rural and northern areas. Like the focus groups, the interviews were audio recorded and transcribed verbatim. Interviewees were paid an honorarium as a token of appreciation for their participation and contributions to the project.

Each research lead independently analyzed the data from their region, within the context of the province-wide survey data. The research team then met in person to share findings, discuss approaches to refining the analysis and to determine the structure of the report. This report was collaboratively written and circulated to the Advisory Group for consideration, advice and support with regards to knowledge transfer.

ROI and the research team members have a well-developed network for knowledge sharing with rural and northern communities; it will be used to share the findings from this project. This report will also be shared with communities and individuals who contributed to its findings. The response to the invitation to participate in this research was strong and enthusiastic across the province, which suggests that the issue of rural and northern hidden homelessness is a matter of current concern. It is viewed as a condition that needs attention and remediation to achieve and sustain social and economic health in rural and northern communities across the province.

The following sections provide a demographic and socio-economic overview of the four rural and northern regions of Ontario that consituted the context for this project.

3.1 NORTHWEST

The northwest region of Ontario covers the Manitoba-Ontario border and comprises most of the province's subarctic region and boreal forest (see region 14 in Figure 1). It is the largest of Ontario's four regions, encompassing over 525,000 square kilometers. Figure 1 does not show the relative size of each region as regions 13 and 14 are much larger than is indicated. Figure 1b shows the proportions of northern Ontario relative to Southern Ontario. Although the northwest covers a large land base, the region also hosts the smallest population of the four regions. The 2011 census reported a population of 224,034. The region hosts only two percent of the population of Ontario; this is spread across 47 percent of the Ontario land base.

At 36.5 years, the average age of northwestern Ontarians is similar to the provincial average (Moazzami, 2015). Indigenous persons make up a significant portion of the northwest population. At 21.5 percent, the northwest has the highest regional percentage of people who identify as Indigenous, and is almost 10 times the 2.4 percent provincial average. Recognition of Indigenous peoples in the region is important as a core element of reconciliation. Before the arrival of the European colonizers, several nations of the Anishinaabek and Mushkegowuk peoples lived within northwestern Ontario and numerous treaties were signed between First

Nations and the Government of Canada. Most treaties were signed between 1850—with the Robinson-Superior Treaty 60—and 1929 with the Adhesion to Treaty 9 (Ministry of Aboriginal Affairs, 2014).

Figure 1a. Map showing regions of Ontario

Source: http://www.lhins.on.ca/
Note: The Northwest corresponded to region 14, the Northeast to 13, the Southwest to regions 1 through 8 and the Southeast to 9 through 11. Note that regions 13 and 14 in the inset map representation are not to scale. In reality, these regions are much larger relative to the southern Ontario regions depicted.

Figure 1b: Map of Ontario

The northwestern Ontario region is also home to a small Francophone population which comprises 3.4 percent of the total population. About seven percent of the population identify as immigrants (Moazzami, 2015). The majority of northwest residents (108,359) are located in the region's primary urban centre Thunder Bay. With a population of 15,348, Kenora is the only other community in the region with a population greater than 10,000 residents. This means that approximately 40 percent of the population of northwestern Ontario resides in rural areas. Within the region are 65 First Nations communities, many of which are accessible only by air or winter ice roads.

The boreal forest and natural resource base have been significant drivers of the economy in the region. The primary

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industries include mining, forestry, transportation services, and manufacturing, with construction, utilities and other service industries also contributing to the region's economy (Ontario Chamber of Commerce, 2016). The dependence on primary resource industries makes the region sensitive to changes in global economic trends and commodities values.

The region is split into three districts, Kenora, Rainy River, Thunder Bay, which also act as census divisions. Rainy River is the smallest district in the region and covers most of the US-Ontario border. The district divisions provide definition for school board, economic development, and delivery of social and emergency services. The region also aligns with the boundaries of the Northwest Local Health Integration Unit.

3.2 NORTHEAST

Northeastern Ontario extends from the southern boundaries of the Nipissing and Parry Sound census divisions northward to the James Bay (see region 13 in Figure 1). The map in Figure 1 does not show the relative size of each region as regions 13 and 14 are much larger than is indicated. See Figure 1b for a map of Ontario. Within the boundaries of the Northeast Local Health Integration Network (NE LHIN) is the subarctic area north of Attawapiskat up to the Hudson Bay. The vast geography of the northeast region comprises more than 400,000 square kilometres (NE LHIN, 2016) and has a population of 558,765 (Statistics Canada, 2016). Most of the population in the NE (approximately 60 percent) resides in four urban centres —Greater Sudbury, North Bay, Timmins and Sault Ste. Marie, while 38.95 percent live in small towns or rural areas (Moazzami, 2015).

Key minority groups are Francophones (23 percent of the population of the NE) and Indigenous people (11 percent) who self-identify as First Nations, Inuit or Métis (NE LHIN, 2016). The presence of Indigenous peoples in the northeast is linked to historical patterns of settlement. Prior to colonization, several nations of the Anishinaabek and Mushkegowuk peoples lived within the territory now known as northeastern Ontario and numerous treaties were signed between First Nations and the Government of Canada, mainly between 1836 and 1929 (Ministry of Aboriginal Affairs, 2014). The Indigenous population has been increasing and, according to the 2011 census, numbered 57,715 on and off reserve; however, this number must be regarded as an estimate due to incomplete enumeration on First Nations, as reported by Statistics Canada (Moazzami, 2015). Thirty-eight First Nations communities are located in the north east, as listed by the Chiefs of Ontario (2017). The proportion of people with Indigenous identity in the north east (11 percent) is more than four times the Ontario average of 2.4 percent (Statistics Canada, 2015). A majority of the people living in the northeast region indicated European ancestry; the immigrant and visible minority populations were, respectively, 5.6 percent and 1.8 percent of the total, both of which are substantially lower than the Ontario averages of 28.5 percent and 25.9 percent (Statistics Canada, 2015). Population aging is an important aspect of the demographic makeup of the northeast and the average age was older (41.7 years) than the provincial average (38.9) in the 2011 census (Moazzami, 2015).

The economy of northeast Ontario is dominated by mining, forestry and utilities, resulting in boom-bust cycles due to changes in global markets that affect the price of commodities such as forestry products and metals (Ontario Chamber of Commerce, 2016). In particular, downsizing in the forestry sector has impacted negatively on local economies in the north east and has led to increased out-migration, particularly among young people. The main sources of economic growth have been in the service sector, including retail-wholesale trade, health and social services. Two economic and population trends that impacted on local economies in 2016 were net out-migration and negative employment growth (Ontario Chamber of Commerce, 2016).

3.3 SOUTHWEST

The southwest region of Ontario is displayed in Figure 1 (see regions 1 through 8). It is a secondary region of Southern Ontario. The region is made up of nine counties which total 727,200 inhabitants. The rest of the population is comprised of four, single tier municipalities, seven separated municipalities and two regional municipalities. The total population of the region is 3.44 million (Statistics Canada, 2011 Census data). Western Europeans (mainly English) came to the region in the early 18th century. Attawandaron peoples and the Haudenosaunee pre-dated European settlement. Algonquian speakers, like the Anishinaabek and the Huron-Wendat, also lived here and continue to call this area home. While Indigenous people comprise a smaller proportion of the population of the southwest compared with their numbers in northern Ontario, they are present in the southwestern region and amongst people living with homelessness. Generally, agriculture and service centre communities dominate the landscape of the counties in Southwestern Ontario. All communities are within a four-hour drive to Toronto, the capital of Ontario, and most are within a much shorter drive. The research for this segment of the project generally focused on the nine counties.

3.4 SOUTHEAST

The southeast region of Ontario is the area situated approximately south of Algonquin Park and east of Highway 400 (see Figure 1, regions 9 through 11). The Precambrian Shield, characterized by thin soil, exposed rock, water courses and trees, covers the northern and eastern regions of the region, dipping down to Lake Ontario near Kingston. The population tends to be denser in the south, and many of the larger urban centres are located in the gentler topography along the main east-west and north-south highways.

Indigenous peoples, including Anishinaabek, Potawatomi, Odawa, Mohawk and Chippewa nations lived throughout the southeastern region and several treaties were signed between 1783 and 1923 such as the Crawford's and Collins' Purchases and the Williams Treaties, amongst others (Ministry of Aboriginal Affairs, 2014). The European settler population had grown steadily by the latter part of the 1800s and the rural regions of Ontario's southeast are still populated primarily by people of European origins; all but 1.7% of people in visible minorities in Ontario live in this region (Ministry of Finance, 2015).

There is a total population of 2.5M in southeast Ontario, which includes one solely urban census division — Ottawa, with a population of almost 900,000. There are five other urban centres with populations in excess of 100,000 (CMAs). All but two (Lanark, Haliburton) of the13 counties that comprise the south east have settlements of between 20,000 and 100,000 according to a (Rural Ontario Institute Focus on Rural Ontario FactSheet.

In this project, we collected qualitative data in three sites within southeastern Ontario. They were chosen to represent three different kinds of rurality, which are described as "density and distance to density" as noted in the State of Rural Canada (Canadian Rural Revitalization Foundation, 2015, p. 2.) One focus group with eight participants was held in a service centre for an area that included a rapidly urbanizing area as well as sparsely populated areas. The other, with eighteen participants, was in a traditionally agricultural area mid-way between two metropolitan centres. Nine of the ten interviews of people with lived experience of homelessness were recruited in a sparsely populated, poor but growing, rural area as reported in the population statistics for the Census of Canada in 2016 (Statistics Canada, 2016).

JONATHON: A PROFILE OF LIVED EXPERIENCE

Jonathon is in his 70s. For the last 12 years, he has spent winters in Central America and summers in various rural Ontario sites, where he uses his social network to find work in maintenance and repairs. He prefers to barter work for lodging rather than be paid at a minimum rate that makes him feel "like a servant". He values his independence and prides himself on his ability to be self-sufficient.

Jonathon was raised in a home affected by alcohol use disorder and his father died at an early age. Jonathon trained and worked as a certified tradesman, married, bought a house, had a daughter. His wife got the house when the marriage ended, and for Jonathon, that was the end of his conventional life. He became, in his words, "a rambling man, a musician and philosopher", developing a disparate network of connections that support him in a life-long search for healing—in his words "altering conditioning"—in order to manage what life has dealt him.

He maintains a close connection with his daughter. He has never been in trouble with the law,doesn't abuse drugs or alcohol but admits to occasions of non-debilitating depression. He likes his own company, creates music but doesn't necessarily perform, is encyclopaedic about non-conventional housing, aspires to live in a van. He has much to say about how society works to create and exacerbate inequality, and about traditional thinking.

4 RESULTS FROM THE 2014 GENERAL SOCIAL SURVEY

An important study on hidden homelessness was conducted by Statistics Canada through questions added to the General Social Survey conducted in 2014. For the first time, the General Social Survey (GSS) asked Canadians about their experiences with homelessness and hidden homelessness. Reporting on the Canada-wide database, a research report on hidden homelessness was released in November 2016 (Rodrigue, 2016). The report stated that "hidden homelessness is defined as ever having had to live temporarily with family, friends or in their car because they had nowhere else to live." (Rodrigue, 2016, p. 2). This study uses a restrictive definition of hidden homelessness as it does not take into account people who were living in substandard housing separately from friends or family. Rodrigue also recognizes a limitation associated with the telephone survey method used to collect the data, and acknowledges that this limitation "has potentially resulted in an underrepresentation of the population with an experience of hidden homelessness". Despite these limitations, this study provides national-level data about the extent of hidden homelessness and the characteristics of those at greatest risk of experiencing it.

In the following sections, the same dataset was analysed to examine the Ontario data. The results revealed that two percent of Ontario residents reported that, at some point in their life, they had experienced homelessness. While two percent may not seem to be a large proportion, when considering the raw number, it is significant as two percent represents approximately 225,000 people—the population of a city the size of Kitchener, Ontario.

Homelessness is often considered to be an urban social problem in Canada. However, as Table 2 indicates, people living in rural areas on Ontario were slightly more likely to have experienced homelessness than people living in large urban centres (rural 2.1%; urban 2.0%).

**Table 2: Proportion of Ontario residents 15 and over
who have experienced homelessness[2]**

Large urban centre (CMA/CA)		Rural areas/ small population centres (non CMA/CA)	
%	N	%	N
2.0	204,422[3]	2.1	22,545

In terms of gender, Table 3 shows that 2.6% of Ontario's rural women have experienced homelessness at some point in their lives compared to 1.5% of males from rural communities. Exploring age differences, in rural areas those aged 15-24 (3%) and 45-54 (3.1%) were the most likely to have experienced homelessness. For survey respondents living in cities, those aged 45-54 were the most likely to have experienced homelessness (3.5%). Examination of the

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[2] The respondents were asked: "Have you **ever** been homeless; that is, having to live in a shelter, on the street or in an abandoned building?"
[3] Reporting person weighted data.

measure of Indigenous Identity used in GSS (i.e., an Aboriginal group), reveals that 6.4% of Indigenous people from cities reported that they had been homeless at least once in the past, compared to two percent of non-Indigenous people. For Indigenous people living in rural communities, 2.6 percent indicated that they were homeless at least once in the past, compared to 2.3 percent of non-Indigenous respondents.

Table 3: Proportion of Ontario residents 15 and over who have experienced homelessness by population centre size, gender, age and Indigenous identity

	Large urban centre (CMA/CA)		Rural areas/ small population centres (non CMA/CA)	
	%	N	%	N
Gender				
Male	2.0	103,172	1.5	7,490
Female	1.9	101,250	2.6	15,050
Age				
15-24	1.4	22,008	3.0	5,462
25-34	1.5	27,325	2.6	2,922
35-44	2.7	44,765	1.8	3,355
45-54	3.5	67,326	3.1	5,521
55-64	1.4	21,486	1.8	3,505
65-74	1.4	14,768	0.8	1,0654
75+	0.9	6,473	0.8	717
Aboriginal identity				
Yes	6.4	11,241	2.6	1,630
No	2.0	137,280	2.3	20,915

Patterns of hidden homelessness

Table 4 shows that, as was the case with the broad category of homelessness, people in Ontario living in rural areas were more likely to have experienced hidden homelessness at some point in their lives than were people living in cities (urban 7.5%; rural 9.7%). Based on gender, 10.6 percent of men living in rural areas experienced hidden homelessness in Ontario compared to 8.9% of women. Exploring age differences, almost one in five adults from rural areas who were between the ages of 25 to 34 reported having experienced hidden homelessness at some point in their lives. This was the highest percentage amongst the various age categories. With respect to Indigenous identity, 17 percent of Indigenous people living in cities reported having experienced hidden homelessness in the past compared to 8.4 percent of non-Indigenous respondents. In rural areas, 26.5 percent of Indigenous people reported having experienced hidden homelessness compared to 8.9 percent of non-Indigenous people.

Table 4: Proportion of Ontario residents 15 and over who have experienced hidden homelessness[4]

Large urban centre (CMA/CA)		Rural areas/ small population centres (non CMA/CA)	
%	N	%	N
7.5	776,373	9.7	105,307

Table 5: Proportion of Ontario residents 15 and over who have experienced hidden homelessness by population centre size, gender, age and Indigenous identity

Background characteristics	Large Urban Centre (CMA/CA)		Rural Areas/ small population centres (non CMA/CA)	
	%	N	%	N
Gender				
Male	7.7	391, 917	10.6	53, 805
Female	7.3	384, 456	8.9	51, 502
Age				
15-24	4.0	64, 870	6.1	1, 0940
25-34	8.7	155, 221	19.2	21, 997
35-44	10.5	172, 736	11.5	21, 672
45-54	8.8	168, 805	15.5	27, 877
55-64	9.1	141, 345	6.3	12, 406
65-74	4.6	47, 041	6.2	8, 415
75+	3.3	2, 6356	2.3	1, 999
Indigenous identity				
Yes	17.0	29, 747	26.5	16, 742
No	8.4	569, 280	8.9	82, 363

The GSS results indicate the overall prevalence of homeless and hidden homelessness in rural regions of Ontario. The findings clearly show that—with the exception of adults over age 55—for every subgroup shown above in Table 4 people living in rural areas were more likely to have experienced hidden homelessness compared to their urban counterparts.

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[4] The respondents were asked: "Have you ever had to temporarily live with family or friends, in your car or anywhere else because you had nowhere else to live?"

Comparison of GSS results for Canada and Ontario

Table 6 compares the GSS results for the Canadian, Ontario urban and Ontario rural populations. The results show that the patterns of hidden homelessness for Canadians and urban Ontarians were very similar. The rates of hidden homelessness by gender and age groups 35 to 44 and 65 to 74 are the same for Canadians and urban Ontarians. However, in every category—except for adults aged 55 or over—the percentage of rural Ontario residents reporting that they had experienced hidden homelessness was higher than that for the Canadian population. The rate of hidden homelessness in rural Ontario for young adults aged 25 to 34 is 73 percent higher than the Canadian rate. In addition, the rate for Indigenous people in rural Ontario is 42 percent higher than the corresponding Canadian rate. It is beyond the scope of the current study to examine the reasons for the differences between the Canadian and Ontario data.

Table 6: Proportion of Canadian and Ontario residents 15 and over who have experienced hidden homelessness by population centre size, gender, age and Indigenous identity

Background characteristics	Canada total population 15 years+	Ontario large urban centre (CMA/CA)	Ontario rural areas/ small population centres (non CMA/CA)
	%	%	%
Gender			
Male	8	8	11
Female	7	7	9
Age			
15-24	5	4	6
25-34	11	9	19
35-44	11	11	12
45-54	10	9	16
55-64	8	9	6
65-74	5	5	6
75+	2	3	2
Indigenous identity			
Yes	18	17	27
No	8	8	9

Note: Canada-wide data were extracted from the report by Rodrigue (2016). All data in this table have been rounded for consistency with the Canadian data.

The next section reports on the findings obtained from an online survey. As noted above, the survey was administered to a non-random, purposive sample of health and social service providers from rural and northern Ontario. The respondents to the online survey served low income people, many of whom have experienced various forms of homelessness.

LEN: A PROFILE OF LIVED EXPERIENCE

Len is an Indigenous man in his 50s who uses a wheelchair. He was raised in a supportive family with whom, since he became wheelchair-dependent, he is couch-surfing on a rotating basis. Although he was well treated, he felt lonely and dissatisfied. If not for them, however, he would be on the streets, as landlords did not believe he would be able to take care of a rental unit or himself and would not rent to him, even though he had an income.

Photo courtesy of Poverty, Homelessness and Migration.

Len developed a serious problem with alcohol as a child that progressed into a severe addiction which affected his relationships. He was unable to read and write which prevented him from getting secure work as a miner, but he was employed in casual manual labour for many years. He was inadequately housed for many years, including living outside in a tent and in a car when it rained, as well as other arrangements. Eventually, he qualified for government benefits because of illiteracy, addiction and illness.

Because his income is limited, Len accesses many services every day, notably food and drop-in programs. He has found service providers to be compassionate and caring, and appreciative of his consideration for others.

5 RESULTS OF THE SURVEY OF SERVICE PROVIDERS

This section of the report describes the results of an online survey which was administered to a non-random, purposive sample of health and social service workers who were in rural and northern Ontario. A list of service providers was generated from online directories and existing lists of programs and services offered in rural and northern regions in Ontario. The lists were compared to develop as complete a listing as possible. Key informants were asked to review the list and to provide contact information for additional individuals and organizations. As a further step in the recruitment strategy, individuals providing services in rural and northern regions were asked to forward the invitation to participate to other service providers in their networks.

Between September and early November 2016, a total of 204 respondents completed the online survey. This group of managers and frontline workers had a wide range of experiences in working with clients who encounter economic and social challenges, including those who have in the past or may presently be experiencing homelessness or hidden homelessness. The goal of the survey was to present their experiences and perceptions about homelessness and hidden homelessness within their respective catchment areas.

The results begin with a demographic profile of the respondents followed by the presentation of responses regarding experiences and perceptions about homelessness and hidden homelessness in rural and northern Ontario. The results presented are based on their perceptions and opinions, a common objective in survey research. When variations in responses are evident according to the region of the province where respondents provided services (southern or northern Ontario), they are described. Regional differences are reported for results showing a divergence of ten percent or more in the responses of northern versus southern respondents.

In understanding and developing effective responses to homelessness, it is important to understand the perspectives and opinions of managers and frontline workers as their views often impact upon local service delivery. These survey findings make an important contribution to the understanding of rural and northern hidden homelessness in Ontario. Most importantly, the findings confirm, from a significant number of service providers, that hidden homelessness exists in these regions. It provides a baseline for understanding how hidden homelessness is manifested in communities, what types of hidden homelessness are more prevalent, and which subpopulations are more affected in rural and northern Ontario. These survey findings are based on a broad, province-wide perspective from those who are experts in the field, dealing on a daily basis with rural and northern homelessness and hidden homelessness. Based on their experience, these experts were also able to indicate suggestions for effective approaches to addressing these issues in their regions. This baseline provides direction for further and more in depth exploration of the issues identified.

5.1 DEMOGRAPHIC PROFILE OF THE SAMPLE

Over three quarters of the respondents were women (78 percent) while the remainder indicated that they were men (21 percent) or that their gender was other than male or female (1 percent). A small proportion (13 percent, n=27) indicated that they were responding on behalf of a CMSM or a DSSAB. According to OMSSA, the CMSMs and DSSABs are service system managers whose roles are in funding, planning, managing and delivering human services; these services include early learning and child care, employment and income supports, and housing and

homelessness prevention programs in Ontario. Most individuals responding to the survey (87 percent) were staff of health or social service organizations or programs (i.e., other than the service system managers in CMSMs or DSSABs).

The age profile of respondents is shown in Figure 2. The largest age bracket was for those who were between the ages of 51 to 60 (34 percent) and respondents in their 40s, 50s and 60s made up over three quarters (78 percent) of the sample. On average, respondents had extensive experience in the field as the mean number of years working in agencies was just under 14 years. The mean number of years that the organizations had been in existence for was 43.

Figure 2: Age profile of survey participants
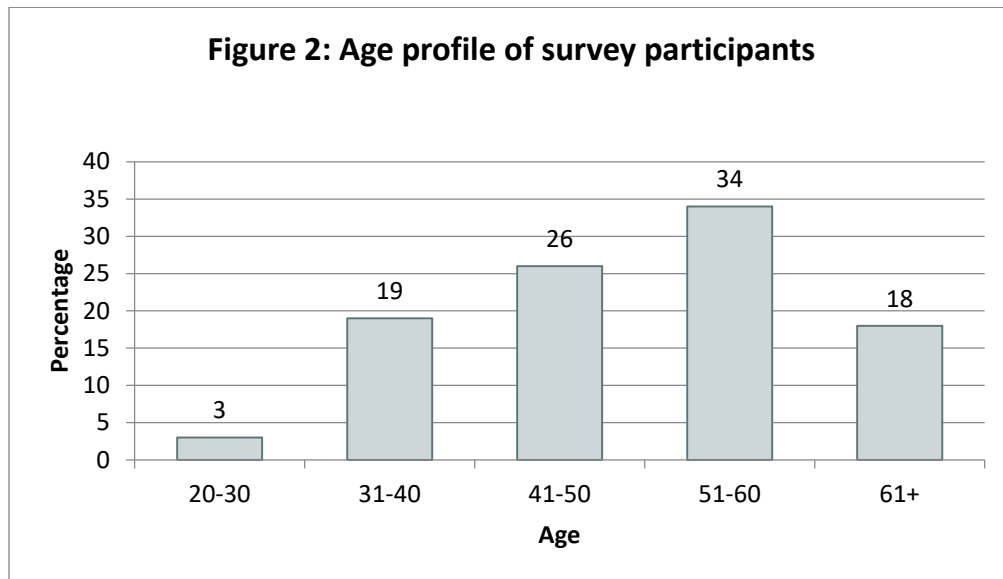
As Figure 3 shows, most respondents who completed the survey were managers (60 percent), either in upper (35 percent) or middle management (25 percent). However, nearly a third of the respondents were frontline workers (31 percent). The remaining nine percent reported that they worked in "other" positions dealing with community development, systems development, coordination or in voluntary positions. Given the average age and length of time employed, the respondents constituted a relatively mature and experienced sample.

Service providers in all four regions of the province participated in the survey. Similar proportions — between one quarter and one third — of the respondents were in the southeast, southwest or northeast of the province, while a smaller proportion were located in the northwest (see Figure 4). The smaller number of respondents from the northwest region is consistent with the smaller population size in this northern region of the province.

Figure 3: Position in the organization

Figure 4: Participation from northern and rural regions of Ontario
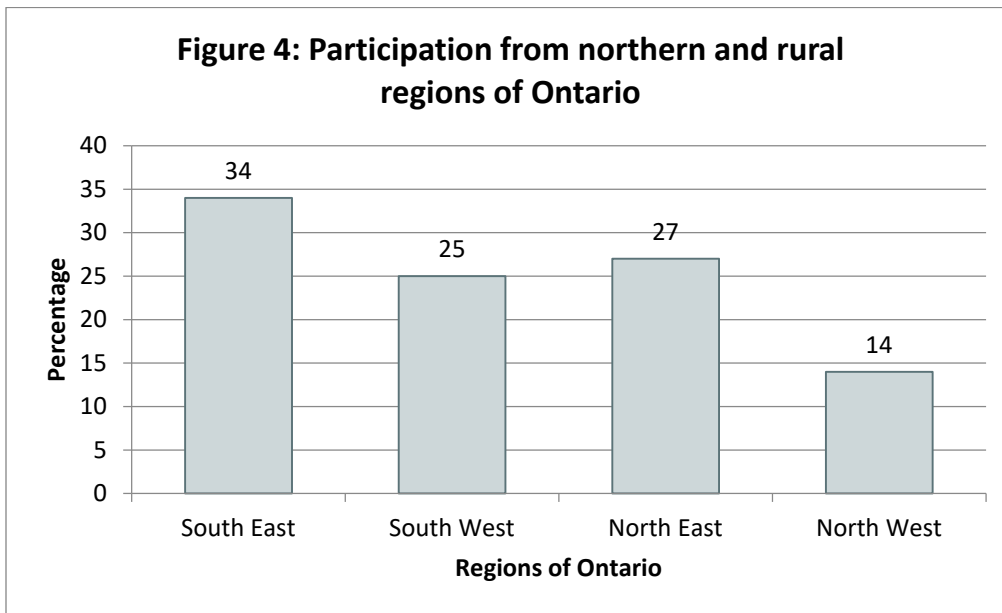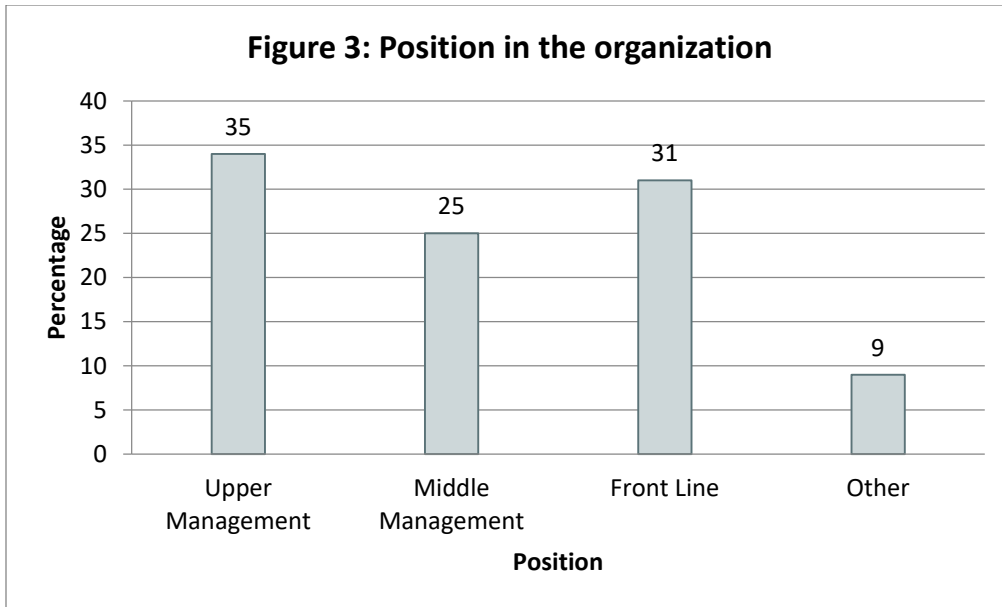
Most respondents (over two thirds) were involved with service provision in rural regions of Ontario while a minority (33%) had some responsibility for urban areas. It should be noted that many organizations include both urban and rural areas within their jurisdictions. The results reflect this reality. Respondents reported that 67 percent of the population in their jurisdiction was rural and that 73 percent of the geographic jurisdiction was considered to be rural (see Figure 5). The sample size was considered appropriate in order for the survey responses to be deemed valid according to the standards for most quantitative studies.

Figure 5: Population and geography—rural and urban

A bar chart titled "Figure 5: Population and geography—rural and urban". The y-axis shows Percentage from 0 to 80. For Population: Rural = 67, Urban = 33. For Geography: Rural = 73, Urban = 27.
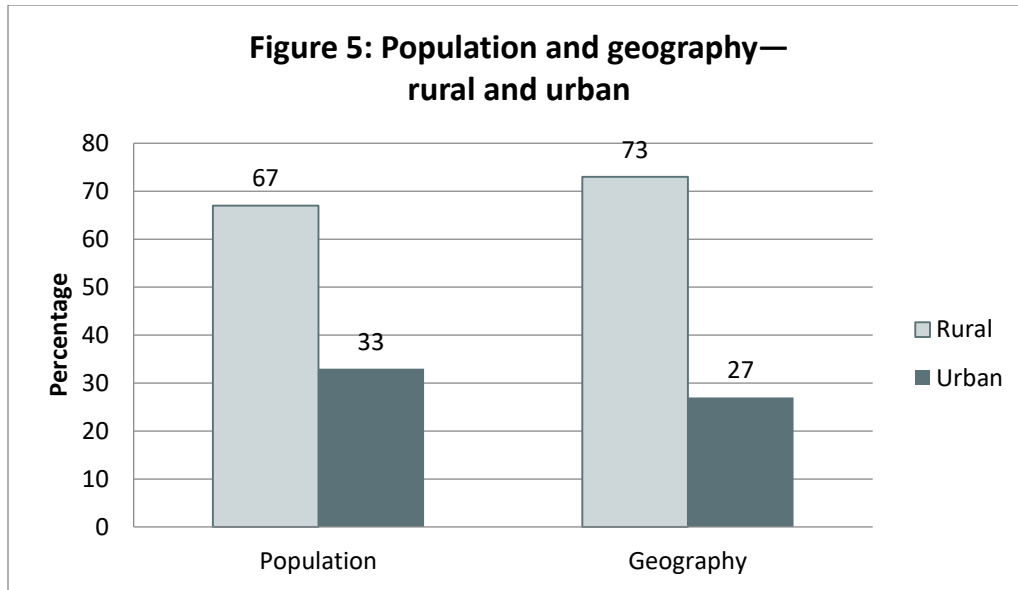
5.2 SERVICE PROVIDERS' PERCEPTIONS OF HOMELESSNESS AND HIDDEN HOMELESSNESS

Definitions of homelessness and hidden homelessness

The survey responses provided information about the extent to which respondents agreed with the research team's definition of homelessness which was included in the questionnaire.[5] A majority of those who completed the survey (56 percent of the sample) answered this question by providing written responses to describe hidden homelessness or to indicate agreement that the definition provided by the research team captured what homelessness meant to them. Those who provided specific examples of what they believed fell under the banner of homelessness specified circumstances such as the following:

- people living in un-winterized trailers
- people in jails and hospitals who had nowhere to go after discharge
- people camping in the bush in make shift camps (often on Crown land)
- youth (16-29) living independently of parents and/or caregivers who do not have the means or ability to acquire a stable, safe or consistent residence
- chronic couch surfers
- people living in buildings with no running water or heat
- accommodation secured in exchange for sexual services
- those with mental health and/or addictions issues unable to keep their apartments for a variety of reasons
- people living with family in under-housed conditions (e.g., 6 adults in a two-bedroom home)

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[5] The survey question was: "Are there other factors or characteristics you would include in defining HOMELESSNESS, in addition to the definition of homelessness provided in the introduction: 'those who are unsheltered/absolutely homeless (living in the streets or in places not suitable for human habitation),• emergency sheltered (homeless or violence against women shelters),• provisionally accommodated (accommodation that is temporary or lacks security of tenure), and• those at risk of homelessness (precarious housing situations)'?"

- people unable to return to their remote communities (e.g., due to financial constraints, criminal charges, etc.)

Similarly, respondents were also asked about the definition of hidden homelessness.[6] As was the case with answers to the previous question, many respondents indicated agreement with the definition provided. Others, however, added the following ideas, some of which overlapped with what was described above in definitions of homelessness such as:

- couch surfing
- survival sex
- sleeping in tents and/or huts—off the grid
- multiple adults in a home

Examples of hidden homelessness which appeared not to overlap with the definitions of homelessness included the following circumstances:

- sleeping in cars
- spending 60% or more of their before-tax income on housing
- youth 15-21 who fall between the cracks of services
- people living in difficult relationships who cannot leave due to financial reasons
- people with complex mental health conditions who, for various reasons, "hide" themselves from the public and services
- those with rent arrears
- people who survive on charity provided by churches and/or family
- transient people who move around to avoid losing custody of their children
- youth (crown wards) who age out of system
- people, especially seniors on fixed incomes, who cannot afford to pay utility bills
- people who avoid services due to stigma associated with being drug addicts
- sudden job loss or sudden illness

These data suggest that the definitions of homelessness and hidden homelessness used by the research team are consistent with the meanings of homelessness to survey respondents. The following section discusses the methods which service providers use to record numbers of people who experience homelessness.

Information gathering about homelessness

Tables 7 and 8 show the responses to questions about methods for recording the number of people experiencing homelessness. Table 7 shows responses regarding people who live in rural parts of the jurisdiction. Just under one third (32 percent) indicated that there is a method to identify and record rural homelessness while more than a quarter (27 percent) said "no," there is no way to identify and record homeless people. Interestingly, 41 percent of the respondents did not know the answer to this question. There was some regional variation on this measure, as 35 percent of respondents from the south reported that there is a way to record homelessness compared to 29 percent from the north. In addition, a larger proportion of the northern respondents (48 percent) stated that they did not know if there were methods to record people experiencing homelessness compared to southern respondents (36 percent).

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[6] "Are there other factors or characteristics you would include in defining HIDDEN HOMELESSNESS, in addition to the definition of hidden homelessness provided in the introduction: 'often invisible because people may stay temporarily with others, often do not have security of tenure and may not access support services' ?"

Table 7: Identification and recording of homelessness people living in northern or rural areas[7]

	%	n
Yes	32	63
No	27	52
Don't know	41	80

Table 8 shows the responses about the identification and recording of the number of people experiencing homelessness who come from other jurisdictions but who access services in the local jurisdiction. Responses to this question were similar to answers regarding rural residents: approximately one quarter (27 percent) indicated "yes", there was a method, while a similar proportion (24 percent) stated that there was no method. Just under half (49 percent) did not know. There was little regional difference with this measure. The responses to these questions suggest that there is little capacity to measure the extent of homelessness among rural residents or people from other jurisdictions who obtain services of those who responded to the survey. For both of these questions, the proportion indicating that they had no knowledge about the recording of the number of homeless people was the dominant response.

Table 8: Identification and recording of homelessness people from other jurisdictions[8]

	%	n
Yes	27	52
No	24	47
Don't know	49	96

For those who indicated that there were methods in place to detect homelessness in their jurisdictions, case planning, service planning, services to prevent homelessness and advocacy all played a prominent role (see Figure 6).[9] Research did not play a significant role in methods for gathering information about homelessness, as only 30 percent of respondents believed that research was a method to detect levels of homelessness. Approximately one fifth of the respondents stated that they did not know how information was gathered through service-based planning, prevention work and advocacy activities. Furthermore, nearly half of the respondents did not know how research contributed to information gathering. There was regional variation pertaining to responses regarding "services to prevent homelessness" as a basis for enumerating the level of homelessness, as 75 percent from the south responded "yes" compared to 50 percent from northern Ontario.

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[7] The survey question was: "Is there a way for local services to identify and record the number of people experiencing homelessness who live in the rural parts of your jurisdiction?"

[8] The survey question was: "Is there a way for local services to identify and record the number of people experiencing homelessness who come from other jurisdictions but who access services in your jurisdiction?"

[9] The survey question was: "Please indicate how information is gathered."

Figure 6: How information is gathered

Percentage

	Case planning	Service planning	Prevention services	Advocacy	Research
■ Yes	69	73	67	75	30
■ No	11	8	14	4	24
■ Don't know	20	19	19	21	46
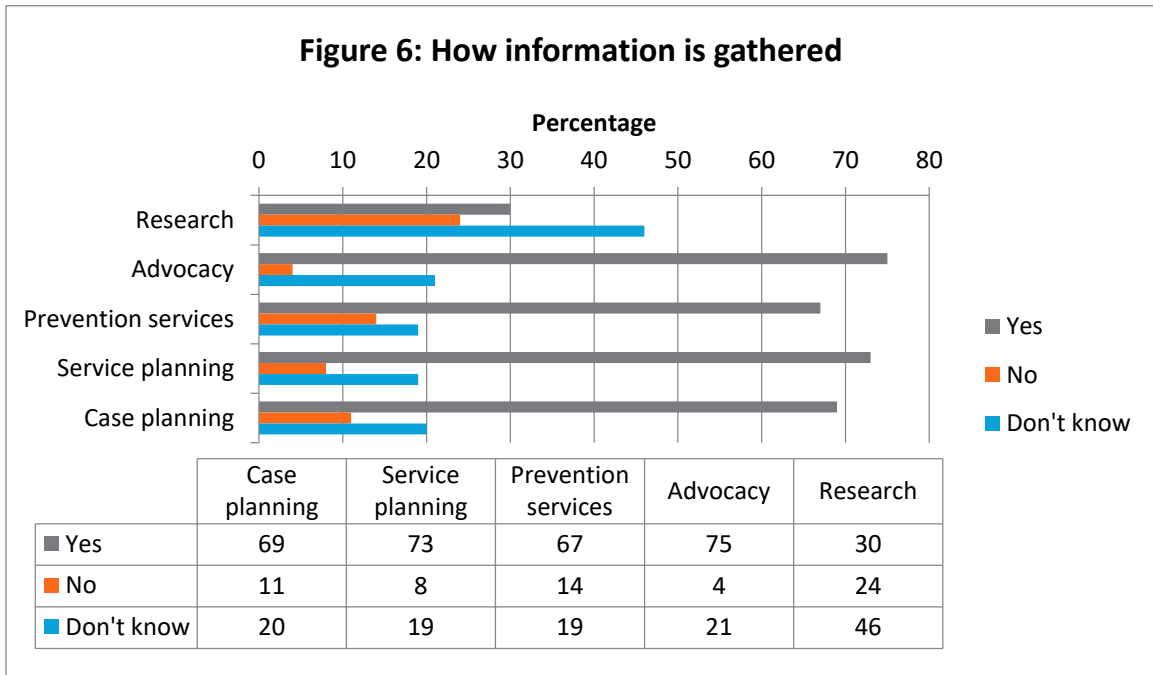
Respondents were also asked to indicate whether information is gathered about homelessness in rural areas in a less systematic way than a form or database. Slightly less than one third (32 percent) of respondents indicated that there are informal ways of information gathering but again, the dominant response was that the respondents did not know whether this occurred (53 percent). There was a regional difference in the responses in that more respondents in the south (37 percent) stated that information was gathered informally compared with the north (25 percent). The pattern of responses was the same as is shown in Table 8, in that informal information gathering reportedly occurs primarily through case planning, service planning, prevention services and advocacy.

Services offered

A central purpose of the survey was to identify the types of services offered to people experiencing homelessness in rural and northern communities across Ontario. A striking pattern in the results is that 16 of the 19 services listed in Table 9 were reportedly not offered regularly in rural and northern regions of the province. For example, essential services such as health, substance abuse and social housing were reportedly not offered regularly in regions served by more than half of the respondents.

Food banks, by a wide margin, were the most common services offered. Within all catchment areas, 73 percent indicated that food bank services were regularly offered. As only 41 percent of responses indicated that soup kitchens and other meal distribution services were offered regularly—and it is widely known that many food banks have strict regulations regarding access (e.g., once per month)—it appears that there is a service gap regarding food security in many rural and northern communities.

Also, as shown in Table 9, a slight majority of the respondents (54%) stated that mental health and employment services were offered. However, it is notable that the proportion indicating that

these services are offered regularly was just over half, at 54 percent. Close to half of the respondents reported that health services, substance use and permanent social housing programs were offered regularly. Just over one third stated that legal and court services were offered regularly. The indication by more than half of the respondents that these programs are not available suggests that there are service gaps in these important areas.

Table 9: Services offered in northern and rural regions[10]

Services:	Offered regularly		Not offered		Sometimes offered		Don't know	
	%	**n**	**%**	**n**	**%**	**n**	**%**	**n**
Food bank	73	142	4	7	21	42	2	4
Mental health service	54	105	6	11	33	63	7	4
Employment services	54	104	8	15	31	59	7	4
Physical health care service	49	94	10	19	28	54	13	5
Substance (drug/alcohol) programs	48	91	10	20	33	64	9	18
Social housing	47	88	8	6	36	69	9	17
Clothing bank	44	84	13	25	36	69	7	14
Soup kitchen or meal distribution	41	77	19	36	34	65	6	12
Housing search services	40	76	12	23	34	64	14	26
Outreach services	38	74	15	28	35	68	12	23
Legal/court assistance	37	71	12	22	37	71	14	28
Emergency shelter	35	67	27	52	35	68	3	7
Rent supplements	32	61	8	15	45	88	15	28
Assistance with utility arrears	31	60	7	14	50	97	12	22
Assistance with rent/mortgage arrears	29	56	12	22	40	78	19	37
Drop-in centre	24	45	33	64	29	56	14	27
Emergency warmth services	21	40	33	64	27	52	19	36
Transitional housing	18	34	37	70	35	65	10	19
Repair or replacement services	9	18	29	55	26	50	36	70

Moreover, services that are often found in cities to support homeless populations reportedly were not common in rural and northern regions. For instance, 37 percent of respondents noted that transitional housing was not offered, 27 percent did not offer emergency shelter services, 33 percent did not have drop-in centres and 33 percent did not offer warming centres. Responses regarding a range of other services are displayed in Table 9.

Taking into account north-south differences, there were six specific types of services that showed differences in response patterns. Soup kitchens (north: 47 percent, south: 35 percent)

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[10] The survey question was: "Indicate the types of services offered to people experiencing homelessness in the rural regions of your catchment area (select among four choices in each line)."

and drop-in services (north: 30 percent, south: 19 percent) were reported to be offered regularly by more northern respondents. In addition, 32 percent of the respondents in the southern region stated that emergency shelter services were not offered compared to 20 percent in the north.

In contrast, housing-related services were reported to be offered more regularly by southern respondents; these included housing search services (south: 45 percent, north: 33 percent), rent or mortgage arrears (south: 34 percent, north: 22 percent) and assistance with utility arrears (south: 40 percent, north: 18 percent).

Accessibility of services

Respondents were asked questions about the ability of people living with homelessness to access shelter, social, health and legal/court services[11]. The findings indicate that the types of services believed to have the greatest ease of access were social and health services (see Table 10). Approximately one quarter of the respondents believed that 80 percent of people experiencing homelessness had access to health and social services. However, a similar proportion estimated that fewer than 40 percent had access to these services. Shelter and legal/court services were deemed to be available only to a minority of people living with homelessness. There was regional variation on the basis of north and south catchment areas when it came to access to shelter services. In the north, 42 percent of the respondents reported that the population in need had access to shelter, while only 26 percent did in the south. There were no regional differences on the other three types of services listed in Table 10.

Table 10: Estimated percentage of rural/northern people who are homeless and deemed able to access services

Services	80+%	60-79%	40-59%	20-39%	<20%	Don't know
	%	%	%	%	%	%
Health services	24	15	15	13	13	20
Social services	26	19	14	13	11	17
Shelter services	10	8	10	12	43	17
Legal/court services	13	9	17	14	22	25

Figure 7 shows the means (averages) for the responses shown in Table 10 based on percentages (i.e., a measure of the average percentage is shown). The means in Figure 7 reflect mid-point values from the five categories (based on percentage ranges) in Table 10 while excluding those who indicated that they did not know about ease of access. The results show that 55 percent of people living with homelessness were perceived to have access to health services, while 53 percent of the rural and northern homeless population was considered to be able to access social services. However, shelter and legal/court services were believed to be less accessible: shelter services and legal/court services were thought to be available to only 33 percent of those in need.

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[11] The survey question was: "What percentage of rural people who are homeless is able to access the following services? (select one category of percentage for each type of service)."

Figure 7: Accessibility of services

Mean

Service	Mean
Health services	55
Social services	53
Shelter services	33
Legal/court services	33
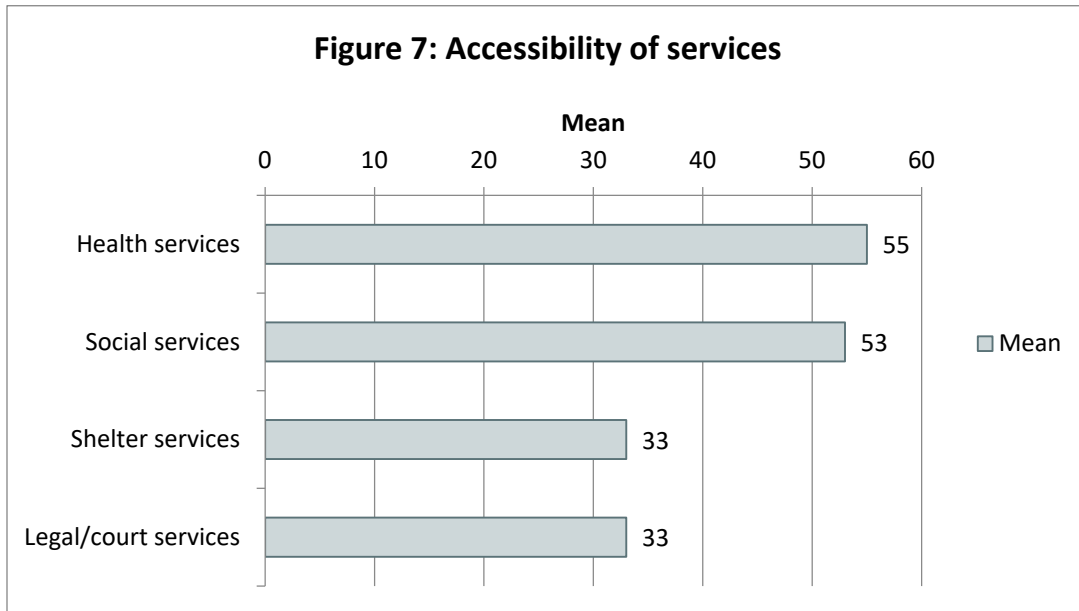
Respondents provided information about the funding or sponsorship of 19 types of services. The responses provide an important overview of the sources of support for services to people living with homelessness in rural and northern areas. As a majority of the respondents were in managerial positions, it is likely that they were informed about the funding or sponsorship of services. The results show that there is a mixture in the types of support for services. However, most services and programs were reportedly supported by governments at any level and/or by non-profit (religious or non-religious based) organizations. The most frequently identified sources of support for each type of service are highlighted in Table 11.

Ten types of services were understood to be funded or supported primarily by governments. Government funding was predominantly reported in the areas of social housing and housing supports, including rent, utilities, housing search, as well as physical and mental health services, employment, legal/court assistance and substance use.

Thirty percent or more of the respondents indicated that services related to four areas—food, shelters, outreach and transitional housing—were primarily supported by non-profit, non-religious organizations. Over 60 percent of the respondents noted that non-profit, non-religious organizations sponsored or funded food banks. In many areas of service delivery within rural and northern communities, there was overlap between non-profit, non-religious support and government-funded services.

Table 11: Funding and sponsorship of services[12]

Services:	Government agency		Non-profit, not-religious		Non-profit, religious		Private, for profit		Don't know	
	%	n	%	n	%	n	%	n	%	n
Social housing	66	133	21	42	2	4	5	9	12	24
Mental health	64	129	28	57	3	5	5	10	13	27
Rent supplements	62	126	19	38	7	13	1	2	18	36
Physical health care	60	122	14	28	2	3	6	11	19	39
Employment	56	113	31	64	3	6	5	10	15	30
Substance use	53	106	30	61	9	17	7	14	16	32
Utility arrears	50	101	20	40	13	26	4	7	21	43
Legal/court	49	99	26	53	2	4	6	11	19	40
Rent/mortgage	46	93	19	38	10	19	1	1	28	57
Housing search	41	83	31	63	6	11	3	6	26	52
Emergency shelter	29	60	42	85	24	49	4	7	21	42
Outreach services	28	58	35	72	16	32	3	5	27	54
Repair or	27	54	6	11	4	7	1	2	51	104
Transitional housing	22	46	31	62	10	20	5	9	28	57
Drop-in services	12	25	32	64	19	39	1	1	36	74
Food bank	9	17	62	125	45	92	2	4	8	16
Soup kitchen meals	7	13	43	86	54	109	2	3	16	33
Clothing bank	4	8	42	84	44	89	3	6	23	47

Note: Rows do not sum to 100% because respondents could indicate more than one source of funding or sponsorship for each type of service.

Box 1 shows a listing of the types of services that, according to 30 percent or more of the respondents, were supported by each type of funder or sponsor. This analysis indicates that governments were seen as supporting ten types of services; non-profit, non-religious organizations were seen as supporting nine types of services; religious organizations were perceived to support three types of services; and for-profit, private organizations were minimally supporting the types of services listed in Box 1.

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[12] The survey question was: "Indicate the type of funding or sponsorship support organizations that offer services to people experiencing homelessness in rural regions of your catchment area."

Box 1: Primary sources of funding or sponsorship for services

I) Government (30⁺ percent)
- Permanent social housing
- Mental health services
- Rent supplements
- Physical health care services
- Employment services
- Substance use/addictions programs
- Utilities arrears
- Legal/court assistance
- Housing search services
- Rent supplements

II) Non-profit, non-religious (30⁺ percent)
- Food banks
- Emergency shelters
- Outreach services
- Transitional housing
- Soup kitchens
- Clothing banks
- Drop-in services
- Employment services
- Substance use/treatment

III) Non-Profit, Religious (30⁺ percent)
- Soup kitchens
- Food banks
- Clothing banks

IV) Private, for Profit
- Low in all areas

There were several regional (north-south) differences; respondents reported that organizations funded or sponsored different programs in these broad regions of the province.

- In the north, drop-in programs were seen as being more likely to be supported by governments (south: 8 percent; north: 20 percent);
- In the south, non-profit, religious organizations were understood to be more active in providing supports to outreach (south: 20 percent; north: 10 percent) and assistance with utilities (south: 19 percent; north: 5 percent);
- A final regional difference in funding/sponsorship was noted in the area of social housing. Social housing was reportedly much more likely to be funded by governments in the south than they were in the north (south: 71 percent; north: 57 percent).

Population groups at risk of homelessness

The survey included questions about perceptions of population groups that were at risk for becoming homeless[13] as it is important to know what types of people are homeless in order to determine what services and facilities are required to address the issues. It should be noted, however, that the categories or population groups listed in Table 12 are not mutually exclusive. For example, an Indigenous male who is under the age of 18 could fit within at least three of the categories in Table 12.

Table 12: Primary population groups at-risk for homelessness

Groups	High		Moderate		Low	
	%	n	%	n	%	n
People with mental illness	76	142	11	21	13	24
People with substance abuse issues	75	142	13	24	12	22
Adults 18+ without children	58	108	25	47	17	31
Men	48	90	25	47	27	50
Single-parent families	47	87	28	53	25	46
Youth <18	45	84	34	62	21	39
Indigenous people	44	83	16	30	40	75
Women	43	80	30	57	27	50
Seniors (60+)	28	52	31	58	41	75
Unaccompanied children or adolescents	23	43	20	38	57	105
People with HIV/AIDS	20	38	11	20	69	129
LGBTQ2S	17	31	14	25	69	124
Two-parent families with children	12	21	28	51	60	110
Immigrants	10	19	13	24	77	144
Refugees	10	18	11	20	79	146
People with military service/veterans	7	12	15	28	78	145

No groups were considered by respondents to be "not at all" at risk. All groups were rated as "very high," "high," "moderate" or "low." Table 12 shows the categories high (very high and high are grouped together), moderate and low risk. Groups generally thought to be at a very-high risk were those with mental health and addiction issues. Adults aged 18 and over without children were rated as high risk by more than half of the respondents. More than one third of the respondents believed that men, women, single parent families, youth under 18 and Indigenous people were at high risk. Those thought to be at moderate risk or low risk were seniors and unaccompanied children. Two thirds or more of the respondents rated six groups as being at low risk; these groups included: people with HIV/AIDS, LGBTQ2S populations, two-parent families with children, immigrants, refugees, and people with military service/veterans. It is

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[13] The survey question asked was: "Rate each group with regard to vulnerability to homelessness in rural regions in your catchment area."

important to note, however, that nearly half or more of the respondents indicated that they did not know about the level of risk among four of the latter groups. Two-parent families were the exception as they were rated as being at low risk by a majority.

There were two regional differences between the south and the north in terms of the primary at-risk population groups. In the north, 67 percent indicated that Indigenous people were at very high or high risk compared to 30 percent in the south. A second regional difference pertains to refugees: 15 percent rated this group as very high or high in the south and only three percent in the north. These results reflect differences in the demographics of northern and southern Ontario (i.e., more Indigenous people in the north and more new immigrants in the south). In the other categories of at-risk groups, the ratings of respondents in the north and south were quite similar.

Figure 8 shows the percentage of respondents who indicated that they did not know about the extent of the risk of homelessness. Results are shown for population groups for which a quarter or more of the respondents stated that they did not know. Less than one third did not know about the risk for unaccompanied children or youth and Indigenous people. Close to half did not know about the risk for immigrants, refugees and LGBTQ2S people. More than half did not know about the risk for people with military service/veterans.

Figure 8: Lack of knowledge about groups at risk
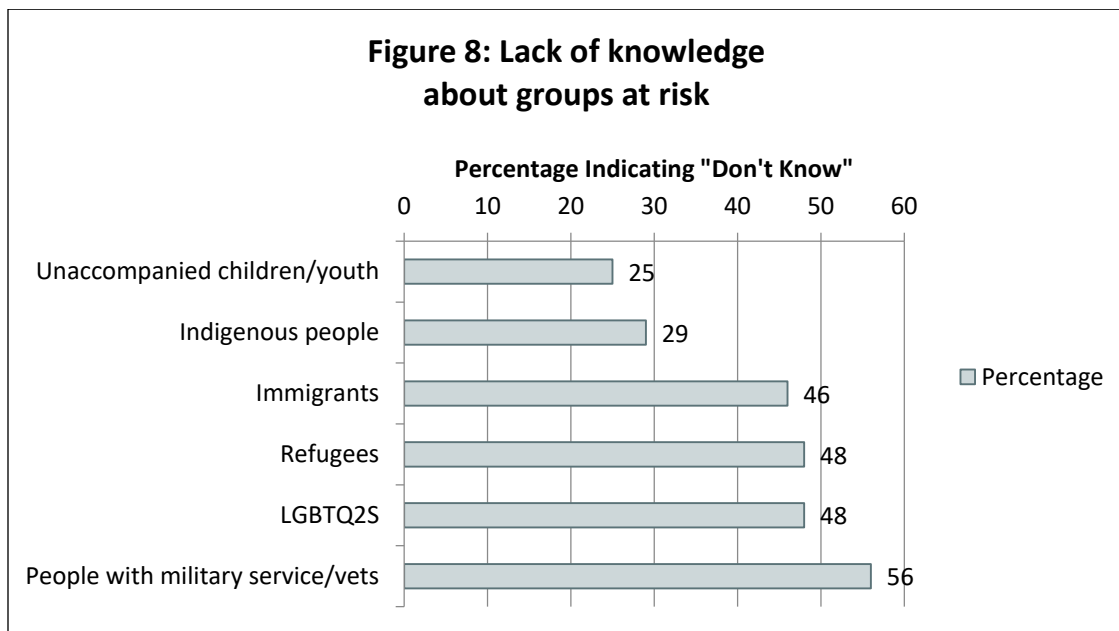
Hearing about forms of hidden homelessness

Table 13 presents information about the frequency with which respondents had heard about different types of hidden homelessness occurring in rural and northern Ontario.[14] The listing of types of hidden homelessness was derived from the published literature and it is important to obtain information about the conceptualization of hidden homelessness. The findings show that

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[14] The survey question was: "How often have you heard of the following types of hidden homelessness occurring in rural regions in your catchment area? (select one number for each line)"

the definition of hidden homelessness in the current study was congruent with the experiences of the service providers who responded to the survey. These responses may be considered to provide an indicator of the face validity of the definition. It is notable that at least some of the survey respondents had heard about all categories of hidden homelessness. In general, frontline workers had heard about the various categories of hidden homelessness more than managers or other staff who did not work on the front lines of service provision.

Table 13: Types of hidden homelessness occurring in rural and northern regions

Types	Very often or always		Sometimes		Rarely or never	
	%	n	%	n	%	n
Lack of affordable housing	93	175	5	9	2	4
Unable to pay for utilities	89	167	9	16	2	4
Couch surfing/crashing	86	160	10	19	4	8
Substandard accommodations	73	134	20	36	7	14
Shared accommodation	69	127	26	47	5	10
Temporary accommodations	60	110	28	52	12	21
Crowding/over crowding	60	108	22	41	18	32
Doubling up	55	102	28	53	17	31
Concealed households	39	71	37	68	24	45
Discharge from jail/hospital & no place to stay	37	68	34	62	29	53
Tripling up	33	60	34	61	33	60
Living outdoors	30	56	38	69	32	58
Survival sex	30	53	34	61	36	64
Living in shed or hut	22	40	32	58	46	85
Living in car, truck or boat	17	32	39	72	44	81
Living in RV	17	31	41	76	42	78
Living in a school, warehouse or shop	9	17	17	30	74	131

The lack of affordable housing was the only category that was "always" heard about, according to our respondents. However, nearly all respondents had also heard a great deal about challenges in paying for utilities and couch surfing. Substandard, shared and temporary accommodation were also forms of hidden homelessness that were heard about very often, as were crowding/overcrowding and doubling up.

The "sometimes" heard about category included tripling up, concealed households, survival sex, living in an RV, living in car, truck or boat, being discharged from a jail or hospital without

accommodation and living outdoors. Most respondents had rarely heard about people living in a shed or hut and living in a school, warehouse or shop.

Finally, the "never" category was populated to some extent in all types of hidden homelessness noted in this table. However, an important finding is that the number of responses indicating that some respondents had not heard of types of hidden homelessness was always exceeded by the other scaled responses. Thus, a key finding is that more respondents had heard about these forms of hidden homelessness compared to the number who had not heard of them.

In terms of regional differences, there were two. First, staying in temporary accommodation such as rented rooms, hostels or short transitional housing was reported to be more common in the north than in the south (north: 69 percent, south: 54 percent). Second, reports of people living in cars, trucks or boats were more common in the south than in the north (south: 22 percent; north: 11 percent).

Invisibility of hidden homelessness

Table 14 presents reasons why people who are experiencing homelessness in rural and northern areas are thought to be invisible to the service system.[15] The vast majority (90 percent or more) provided ratings on the reasons listed in Table 14, indicating an understanding of key service issues for people living with hidden homelessness. Only 7 to 10 percent of the respondents indicated that they did not know about the reasons.[16] The most common reason cited by respondents was because people did not access services. This was followed by people not defining themselves as homeless. The third most prevalent response was that services do not meet people's needs. Fourthly, people were understood to be invisible to the service system because they were not seen by others as homeless. The least prevalent reason was thought to be because people were not deemed to be eligible for services. However, 40 percent of the respondents identified this as a factor that "often" led to invisibility of people living with homelessness.

Table 14: Reasons for invisibility to the service system

Reasons	Often		Sometimes		Never		Don't know	
	%	n	%	n	%	n	%	n
Do not access services	54	99	38	71	1	2	7	13
Do not define themselves as homeless	51	93	34	63	4	7	8	14
Services do not meet needs	51	94	40	73	2	3	8	14
Are not seen by others as homeless	46	85	43	49	2	3	9	16
Are not deemed eligible for services	40	73	47	86	3	5	10	18

There were two regional differences on the measures regarding invisibility to the service system. They pertained to people not defining themselves as homeless (south: 56 percent,

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[15] The survey question was: "How frequently are people experiencing homelessness who are from rural areas invisible to the service system because they (select one number for each line)?"

[16] The number of missing values is within accepted parameters.

north: 45 percent) and not being seen by others as homeless (south: 51 percent, north: 39 percent): a larger proportion of the southern respondents indicated that these reasons occurred "often" compared with the northern respondents.

Out-migration

Information about out-migration among people experiencing homelessness or at risk of homelessness is presented in Figure 9.[17] The most common response was that people often leave rural and northern regions in order to stay with family or friends. This was followed by migration to urban centres and then migration to other rural communities. Out-migration to other rural communities was understood to occur less often but was recognized as a phenomenon that sometimes occurred. Few respondents (5 percent or fewer) indicated that out-migration never occurs and fewer than 10 percent stated that they did not know about the frequency of out-migration to urban centres or to stay with family or friends.

There was one regional difference on out-migration. Compared to northern respondents, a larger proportion of southern respondents (south: 64 percent, north: 53 percent) indicated that people living with homelessness or the risk of homelessness "often" migrate to stay with family or friends.

Figure 9: Frequency of out-migration from rural/northern areas

	Go to other rural areas	Migrate to urban centres	Go to stay with family/friends
Never	5	2	2
Sometimes	59	37	31
Often	20	52	60
Don't know	16	9	7
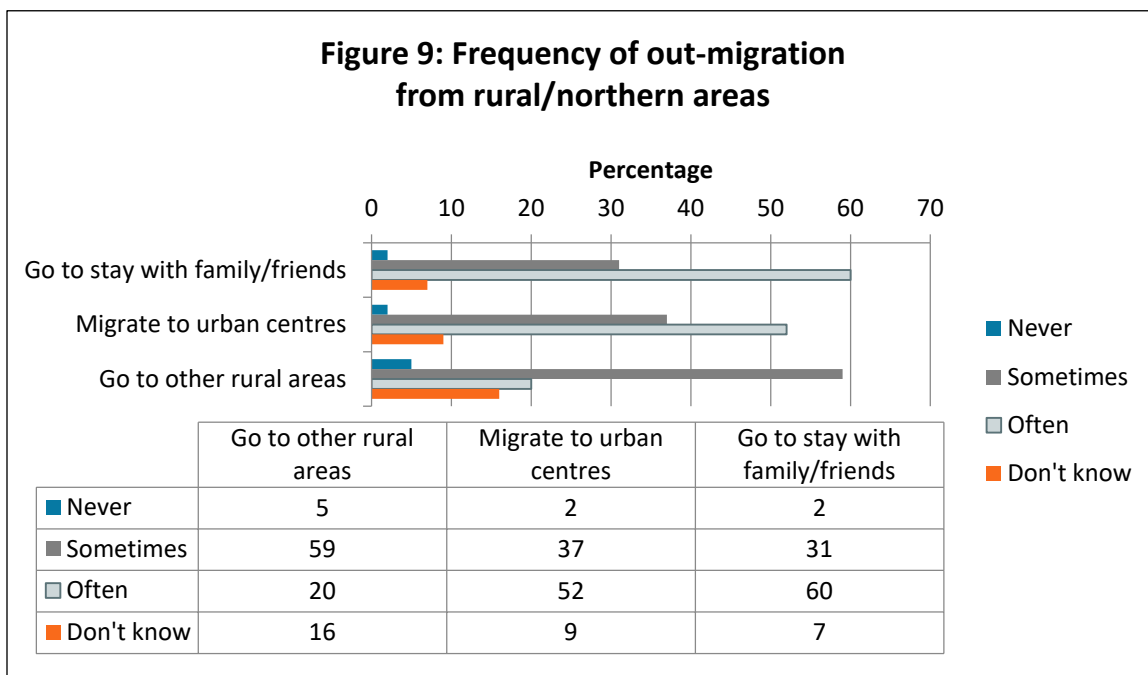
Figure 10 shows responses regarding the frequency with which people experiencing homelessness or at risk of homelessness return to the rural or northern catchment areas at some point after leaving.[18] For nearly half of the survey respondents, this was considered to happen "often" while one third viewed it as occurring "sometimes". However, none of the

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[17] The survey question was: "Why do people experiencing or at risk of homelessness leave the area?"

[18] The survey question was: "In your opinion, how frequently do people experiencing, or at risk of, homelessness return to your catchment area at some point after leaving?"

respondents indicated that people living with homelessness "never" return to their catchment area. There were no regional differences.

Figure 10: Return to the catchment area
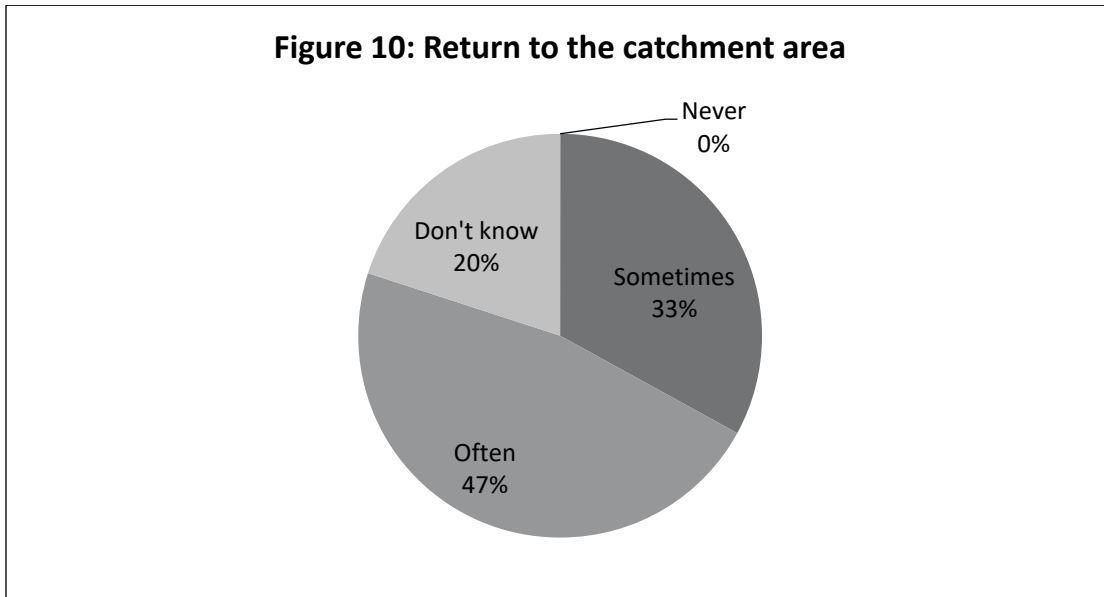
Addressing homelessness in rural and northern Ontario

Just over one third of the survey respondents stated that, in their view, it is possible to eliminate homelessness in rural or northern Ontario (see Figure 11).[19] Another one third of the respondents did not know whether this would be possible. One third also indicated that it is not possible to eliminate homelessness. There were no regional differences.

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[19] The survey question was: "Please specify one or two policies or practices that must be changed in order to address homelessness in rural areas of Ontario."

**Figure 11: Views on possibility of eliminating homelessness
in rural/northern Ontario**
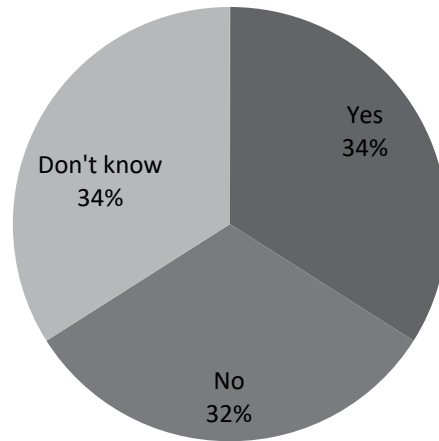
Figure 12 shows the respondents' views on practices or programs across rural and northern Ontario that could be considered to be effective at preventing, reducing or eliminating rural or northern hidden homelessness.[20] In most cases respondents indicated that they "did not know" about such programs or practices in their area. However, for those who did have an opinion, most thought that practices may reduce or prevent hidden homelessness, but not eliminate the problem. There were no regional differences. Practices that respondents identified as promising are contained in the 'Promising Practices' section of this report (Section 8).

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[20] The survey question was: "Are there good practices or programs in your area that are particularly effective in (choice yes / no / don't know) preventing, reducing, eliminating rural hidden homelessness?"

Figure 12: Views on existence of local effective programs for addressing hidden homelessness

Eliminating hidden homelessness
- Don't know: 51
- No: 41
- Yes: 8

Preventing hidden homelessness
- Don't know: 45
- No: 37
- Yes: 18

Reducing hidden homelessness
- Don't know: 44
- No: 32
- Yes: 24

Legend:
- Don't know
- No
- Yes

X-axis: Percentage of respondents (0, 10, 20, 30, 40, 50, 60)
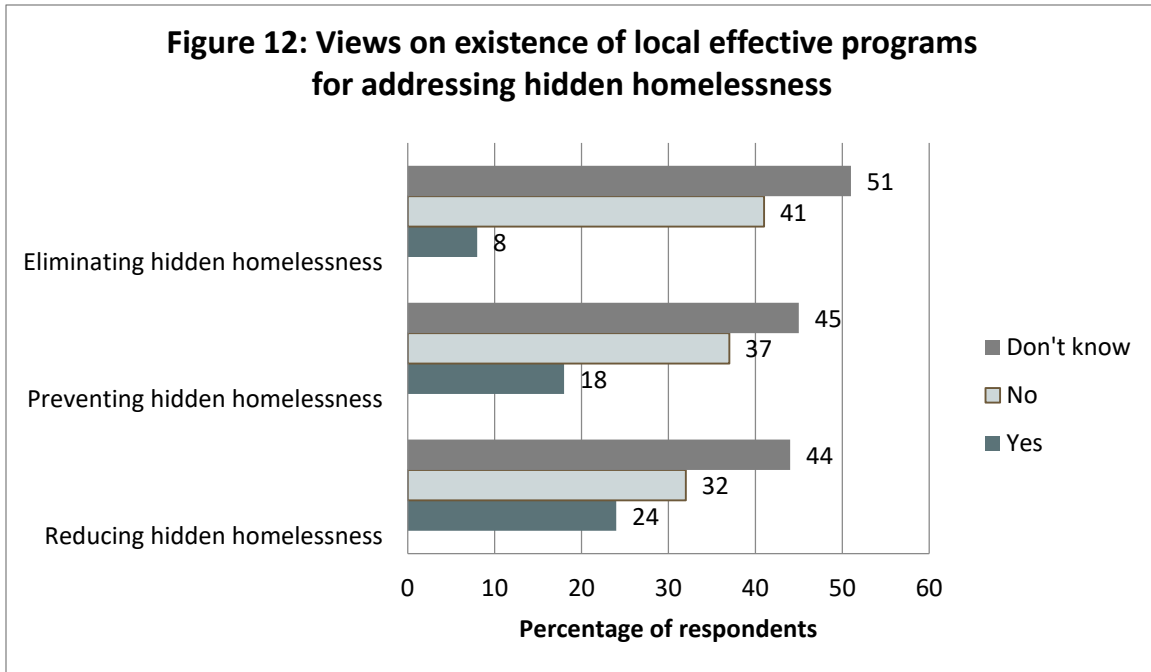
5.3 OPINIONS ABOUT PREVENTING, REDUCING AND ELIMINATING HOMELESSNESS

Persistence of the problems and reduction of impacts

Respondents offered several reasons to explain why they felt that it was or was not possible to eliminate homelessness in rural areas of Ontario. Several quotations from open-ended questions illustrate respondents' views. Those who thought the problem could not be eliminated communicated the view that it is impossible to eliminate homelessness due to transience that impacts on the ability to obtain support or because of decision making that may counter the supports available through services:

> It is possible to decrease homelessness; however, I am not of the belief that it can be eliminated. People have a right to refuse help and services which could leave them vulnerable and at risk of homelessness.

> Some people will make decisions [that] we don't understand regardless of the services available to them.

Among those who believed that it is not possible to end homelessness, it was felt that the goal should be to reduce the impacts: "*There will always be homelessness. We are aiming to minimize the impact.*"

Issues of definition

Some comments provided by survey respondents addressed issues of definition. Lack of clarity regarding the definition of homelessness was understood to obscure the problem. Some individuals also implied that the stigma associated with homelessness prevented people from self-identifying as experiencing it.

Until the definition of homelessness is accepted by the entire population, people will steer clear of classifying themselves as homeless.

Choice and mental health

Some survey respondents expressed views suggesting that, in certain cases, homelessness occurs because of choices that lead to transience. However, choice was also understood to be linked to a lack of services for mental health challenges, low income and a lack of affordable housing.

A very small margin of people choose to live a transient lifestyle and the reasons can vary from simple choice to fear of contact with society, mental health or a person who falls through the cracks in the system because they don't know where to access the service or have been missed. I'd say the margin is very small (10 to 20%) if we implemented a guaranteed minimum income and affordable housing across Ontario and Canada.

Hence, some respondents viewed the structural issues related to income distribution and the lack of affordable housing as among the causes of homelessness. Addressing these issues was put forward as a way to reduce the level of homelessness.

Elimination is possible with critical changes to social structures

Some survey respondents were fairly optimistic about the possibility of ending homelessness but communicated the view that change can only occur if there is a concerted effort on the part of governments and service providers to work together:

Anything is possible if all the levels of governments and service providers work together intensely. This isn't likely, but it is possible.

Other respondents offered specific comments about the nature of the changes required. They spoke to the need for affordable housing, financial and employment supports, outreach services, creation of community hubs, inter-agency collaboration, use of social media to communicate with people who need services, provision of supports extended over time, rural alternatives and strategies to address food insecurity.

Adequate, affordable housing is a right. It is incumbent on us to provide the necessary resources and provide outreach services to interact with people to ensure that everyone knows what the services are and how to access the system. We need to work as community hubs, so that when a person is looking for help, we are able to engage all the required agencies, no matter where the person enters the system. We need to break down our silos and be able to share the required information to connect people with the help they are seeking.

Social media is a tool that can reach many, even those who are unsheltered. We need to provide follow up and guidance, sometimes for extended periods of time. This would allow people to stabilize and have a better chance of long-term success.

Create rural alternatives like cooperative farms and properties.

Homelessness can be eliminated only if other systems [recognize] that there is a problem. These systems need to take responsibility in ensuring that those living and struggling in rural areas have easy access to their basic needs. Resources are more spread out in rural areas oftentimes requiring transportation. Safe, adequate housing should be a top priority by governments instead of the expansion of urban centres.

Some respondents also emphasized the need for more effective supports in the areas of mental health and addictions. It was stated that the elimination of homelessness was only possible "*if services like mental health and addictions are addressed adequately*".

5.4 SUMMARY OF SURVEY RESULTS OF SERVICE PROVIDERS

Results from the survey show that hidden homelessness exists in rural and northern Ontario, and there is no doubt that it exists in many different forms. However, most service providers were unsure of procedures in place that could count people who may be facing such predicaments. Standardized counting procedures and resources to support such enumeration efforts were seen to be lacking across rural and northern areas of the province. In short, most service providers felt that they were unable to numerically measure the level of homelessness/hidden homelessness within their respective catchment areas.

Overall, the services that exist to provide assistance to people who are homeless in urban areas are also present, to some degree, across rural and northern Ontario. However, unlike urban areas, services such as emergency shelters and transitional housing were seen to be much less prevalent according to the service providers we surveyed. Food banks were perceived to be the most prevalent service available to those in need.

Sources of funding for the range of services that were available in the various catchment areas across the province varied considerably. For the most part, those services which were the costliest to fund were provided by government (e.g., social housing, social welfare and health). However, many other services were provided by non-profit sectors (religious and non-religious). The for-profit sector is understood to play a very small role in providing services for those in need. When that sector was involved (health, legal and substance abuse) it seems likely that they were contracted by the government to provide such services.

People with mental illness and substance abuse problems were regarded as being the groups that were most at risk for experiencing homelessness, followed by Indigenous people. The latter group was seen to be particularly vulnerable in northern Ontario. There were, however, many other groups that were seen to be at risk of experiencing homeless such as youth, single-parent families and single adults without children. Many survey respondents did not know if groups such as those with HIV/AIDS, military service, immigrants, refugees and the LGBTQ2S community were at risk of homelessness in their respective catchment areas.

Many different forms of hidden homelessness were seen to exist in rural and northern Ontario. Some of the most common were couch surfing, over-crowded and shared accommodation, substandard accommodation, and temporary accommodation. The results indicated that many people in rural and northern Ontario struggle to pay for utilities, such as hydro. There was general agreement on the reasons why people in need were seen to be invisible to the social service system: firstly, they do not consider themselves to be homeless and secondly, they do not access services. The most common explanation for why so many people face housing insecurity was a lack of affordable housing.

The response to the question about the possibility of eliminating homelessness in rural and northern areas of Ontario is an important indicator of the extent of the homelessness problem. Thirty-four percent of the survey respondents believed that it was possible, but 66 percent believed that it was not possible or did not know if it was possible. Furthermore, only eight percent of respondents believed that there were effective programs or practices in place in their catchment areas that could eliminate homelessness in rural and northern Ontario.

ROGER: A PROFILE OF LIVED EXPERIENCE

Roger is a teenager and on extended care with the Children's Aid Society (CAS). Since his mother died a few years ago, he has lived in several places under CAS supervision. He is confident that the current kinship placement, two weeks old at the time of interview, will hold. He is working in a work preparation program that includes transportation, while completing high school. He sees an outreach probation support worker weekly, as well as a mental health counsellor.

Roger's childhood in the care of a mother who had a severe and sustained addiction to drugs was transient and tumultuous. In early adolescence, he reached out to grandparents who live in the rural community in which he now lives. They took him in but he skipped school, got in with a bad crowd, smoked marijuana, and they kicked him out. The CAS became involved and he eventually welcomed a foster placement where he began to "un-traumatize" and "normalize" himself under the tutelage of the foster parents and their son, a year older than he. It's unclear when and why it ended.

Roger began a series of independent living and kinship placements. He followed a pathway into increased criminal behaviour and drug use which culminated in a lengthy stay in a psychiatric unit. He sees this as his "wake-up call". He views an attempt to be charged with criminal behaviour—and to have charges heard in juvenile court—as part of the mania leading up to his hospitalization. He wanted a network of authority figures to help him continue the process of un-traumatizing and normalizing himself. His father, who lives abroad, has recently connected with him but his role in Roger's future is not clear.

6 PERSPECTIVES OF SERVICE MANAGERS

Service managers were asked to complete a survey which touched on many of the same questions addressed above in the survey of service providers. OMSSA is the association of the 47 service managers, comprised of 37 CMSMs positioned within municipal governments and 10 DSSABs in northern Ontario (unorganized territories). These service managers are service system managers for social/affordable housing and homelessness prevention, including the development and implementation of ten-year housing and homelessness plans. Service managers are also responsible for the allocation of funding, managing and delivering social assistance and employment programs. Given their important roles in providing services to poor and homeless people, it is important to describe their views about homelessness and hidden homelessness in rural and northern Ontario.

OMSSA surveyed the 47 service managers and conducted follow-up discussions aimed at obtaining information about the types of services being provided, characteristics of people experiencing homelessness, policy and program considerations, and promising practices that expand the reach or efficacy of efforts to serve rural and northern populations experiencing hidden homelessness.

6.1 SUMMARY OF SURVEY RESULTS

The survey was sent to all 47 service managers in September 2016; over a four-week period 30 service managers responded, representing a response rate of 63.8 percent. The location of respondents by region may reflect self-identification by those who serve people in rural and northern areas of the province.

Of the areas represented in the survey responses, approximately 40 percent of the population is considered rural, while 72 percent of the geography is considered rural. This demonstrates the sparseness of the population in many regions of rural and northern Ontario covered by this research — which can lead to challenges with lower population counts for achieving economies of scale for service delivery.

General findings

Gaps that were identified include a lack of supply of affordable housing, substandard conditions with existing housing stock, lack of accessible services and lack of transportation. Also, general poverty (including energy poverty) and links between mental illness, substance use and homelessness were highlighted.

> *As part of the Long Term Affordable Housing Strategy, the Province of Ontario will require enumeration of homelessness populations at the local level, beginning in 2018.*

Challenges with enumeration in rural areas are considered to be significant. Only nine of the 30 respondents said they have a means to capture the data—and most said they will be exploring this area further, possibly to look for alternatives to Point-in-Time (PIT) counts. Use of shelter numbers is unreliable, since many rural service managers do not have shelters—less than half receive Federal Homelessness Partnering Strategy (HPS) funding and less than one third offer shelter services in rural areas on an ongoing basis.

Enumeration

Suggestions to address these enumeration challenges included strategies for alternative ways of gathering data, many of which did not include the creation of quantitative databases:

- Creation of an integrated database across housing, health, justice and legal services.
- Using lived-experience interviewing and anecdotal information.
- Gathering enhanced data through food bank usage (and other service contacts).
- Recognizing that much homelessness is largely hidden, working within the context and services of the rural areas (e.g., through health centres, churches, service agencies, such as United Way, library hubs and outreach programs) may be useful.
- Enhancing communication with emergency services which often serve people who do not seek other services from homelessness serving programs.

Improving life conditions for those experiencing homelessness in rural areas

Service managers were asked how life conditions for those experiencing homelessness in rural areas could be improved. Responses included suggestions for the provision of mobile services, accessible community hubs and outreach services with links to supports (e.g., mental health and addictions, particularly for non-senior adults).

Portable rent subsidies were also recognized as being effective, and service managers suggested the expansion of these programs to enable those who wish to remain in their communities to do so. Several service managers called for greater housing affordability through flexible and generous rent supplements (including utility supports), that can be an accurate reflection of the costs of the private housing market. A survey respondent commented on the value of such an approach:

> *This will create a genuine opportunity for those living in poverty to have access to safe, adequate housing in a very competitive rental market, with very low vacancy rates.*

Other comments from service managers also centred on the importance of providing housing supports:

> *House them, and provide supports to maintain the housing whether it is once-a-month check-in, financial, social, moral support. We find once stabilized, other issues emerge that, if not attended, will also cause a crisis.*

> *I believe we need a supportive housing model. We can put roofs over peoples' heads, but keeping them housed is difficult without life skills.*

> *The need for expansion of outreach and case management services through enhancement of hub models and satellite locations was highlighted, along with a centralized intake and a coordinated access system for housing, health and social services.*

Over half of the service managers mentioned the need for a reliable, affordable transportation system. Others, particularly in the north, emphasized the need for broader service system management with more innovative models for serving people experiencing homelessness (e.g., virtual meetings, telephone and internet services).

> *Certainly, a lack of transportation to services or jobs is an employment barrier in many communities across the Province, including in large urban areas in the South. But in rural communities and the North, the combination of remote communities, lack of*

transportation, and fewer available services, resources and opportunities makes service delivery even more challenging.

The respondents noted that many poverty reduction options rely on addressing the causes of poverty. This, then, means that more effort must be directed towards economic development to create jobs with living wages in rural communities, along with opportunities for start-up funding.

Policy and program considerations

Service managers were asked for suggestions on policy modifications which could facilitate improved services in rural and northern communities. The following are some of the suggestions:

- Federal funding through the Homelessness Partnership Strategy should be allocated to rural communities, not just larger urban centres.
- Transitional housing options should be improved, along with both the number of rent-geared-to-income (RGI) and rent supplements. In particular, support for Portable Rent-Geared-to-Income and rent supplements is needed. Portable funding is important in order to recognize the mobility of people living with homelessness.
- Rural solutions should be developed in the context of the uniqueness of each community. Flexibility on how funds are allocated and disbursed would align more readily to the local need.
- More community economic development is needed to create local, sustainable employment. Provincially supported transportation options enable workers to reach their employment.
- Better and broader information and education on the nature of the homelessness in the community may help with overall awareness and spur local solutions.
- Mandatory rent trusteeships need to be established for individuals with a history of homelessness to remain housed. This is particularly important for youth experiencing homelessness.
- Limitations on the Community Homelessness Prevention Initiative funding should be removed; sometimes funds need to be used for capital to work collaboratively with community partners.
- Transitional housing benefits which come with other supports such as financial literacy should be provided which can lead to better outcomes for people who are living with homelessness. Such outcomes include being housed with longer tenure.
- Provide basic income and broader housing allowances directly to individuals to cover energy costs in order to cover overall housing costs and forestall energy poverty.
- Streamline and consolidate eligibility criteria for all income-tested programs to simplify and speed up the evaluation of client need and eligibility.
- Enumeration with specific outreach methods with local community partners such as food banks, hospitals, religious groups, etc., is needed to target hidden homelessness.
- Both the basic and shelter components of social assistance incomes must be more closely linked to the actual costs of living in communities across Ontario, and reflect variations in those costs. Shelter allowances must be linked to market rents and utility costs (an increasing burden for tenants who pay utilities on top of rent), to ensure that recipients can afford and maintain stable housing without forgoing food or other necessities.

6.2 GENERAL COMMENTS

The final section of the survey was an opportunity for service managers to offer additional thoughts on developing "a better understanding of rural homelessness, including the risk of homelessness and hidden homelessness." The following responses summarize the issues raised:

> *Rural communities often feel isolated because of lack of transportation. Offering some form of transit would allow people to take advantage of opportunities in neighbouring areas, while retaining their homes.*

> *Stigma is a big barrier for people experiencing hard times, addictions or homelessness in rural areas. Creative solutions are frequently hard to move forward due to NIMBY issues. Lastly, as funding for rural areas is often less, there aren't teams of staff addressing this issue and therefore we rely on urban exploration and answers (where entire departments address the concepts and ideas of how to eliminate homelessness) and then we have to try to make them fit in rural settings when they often don't suit. In addition, because of the structure of the notional allocations of IAH funding, we currently have to trade with other service area managers to do a build which then means that we are unable to run programs that prevent homelessness for five years.*

> *Informal supports (family, friends) should be seen as a resiliency to homelessness and not a bad thing. People should not require access into the shelter system to receive access to housing placements and supports. Formalized supports should be seen as a last resort for everyone, in both rural and urban communities.*

> *Rural homelessness certainly exists, but it is difficult to measure because it is not as visible as in urban areas. The causes of rural homelessness need to be identified in order to reduce the incidence of rural homelessness.*

Marty: A profile of lived experience

Photo courtesy of Poverty, Homelessness and Migration.

Marty is an Indigenous man in his 50s who has lived with various forms of homelessness for the last 20 years. He has experienced housing loss due to a fire. He became homeless as a young man when he was pushed out of his First Nation community on the James Bay.

In his childhood, he experienced a great deal of trauma. He withstood the effects of the religious conversion of his family and community combined with colonization, racialization and the destruction of his traditional culture, extreme poverty and hunger, the intrusion of child welfare authorities, physical abuse, and repeated sexual abuse by school staff. In adolescence, he had to leave his community for schooling and lived in an urban centre. Some of his friends committed suicide. In adulthood, Marty survived several suicide attempts, divorce, the deaths of more than one partner as well as the death of a seven-year-old daughter, physical violence on the streets and in prison, addictions, and life threatening illnesses.

Marty coped with decades of homelessness by numbing his feelings through the use of varied substances including street drugs, alcohol and other substitutes, such as mouth wash and rubbing alcohol. He survived the excessive use of varied substances over many years, sleeping outside in sub-zero temperatures, and being banned from most front-line services for poor and homeless people because of aggressive behaviour. Marty has been free of addictions for five years and has obtained benefits from the Ontario Disabilities Support Program. However, he suffers from a chronic illness acquired through living with homelessness.

A key challenge is remaining securely housed because his benefits only pay for the cost of his housing and he has little money left to pay for food and other essential expenses. He fears eviction because he is sometimes not able to pay his rent. In an insidious development, Marty has received notices from a collection company seeking payment for tickets he received under the Safe Streets Act while he was homeless. These notices are unsettling to Marty and he has wondered aloud if he should simply disappear into the streets again if authorities persist in efforts to extract from him money he does not have.

7 STUDY FINDINGS: AN EXPLORATION OF INTERVIEWS AND FOCUS GROUPS

Several primary sources of data informed the study: first, interviews were completed in four rural and northern regions of the province; second, focus groups were conducted in the four regions and; third, the province-wide survey of service providers provided a source of data. Thus, the four sets of interviews, four sets of focus groups and survey data make up nine data sources. A cross-analysis of the data sources provides for data and methodological triangulation and support for findings that emerged consistently in several datasets.

Table 15 shows the results of the cross-analysis and lists 11 dominant themes (along with subthemes). Themes one through seven were identified in all nine datasets. The remaining themes were identified in five or more datasets. Table 15 indicates where data sources for the north or the south, along with the survey, provided evidence supporting a theme or subtheme. Not shown in Table 15 are any variations between the northeast and northwest or southeast and southwest as these were few in number. The main themes, shown with shading, are listed (ordered) with those emerging in all datasets at the top and those emerging in a smaller number of datasets at the bottom of the table. The survey results were reported above, however, Table 15 also indicates that the survey results provide support for all but three of the themes and subthemes listed; these pertained to discrimination and street families, issues that were not probed in the survey, although there were some references to these issues in open-ended responses.

The findings in the sections below are reported in three main sections (7.1, 7.2 and 7.3). *First*, the views of participants with lived experience are described and illustrated in section 7.1. Verbatim quotations from the participants illustrate the 11 themes (and subthemes) that emerged from the analysis. In this section, in describing findings, pseudonyms have been used along with basic information about gender, age and cultural background. Women are represented with "W" and men with "M". With regard to cultural background, participants are in three groups with the following notations: I for Indigenous, A for Anglophones of European origins and F for Francophones of European origins. The latter two groups were white participants. A participant who stated that she had Creole French heritage is included with Francophones to maintain confidentiality. Indigenous participants included individuals who self-identified as First Nations and Métis. As an example of how this is represented, the notation Dakota, M, I, 50s indicates an Indigenous man who was in his 50s. In some instances, the notation about background characteristics is not reported for reasons of confidentiality.

Second, in section 7.2, the perspectives of service providers who were participants in focus groups are described and illustrated. This section provides information about the main themes listed in Table 15 but with a focus on aspects that differ from those discussed by people with lived experience of homelessness. In addition to the 11 themes in Table 15, a 12th theme on perceived solutions offers an overview of the main solutions discussed in the focus groups.

Third, in section 7.3*,* information is presented to summarize the main ideas put forward by interviewees, participants of focus groups and service managers from the OMSSA survey regarding areas for change. The themes included in Table 16 reflect the dominant suggestions of these participant groups. While there are limitations inherent within this analysis, an effort has been made to report on the main suggestions for change rather than a repetition of issues identified by each group.

Table 15: Themes and subthemes from interviews, focus groups and the survey

Theme and subthemes	Northern interviews	Northern focus groups	Southern interviews	Southern focus groups	Survey
1. Forms of hidden homelessness	x	x	x	x	x
1a. Tents or RVs	x	x	x	x	x
1b. Substandard housing	x	x	x	x	x
1c. Affordability/lack of housing	x	x	x	x	x
d. Couch surfing	x	x	x	x	x
1e. Doubling up/overcrowding	x	x	x	x	x
1f. Survival sex	x	x	x	x	x
1g. Motels/single rooms	x	x	x	x	x
2. Forms of absolute homelessness	x	x	x	x	x
2a. Squatting/sleeping outside	x	x	x	x	x
2b. Bush/hunt camps	x	x	x	x	x
2c. Sleeping in vehicles	x	x	x	x	x
2d. Staying in a shelter	x	x	x	x	x
3. Poverty /living expenses	x	x	x	x	x
3a. Transportation	x	x	x	x	x
3b. Food insecurity	x	x	x	x	x
3c. Cost of utilities	x	x	x	x	x
4. Violence/abuse	x	x	x	x	x
5. Illness, physical and mental	x	x	x	x	x
5a.Physical health	x	x	x	x	x
5b.Mental health	x	x	x	x	x
5c.Addictions	x	x	x	x	x
6. Institutionalization	x	x	x	x	x
7. Migration	x	x	x	x	x
8. Discrimination	x	x	x	x	--
8a. Housing/landlords	x	x	x	x	--
8b. Law enforcement	x	--	x	--	--
9. Social networks	x	x	x	x	x
9a. Relationship loss	x	x	x	x	x
9b. Street family	x	--	--	--	--
10. Support services	--	x	x	x	x
11. Unemployment	x	--	x	x	x

7.1 Perspectives of interviewees with lived experience of homelessness

1. Forms of hidden homelessness

Hidden homelessness was something that most interviewees had experienced for years. Many experienced episodic homelessness, with periods of housing intersecting periods of hidden and street homelessness. Most participants had experienced absolute homelessness and hidden homelessness and they mentioned sleeping in shelters, sleeping outdoors and various forms of hidden homelessness such as substandard housing, overcrowding and living in RVs or trailers.

Forms of hidden homelessness and absolute homelessness in northeastern Ontario

The pattern of results from the thematic analysis by region indicates that all forms of hidden and absolute homelessness occur in each region. Further detailed analysis of the frequency of forms of homelessness in the northeast was conducted in order to examine and explore the complexity in patterns of homelessness; the experiences of 12 participants in the northeast were analyzed with a focus on specific instances of absolute and hidden homelessness. The results showed that they had collectively lived with many forms of homelessness, from absolute homelessness to varied types of hidden homelessness. While, there may well be regional differences in the prevalence of some forms of homelessness further analysis would be required in order to examine any differences between the regions.

In the northeast, all participants had experienced several forms of homelessness—both absolute homelessness (unsheltered or emergency sheltered) and hidden homelessness. Both men and women had extensive histories of homelessness; the number of incidents described was 7 to 27 for women and 5 to 28 for men. Examination of the varied types of homelessness experienced by the participants showed that the 12 participants collectively mentioned 292 instances of homelessness.

Considering the different forms of homelessness examined in the study, participants stated that they had experienced between three and seven different forms. The number of instances described for each type was calculated (see Figure 13). Most often mentioned were temporary accommodations in the form of hostels/shelters, motels and single rooms (mentioned by all participants). Secondly, couch surfing and doubling or tripling up were mentioned by 11 participants. Thirdly, institutionalization was mentioned by 11 of the participants. Fourthly, couch surfing with friends or family members was mentioned by 11 participants. In terms of the number of instances mentioned, outdoor accommodation in forests, bush camps, homeless encampments or tents was fifth, and squatting was sixth. The form of homelessness mentioned least often, by six participants, was survival sex and partnering.

This analysis shows that most participants had complex prior histories of homelessness and suggests that, for many, the experience of hidden homelessness at the time of the interview was preceded by several episodes of homelessness. These results suggest that a focus on chronic (an extended period of homelessness) and episodic (several instances of homelessness within a given period) homelessness may obscure the significance and impacts of histories of homelessness for individuals. More research is needed to examine complex trajectories into and out of homelessness and their effects on subsequent outcomes.

In the following sections, the focus is on exploring the main themes and subthemes evident in interview data. Seven themes relating to hidden homelessness are described in the sections below, based on interviews in the northwest, northeast, southwest and southeast regions in Ontario. The quotations illustrating the themes are from all four regions.

Figure 13: Forms of homelessness in northeastern Ontario

Number of instances

Form	Number
Temporary (e.g., shelters, motels)	78
Couch surfing	66
Institutionalisation	41
Substandard housing	40
Outdoors (e.g., bush camps)	39
Squatting	16
Survival sex	13
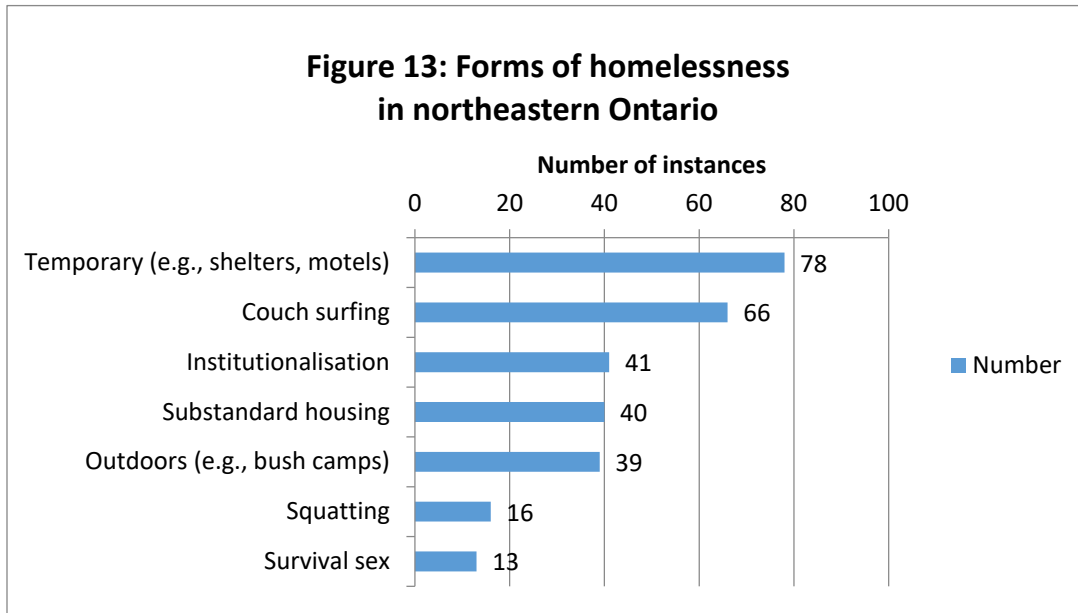
1a. Tenting, renting or owning RVs and trailers

RVs and trailers were used as shelter. This use was different from sleeping in cars and trucks in that living in RVs or trailers was often described in the context of a tenancy situation. In some cases, this was reported to be a summertime option, while others reported being tenants in RVs or trailers over the winter months as well. One interviewee described living in a trailer with no bathroom or running water where the rent was $700 per month.

Living in a tent was also an alternative form of shelter. Liz (W, 60s) described her experience of tenting with her husband:

> I lived in a tent for eight months. It was damn cold come winter, but my brother—I was out in a tent—and he only had a little two bedroom, tiny little house and he was renting… and he ran out a hydro line to my tent, and I had a little space heater that he lent me, and… I laid the leisure chairs out, my husband and I were each in one. We had our sleeping bags on top of them, we had blankets galore inside, we went to bed of course fully dressed in warm clothing, and we had this heater at the foot of the thing aimed towards us, the space heater, and that was how we went to sleep at night… The boys—I managed to find a place for them to be and they were warm and toasty and they were still in Toronto.

Liz and her husband managed in these unsafe circumstances and, as she explained, she had found a secure place for her sons so that they did not live through the experience of tenting during the winter.

1b. Substandard housing

Substandard housing was an aspect of hidden homelessness experienced by nearly all participants. They spoke of housing conditions in which they were currently living or in which they had stayed during the past. The key issue around substandard housing was that the available, affordable housing was well below health and safety standards. One of the more detailed accounts illustrating this point was provided by a single woman, Paula:

Yep. [I stayed in 10 places in the last year] I moved here, which turned out to be a nightmare because the basement was leaking which creates your mould situation. I am highly susceptible to moulds and stuff like that. Basically got to the point where I was almost ready to end my life because I just couldn't, I just felt like crap. Every day. Every day it's like I could, like I'd leave the house, my sinuses clear up. I go back into the house, fifteen minutes later I can't breathe. You know, didn't sit, didn't starve, just basically couldn't get off the couch. …. From there I rented a motel in F …, which was another Hell of bedbugs. Yahoo. And let's see, just basically the last two years have been Hell. (Paula, W, A, 60s)

Another interviewee, Diane, a white woman in her early 30s who was receiving ODSP income support, also noted that she was living in an apartment with her partner "full of mould and a bunch of other fun stuff like that."

In northern interviews, many participants said that they had not lived in substandard housing in the town where they were interviewed. Instead, many described their experience with substandard housing in a First Nation community. Several interviewees also reported that they knew of other people living in housing (in towns and cities) without water, electricity, heating and with other safety issues such as mould infestation.

With regard to health and safety, participants described serious problems with structural aspects of their housing including electrical defects that were dangerous such as exposed wires or lack of electricity, lack of ventilation or heat, lack of running water, mould and mildew, leaks and wet or damp conditions, holes in the walls or gaps between windows or doors and walls, leakage of raw sewage, noisy conditions and lack of security involving doors or windows (e.g., no locks or no doors). Participants described specific categories of issues linked to problems with poor quality housing; these issues included a need for major repairs including repairs to deal with the lack of safety/security (e.g. due to wiring problems or the absence of locks on doors and windows) and unsanitary conditions that related to sewage or to infestations of rodents and insects. These two issues are discussed below.

Major repairs

Chris (M, A 40s) spoke about the major repairs required in his housing related to water leakage and heating:

When it rains and snows outside, my kitchen becomes a puddle and all the plumbing in my bathroom becomes completely frozen. In the summer time, the landlord put stabilizing bars on everything, guaranteeing that there's no way to open the windows at all. I came into my place and 139 degree heat.

The concerns about needed repairs were often linked to comments about unscrupulous landlords who took advantage of people who were in difficult circumstances. Many people complained that they had asked landlords numerous times to make essential repairs, but their requests were ignored. Some also described unethical practices of some landlords who were paid using direct deposit (through deductions from OW or ODSP income support). James (M, A, 60s) described an ongoing situation in which a landlord had people sleeping in hallways while collecting the shelter portion of social assistance payments: *So he's getting paid three times for one room.*

Unsanitary conditions

Chris also experienced raw sewage spilling into his unit and the unit below:

> *I paid [first and last month's rent]. After that, my toilet overflowed. And then this lady is crying bloody murder because, beneath my bathroom, there's shit going through the floor into her closet. (M, A, 40s)*

Like Chris, other participants reported that, for a period of time, they did not have access to toilet facilities in their building. In one case, it was stated that a landlord locked the shared washroom because the tenants were deemed to be making a mess. Other participants were concerned about unsanitary conditions in shared bathrooms or kitchens. Rodent infestations were also a major concern for participants. One spoke about catching 30 mice but witnessing an ongoing infestation. Many participants also spoke about insects in the housing available to them, especially bed bugs and cockroaches. Jordan (M, I, 50s) listed some of his concerns with housing: "*The smell, the dirt, the uncleanliness, the hygiene, the traffic—constant, yeah. And bed bugs and cockroaches.*"

Some interviewees also said that the more affordable housing options were not safe or sanitary places. They described low-income apartments where police and ambulance made frequent visits and buildings were filled with people with addictions issues. Being surrounded by others with addictions issues would be a barrier to those trying to address their addiction. Those buildings also had unsanitary conditions and issues such as bed bug infestations:

> *People off the street go there and they shoot up and they take their booze there and, uh, police are always there. Ambulances are always there…A lot of bed bug problems. (Waub, M, I, 50s)*

1c. Affordability issues and lack of housing

Housing costs and affordability

All interviewees felt that housing was too expensive. They described challenges related to obtaining the required money to get into housing, which includes first and last month rent and security deposit:

> *Oh, it's expensive. Yeah, it's very expensive. I asked for one here in (this town) that we were planning to live here. And we were told nine-hundred-and-seventy-five dollars anyway something like that. First and last—yeah, you have to have eighteen hundred dollars. (Mik, M, I, 30s)*

> *When I look at newspaper advertisements, they're first, first and last's months…Yes, nothing covers that. It only covers the shelter for me. (Rob, M, I, 40s)*

In many rural areas, there is a strong tradition of home ownership; this can limit the availability of rental housing which is often in poor condition. Rental rates are not much lower than in urban centres and there are many additional costs, including the need for private transportation. Many essentials, including utilities, are more expensive in areas with low-density populations. Liz (W, 60s) explained the challenge of renting in a rural community:

> *The last few years have been traumatic with two and three times a year move, move, move, because the landlord won't look after the property, and it's not affordable because they don't maintain it, and the utilities are atrocious. Like the one place that I rented… I put $500 in the place to fix it up so I can move into it and live in it because it wasn't good enough to live in it the way it was, and they told me I could stay in it as long as I want. It cost me $4500 to heat the damn place for five months… After I was in there four months*

> *they told me I had to move…. Oh, they gouge us up here because tourists come up and they raise the prices so the tourists pay more, but we have to pay the same damn prices.*

In some rural areas of southern Ontario, housing costs were influenced by tourism but in many northern communities, housing markets are affected by resource-based industries which increase prices in the rental market.

The high cost of rent for rooms or apartments was a challenge both with obtaining and staying in housing. People spoke about rent for rooms that was set above the shelter allowance rate established by social assistance or that was just below the total amount received from benefits. This left people without money for food and other basic expenses such as transportation. Kai (M, I, 40s) summarized the situation: "*For one bedroom, it's like six [hundred] or like higher. It's, like all my cheque almost.*"

All participants had encountered the problem of stretching a meagre income to cover the essential costs of living. Solutions to this problem, from the participants' perspectives, had to do with government regulation of housing and landlords and finding ways to create more affordable social housing.

Housing availability and conditions in First Nations

Another common theme among interviews was the issue of housing availability, housing conditions and support services in First Nations communities. Many interviewees indicated that relationship breakdowns on reserve, poor housing conditions, crowded housing, housing wait lists, and other issues had contributed to them leaving their community and becoming homeless:

> *I can't stay there anymore. It's not right, doesn't feel right, doesn't feel the same so yeah, I'm back here again. I don't belong there anymore. (Jen, W, I, 20s)*

> *Well I phoned the reserve last month and, uh, asked if there was any housing. Apparently right now they don't have anything…So I am stuck here in town and I'm trying to find a place where I can stay. (Waub, M, I, 50s)*

Creating more housing options in First Nations communities was a frequent recommendation for addressing homelessness.

1d. Couch surfing and overcrowding

Couch surfing was reported as a form of hidden homelessness, however, some interviewees said that they did not like to use this strategy to obtain shelter. Others said that it was impossible to find a couch unless you could pay the owner to stay there:

> *Sometimes, you know, you gotta pay to stay there. You gotta have, you gotta produce something to stay there. You know what I mean, you can't just stay for free. Nothing's for free anymore in this world. I'll tell you that. (Amy, W, I, 30s)*

Rachel (W, I, 40s) explained that couch surfing also caused overcrowding issues: "*Yeah last night where I stayed, um, it was a friend's house. He had, um, three other homeless people staying there on the couch and on the floor. Seems crowded in there.*"

As a common form of hidden homelessness, people rely on their personal networks as a strategy for coping with absolute homelessness. Participants staying on couches or floors of friends or family members who had a place to live must deal with the lack of security of tenure as they or their hosts may decide that the situation is unworkable, as some participants noted in their interviews.

1e. Doubling or tripling up and overcrowding

Overcrowding was a living circumstance of hidden homelessness experienced by many participants. Tayesha (W, I, 40s) stated that she had lived in a house on the James Bay coast in which five families were living, including many children in addition to her own eight children. She decided to migrate to Timmins because of stress and negative impacts from living with so many other people.

As noted above, overcrowding is a type of hidden homelessness identified in this study with links to "couch surfing". Overcrowding was also mentioned in relation to substandard housing conditions experienced by people living with homelessness. Jordan indicated that rooming houses are linked to interpersonal challenges and conflicts: "*Got myself in a few of the rooming houses, but [there are] too many personality problems with all the different people*".

Other participants stated that shared accommodation and common areas are associated with arguments or physical fights. Ray (M, I, 50s) recounted an experience linked to sleeping in close quarters:

> *[A man was] snoring, all night, in my ear. I asked him politely, Buddy, turn around, you're snoring in my ear, you know. Then he goes like this [striking motion] and hits me right in the face.*

Others explained that altercations occurred between people living in crowded housing; some participants pointed to scars or injuries that resulted from this type of tension. A woman who became homeless as a result of a cancer diagnosis, chemotherapy treatment and addiction to painkillers moved into shared housing with other women who also had addictions. This woman described how tensions and conflict with her roommates led to her decision to begin couch surfing. Despite her efforts to contribute to households that provided her with temporary accommodation, new challenges complicated these relationships; for example, food she purchased was consumed in her absence, contributing to her hunger, discomfort and further upset.

1f. Survival sex

In the research literature, it is well established that males outnumber females in counts of homeless populations in North America, mainly counts carried out in urban areas. By and large, the ratio in existing data shows that, for every two males on the street there is one female. While there have been several explanations offered to explain this gender imbalance, one factor is survival sex. In other words, rather than staying in shelters or sleeping in public places (which are often seen to be dangerous places), women often stay with men who have accommodation: these situations involve sex in exchange for a place to stay. While it was a sensitive topic to discuss in an interview with a complete stranger, Kate (W, I, 50s) who had been homeless on and off for two decades described her experiences with what could best be described as survival sex to a female interviewer. She stated that having to engage in sex in order to obtain shelter was distasteful:

> *None of them have been good experiences. You have to do what you have to do. Like I mean you can't—there's no if, ands, buts about it. Like you gotta do what you gotta do— anything. Oh yeah. When I was in my twenties and stuff, I went home with guys from the bar just to have a roof—to be able to have a shower. Not proud of those moments, it's survival. (Kate, W, I, 50s)*

A much younger woman, Anne (W, A, 20s), who was staying in a woman's shelter, spoke about her experiences with meeting men who were strangers in order to find a place to stay.

I met a lot of people and sometimes I would go on Facebook and tell them, listen I don't have a roof over my head tonight. I need a place to sleep. So usually it was some guy who would say you can come to my place so that was kind of it. There were some [forms of], like, sexual abuse in it.

Other participants had direct knowledge and experience with regard to exchanging sex for temporary accommodation (i.e., survival sex). These experiences included various forms of partnering, including short and long-term stays in order to have shelter and food, and domestic work such as serving as a nanny, housekeeper/cleaner and personal support worker. In various parts of the interview, a participant repeatedly used similar words, "he took me in", "she took me in", "they took me in", "someone always took me in." Margaretta (W, F, 30s) described some of her experiences with exchanging sex for a place to sleep:

Yeah, I've had to do that, both like staying with men or the prostituting, just 'cause I need money and there was none… I spent the last year and a half prostituting every once and a while… if I didn't feel up to entertaining or pan-handling or whatever. I get nervous, I have to have a drink to actually do it.

Some participants mentioned that they had heard of friends or other homeless people using survival sex as a means of acquiring or maintaining accommodation. This was most often mentioned as a coping strategy for women in particular:

Yeah, with the girls yeah…And I hear them say, they tell me, oh you know this guy, I asked if I could go sleep at his house uh but he, he said I have to sleep with him. Why don't you sleep with him, I say? No, no, no. He wants to, you know, have sex with me. I said, oh okay. That's not cool, I said. So did you have to go do it? And some of them say yeah. (Mik, M, I, 30s)

I've heard that happening with lots [of people]. Um, my multiple girlfriends out here that, um, I usually talk to. And they do that. Just for a place to stay or get a apartment. But I don't agree with that. Landlord shouldn't be doing that. (Linda, W, I, 30s)

A male participant in his 50s who self-identified as LGBTQ2S had allowed young women who were homeless to stay with him when he had a room in order to provide them with a safe place to sleep. He stated that he told them "*Shh, you have to be quiet, go to sleep. I don't want any sex.*" He also expressed awareness about men who took advantage of women looking for a place to sleep: "*Oh, yes, there's a lot of that [survival sex]. The guys like to prey on women.*" He stated that he had stayed with some men who were discussing plans to take women in and then to assault them sexually. He stated, *"[I couldn't stay] there knowing that they were going to do that to women, no way."* Another male participant interviewed in a different location also discussed survival sex as a widespread aspect of homelessness:

What makes me different from most guys out there is, I'm non-predatorial and I never, ever force sex for rent, type, thing. I'm not going to force myself on her. That just goes against me, I think it's creepy. (James, M, A, 60s)

In addition, three other participants mentioned awareness about tied accommodation or survival sex. Another male participant, Ray (M, I, 50s) stated that people in his street community used the term "hobosexuality" in referring to strategies for engagement in sexual activity with many others as a means of survival. He stated that he knew of both men and women who sought out partnering relationships as a means of obtaining shelter. He also explained that the exchange of companionship—without sex—for shelter, food, a shower and other amenities was a basis for connecting with domiciled people who were willing to take someone in for a short time.

1g. Motel accommodation and single-room occupancy units

Inexpensive motels and hotels are used by people living with homelessness, either when paying for a room individually or collectively, or when shelters or services utilize them as a means of providing shelter for a limited time. Several interviewees discussed hotels as an accommodation option. Hotels or motels were cited as a cheap source of private lodging, however, there were issues with security deposits and time limits on stays. In one location, interviewees said that there had previously been single room occupancy (SRO) units in town but they no longer existed. Some felt that such accommodation was needed and would help to alleviate the homelessness problems in the community.

More than half of the participants in another region made reference to this form of shelter and it was a theme that arose in all four regions (northwest, northeast, southwest, southeast). A woman commented that her friend had rented a room as an SRO tenant in a hotel and that he allowed her to sleep on the floor on an air mattress. Ray (M, I, 50s) said that he and his friends had accessed a motel room occasionally: "*It was a place for me to sleep, like—like 'sleep' sleep. Was not waking up for anything, right. I know my buddies there are sleeping [too], so I'm safe.*"

Motels played a key role accommodating people living with hidden homelessness in rural communities in southwestern Ontario. Many of the people who were interviewed were either living in motels or else had lived in motels in the past. Most, but not all, were single individuals, most supported by OW or ODSP. Given that emergency shelters do not exist in most rural communities in southwestern Ontario, motels appeared to serve the role as emergency shelters, as well as longer-term accommodation. However, given the lack of research on this topic, it is difficult to determine the extent to which motels are used to house people living with homelessness on an emergency basis in this region of the province. Women who were interviewed seemed to be more concerned about the living conditions in motels than the men who were interviewed. However, a Métis man, Sid (M, I, 20s), was currently staying in a motel on his own. He explained his housing situation, for which the support was about to end soon:

> *Yeah, I'm staying at the Y motel. X [a service provider] is paying for it. I've been there for a week. It's OK. But I'm trying to find a job and a place to rent, something really cheap as I got to leave tomorrow…. At the [X agency] they gave me a little bag of food so there was enough to eat one time a day. They had Mr. Noodles and a couple canned foods and couple granola bars, oatmeal and apple juice. There was a couple cans with no can openers and there was a couple with the lid thing that you just pull and it opens. And I just used the razor — the bottom half of the razor blade to use as a spoon. The motel has a bar fridge and a microwave. Tim Hortons is a block down the street.*

Kate (W, I, 50s) described some of the interpersonal conflicts and challenges of living in a motel, as well as problems with the lack of heat:

> *I'm living in a motel. It's $700 a month for a room. The motel guy is very moody, I should say. He rents out like weekly and daily and — but there's five that he likes to rent out. Those are monthly. Those cover his bills. But if one person gets drunk and acts up, we're all responsible and he has told us that if we can't get along and if we're acting like kids and can't get along, that he's said on numerous occasions, we can all leave. And I'm thinking, that's not fair because I didn't do anything. Just because the guy down the way got drunk and started freaking out and it took nine cop cars, eleven cops to get him out of there. And then the owner tells us it's our responsibility to deal with it. But yeah, it's like so I live with that every day. He has not turned the heat on yet. It is the 28th of November. No heat.*

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Being able to feel secure and sleep soundly is a valued feature of motels or SROs but so is access to a washroom, warmth, privacy and a place in which food can be prepared and/or consumed. However, participants commented on the lack of cleanliness, noise, physical fights or arguments over shared washrooms, rodents and insect infestations (e.g., bedbugs) that they had encountered in SROs and motels.

2. Forms of absolute homelessness

2a. Squatting and sleeping outside in urban spaces

Participants explained how they had found varied forms of shelter in urban spaces including under porches, awnings, stairwells or in warm spaces accessible all night such as rooms with ATM outlets. Others who had experienced absolute homelessness had lived in a vehicle, trailer/camper/RV or abandoned building. Based on his own experience of living homeless for most of his life, James (M, A, 60s) noted that abandoned buildings, even in small rural communities, offer shelter to homeless people:

> Nobody looks in [abandoned buildings]. So, people who are discrete find a hidden entrance or what not, set up shop in there. And at one point in time, they're going to be found out, then they're going to move on to another building.

Others spoke about being extremely quiet after finding a way into buildings that are unused overnight or several days, such as churches, schools or basements of buildings.

Several participants reported sleeping outside in urban environments. This included sleeping in alleys, near train tracks, in cardboard boxes and in ATM vestibules. Linda (W, I, 30s) talked about one of these experiences, and the important role that homeless acquaintances played for protection in the winter months when staying outdoors:

> The winter time when I was walking around with my friends, it was a blizzard and we weren't allowed in the shelter… But anyways, um, we huddled up together and we had to go digging like garbage box to go get something to eat. And then we huddled up with each other by the train tracks here, like in the back where the snow isn't blowing. And we just covered each other, held each other warm, like, body heat.

Just about every person who was interviewed from the southwest region had slept outside, sometimes for extended periods of time throughout their lives. This included sleeping in tents, under bridges, in RVs or tent trailers, and sleeping in stairwells. A man involved in a methadone treatment program who had first been homeless at age12, used these words to describe the range of places where he has spent the night over the years:

> We [with his girlfriend, Diane] were sleeping in a tent in the forests here in town… And when we were homeless there, we were pitching a tent in the woods. And [we] got in trouble by the cops. We were in the conservation area downtown and then we got kicked out of there by the police so we ended up going to a spot out by the train track bridge there, by the park and stuff like that, just wherever we could find a place to hide to be hidden in.

Another way of managing the circumstances of homelessness was to avoid sleeping at night. Participants spoke of walking around all night long or drinking coffee the entire night in a coffee shop, "*We drink coffee all night, downtown…. So that is a long, lonely night, you know.*"

A young Métis man indicated that, since he had left his foster home at 18 (the age at which the state no longer provides foster parents with financial support), he had spent time sleeping under a bridge by himself, living in abandoned/condemned houses in addition to sleeping in a tent in a

friend's backyard for the good part of a summer. These are all examples of hidden homelessness.

2b. Bush camps and hunt shacks

As discussed above, participants in all interview sites had lived on the streets seeking shelter in urban spaces or, as is quite common in northern Ontario, in "bush camps". Interviewees described makeshift bush camps constructed of plastic and tarps strung onto ropes and trees, if a tent was not available, and accessing clothing banks to gather items to provide warmth on the floor.

Living in bush camps or hunting shacks was reported by most interviewees, including some who were in rural places in southern Ontario. While some described bush camps as a seasonal shelter option (during warmer months) others reported that many people lived in bush camps in winter as well. Some participants recounted experiences of friends who had made a lifestyle out of living in a bush camp or hunting shack. Interviewees also felt that law enforcement had started to target bush camps more frequently which made this option more challenging due to fear of removal or arrest.

2c. Sleeping in vehicles

Sleeping in cars and trucks was a common experience. This often involved the use of a car or truck that was not owned by the interviewee. In other words, an empty truck bed or unlocked car was used as a place to sleep when someone could not access another form of shelter. In some cases, interviewees described vehicles that were used by multiple people at the same time:

> There's a truck where people usually sleep here…somebody else's truck…and there's like usually a lot of street people sleep there. There's like, in that little car, there's like six, seven of them sleeping in there most of the time. And even the truck, same thing, it's usually full. Even though if you, you have no place to go, you know where the truck was. (Mik, M, I, 30s)

Pat (M, I, 50s) stated that he was living with a form of homelessness in a vehicle in someone's garage but not sleeping well and suffering from sleep deprivation: "

> I've been living outside for four years. Right now, I'm living in a car in somebody's garage. I'm safe right now. There are days that you're not sleeping, you're not really coherent.

2d. Staying in a shelter

Nearly all participants had experience with shelters and some were familiar with shelters in many places in Ontario or Canada. A participant who had stayed in many shelters said, "*People who stay in shelters hate it.*" While shelters are understood to be an essential service for those living with homelessness and are valued for the beds, heat, washrooms, laundry facilities, food and other services, most participants also described aspects of shelters that they disliked such as the lack of privacy, smells, sounds, exposure to violence or being assaulted, rules and judgmental treatment. Ray (M, I, 50s) spoke about the obligation to pray, which he deemed offensive, but that is a requirement in some shelters operated by faith-based organizations:

> I was never allowed in shelters. F---, even in [a city in southern] Ontario, first day, they kicked me out because of the praying. Here I am, I'm a mad [angry] person, I'm like "f--- Jesus" and all that, and I'm mad at God, right, what the f--- would I thank him for?

As an Indigenous person who had grown up on a remote First Nation that had been colonized by religious-based individuals who had run a notorious residential school on the James Bay, the demand for him to pray prior to receiving a meal or a shelter bed was oppressive.

While many interviewees had experienced living in shelters; the others had avoided them at all cost, citing dirty conditions, crowding, lack of security for possessions and persons, and disrespectful or at least dehumanized treatment:

> *The frontline staff in all these places, they're, they're hardened. Like their hearts are hardened, like that's their job. They go in there, a lot of them dread their jobs because they deal with so much shit throughout their shift, they get hardened hearts and stuff and that feeds into keeping people on the street. (Patty, W, 40s)*

> *Bed bugs…that's what everybody up here is afraid of, why they won't go to the shelters. (Liz, W, 60s)*

All participants in one northern region reported using shelters, although many raised concerns about shelter staff, rules, and restrictions. This included concerns about shelter hours, food and access to medications. Amy (F, I, 30s) described concerns about restrictions related to contact with other residents:

> *We cannot even, you know, cuddle with each other, you know. Even at the shelter, never mind. I was laying down with my mom, I was laying down with her, I was holding her. And the worker comes in, 'No, you're not allowed to do that.' I'm like, 'What?!' I said, 'She's my mother!' I'm like, 'Why can I not hold my own mother?' What if it was my child? Heck sakes. You know, I was just like what the heck is going on here? Like, I was livid man. I was like, oh, I was mad. I was just like, what, I cannot even hold my own mother…while we're sleeping? Nor she cannot even hold me while I'm sleeping. Like the rules are just crazy in there.*

In several instances, Indigenous participants noted significant concerns about racism and abuse from shelter staff. There were also concerns about sexual assault by other shelter residents. There were some positive comments about shelters although most interviewees had concerns and recommendations to improve shelter services.

Lack of shelters

Few interviewees specifically mentioned the lack of shelters but this issue was raised in both southern regions. It was also discussed in more detail in focus groups.

3. Poverty and the high cost of living

3a. Transportation

Transportation needs were a notable issue for people experiencing hidden homelessness in rural areas of Ontario. There is little or no public transportation in most rural and northern areas in Ontario. Transportation limitations therefore made it a challenge to shop for food, look for work or access health care and social services. Most of the people interviewed in one region relied on social service workers to help them with their transportation needs.

None of the people interviewed in three of four regions owned a vehicle; one woman described using a bicycle for transportation, even in the winter. She stated that the nearest store was approximately one mile away and that she had to use her bicycle in the snow, despite the great difficulty:

It sucks. I biked here this morning (to the location of the interview, more than a mile away). And it really sucked. Really, really sucked. Well, I probably got five layers [of clothing] on now. Yeah, well, it's kind of hard to pedal a bike with five layers on, though. Kinda' hard to bend those legs when you got three layers on.

Lack of private transportation renders inaccessible some housing that might be affordable. It is also critical for many daily activities, like getting to work or school, having a social life, getting groceries or making medical appointments. Steve (M, 50s) had always preferred cycling as a means of transportation, although his health now precluded that. Others spoke about difficulties with vital tasks such as job seeking or attending medical appointments due to the lack of transportation options:

Transportation is very difficult for me. If I wasn't on OW, um, I would be lost. I wouldn't have any opportunity whatsoever… Transportation here is the [taxi] guy, who anywhere in town it's $7. It's like way over-priced, way over-priced. And just to go like [to a potential employer out of town] I'm scared to see how much it is type thing. (Susie, W, 20s)

[I need a vehicle], absolutely. I drive my daughter's beat up old van that she pays the insurance on… And, um, it's extremely difficult to even get to a doctor's appointment without that vehicle cause we're ten [kilometers] outta town…No bus...The last taxi I paid was $22 one way. (Nancy, W, 60s)

Access to transportation was essential but it was often not possible to purchase a bus pass. Consequently, many struggled to walk to destinations, as noted by Jordan (M, I, 50s), "*I walk, oh my poor hips.*" Yet another noted that, in northern communities, public transit often does not operate at times when it is needed. It was also stated that travel to Sudbury was required to access medical services that were not available in smaller communities. Yet for people living with homelessness, it was challenging to gain access to long distance transportation. People spoke of hitchhiking and asking others for rides. A participant in his 60s stated that he had to ride his bicycle over a great distance to get to Sudbury.

3b. Food insecurity

Income and the expenses of living were central issues with which participants had to deal every day. The gap between the cost of housing, food and transportation and the amount received from social assistance programs (e.g., OW, ODSP and Employment Insurance) posed a challenge. Those who had some form of housing were constantly faced with finding ways to pay the rent and obtain other necessities. Gina (W, A, 40s) explained the dilemma:

When you're couch surfing, you only get the basic needs portion of the supports. You don't get your housing [shelter portion]. Okay, so you only get like two hundred and [some] dollars, whereas if you had housing, you'd get $680. But imagine I was paying $625 rent, and that left me, what (chuckles) a big $45 for food. Wow. Hmm. Food, um, maybe even a bus pass. But a bus pass at that point was $72!

Gina's illustration of the problem with making ends meet was also described by many other participants. They noted that they could not afford to pay rent and buy food. If they obtained some type of rental accommodation, they were required to find all available sources of food such as food banks, soup kitchens, services or events that provide food or snacks, panhandling or other strategies. Gina explained the difficulty of obtaining food for herself and her dogs, which were essential to her well-being and sense of safety:

[I] lost a lot of weight, a lot. And I did suffer frost bite on the hands. And it took its toll, again because of my treatment — being homeless and not eating right. You don't know

when you're gonna eat. And when you do get money for food, like I was couch hopping, so I come back and all my food's eaten. And my dogs' too, so we're sitting there, I'm going, hmm, hmm, I got ten bucks to my name, I ain't got enough to feed me or my dogs, what am I gonna do?

3c. Cost of utilities

The challenges with paying utility costs were noted by many respondents who were among those who had been able to access market rentals. Even though OW or ODSP shelter allowances were sometimes sufficient to cover the rental costs, if utilities had to be paid on top of that cost, particularly if the rental accommodations were not energy efficient, then government support did not provide enough to cover both, or food for that matter—hence the widespread use of food banks. Some described utility costs as contributing to their homeless situation, in that a previous housing situation had deteriorated due to inability to pay bills:

> *And then you gotta do the housing, you gotta do the hydro, you gotta do water, then you gotta pay your cable, and then you gotta do your phone. And it's just ridiculous. (Amy, W, I, 30s)*

In many circumstances tenants do not have control over the method of heating for their homes. The high costs of electricity mean that tenants with electric heating will be subject to very high utility bills in the winter months. One interviewee had lost a home due to high utility bills: "*Yeah, because of the furnace. We used an electric furnace and oh, that's expensive…Yeah. It took most of the cheque all the time.*" *(Waub, M, I, 50s)*

4. Violence and abuse

4a. Intimate partner violence

Intimate partner violence played a key role in explaining why several women interviewed were homeless. Some of these interviewees were currently (or recently) living in women's shelter, and their ages ranged from the early twenties to early sixties. These women felt safe at the time and seemed to be grateful about living in the shelter, but their future housing, in additional to their personal safety, remained an uncertainty.

One aspect that seemed salient for at least one woman, in her 20s, pertains to the fact that staying at women's shelter can be more than a one-time experience.

> *Well, I first started coming to the women's centre twelve years ago and I'd come off and on for lengthy periods of time so I've been in 'small town J' the majority of that time. I went back to 'city Z' because I was raised in 'city Z' so I went back there, but I spend a lot of my time here in 'small town J'.*

This example relates to another theme, migration, around people who grew up in cities and were accessing services in small towns. Since in southern areas of the province there are many small towns that are close to cities, there is a fair bit of movement to and from urban and rural areas. More research is needed to get a better understanding of this dynamic.

In an interview with Amanda who had several children, she commented about her experiences moving from a motel to a tent trailer, back to her abusive husband in the motel, then to a woman's shelter:

> *Ontario Works paid for one month for us to stay in a horrible motel for one month. We still couldn't find housing so we ended up moving from two rooms into one room in this terrible motel. We still couldn't find housing. We ended up buying a tent trailer with another guy with my children for another month. I ended back with my husband in a*

motel for a month and then back to another shelter. It was a very long period of ups and downs where we couldn't find any kind of stability. (Amanda, W, I, 50s)

The issue of relationship dissolution or breakdown was commonly associated with the loss of housing. While two poor adults may be able to make ends meet while co-habiting, when a relationship breakdown occurs, and one person leaves, then the same amount of money is then needed to support two separate households and individuals may become vulnerable to homelessness.

4b. Early childhood trauma

Early childhood trauma emerged in several interviews. Abuse was a factor for Sid who noted that he had serious health issues and had been diagnosed with Fetal Alcohol Syndrome and later with ADHD.

Yeah. I was abused pretty much my whole life when I was growing up. Well 'cause when I was in school, I had anger issues and stuff with the teachers. The teachers said that I have a problem so I had to go see doctor. And then they prescribed me with Dexedrine… Yeah. I don't take it anymore 'cause I have to pay for it. And I was born with asthma but I grew out of that. And my mom—she did drugs and alcohol when I was in her stomach. When I was born, I had troubles when I got out. Cause I was born a month premature. (Sid, M, I, 20s)

Many of the interviewees experienced homelessness from a very early age in families affected by poverty and frequent moving:

I've honestly never really had stable housing for more than a year… [My mother] struggled with a drug habit and she was never stable, always on welfare, and she was a musician so she'd move a lot and she was a partier… Well in the period of my mom being alive, she moved me from a house to her friend's house, to her boyfriend's trailer, to my sister's house, to an RV, to my sister's house again. So, she kinda' wanted me to work because she couldn't support herself anywhere she was. And she had a major drug habit, so she would not sign me into school… When she died, I came into child welfare. I was in [a foster home], I was then at my aunt's house, and then my uncle's, and then apartment like another house, and then my new apartment and then my place now. So, six places within a year… year and a half. (Rick, M, 18)

Fred (M, A, 60s) mentioned that, as a child, he and his sister were abused by a family member. In the interview, he also remarked that he had "a breakdown" which led to a period of hospitalization for what appeared to be a serious mental health problem. A few minutes later when he was talking about how his social worker takes him on a weekly basis to a larger town (about twenty minutes away) to get groceries and to the drug store, he revealed that he had a mental illness:

Yeah, I do. I just don't talk like I do but I do have a mental illness. Like I take pills for it every day…. Yeah, it was. I had a nervous breakdown but I went paranoid… I got rear ended and whiplash and two years later, well I went paranoid and I started suffering from breakdowns. Well I got hit so hard I passed out. Doctors have told me that that's when the damage happened.

In a one-time interview, it was difficult to obtain a clear picture about what led to this man's homelessness. Clearly, childhood abuse, relationship breakdowns, and mental health problems perhaps associated with being in a car accident likely played roles. But with a stable income (Old Age Security), he seemed to be in a better place today compared to the last 20 years.

Others had grown up with dysfunctional families and then experienced homelessness as they made the transition into adult independence, often prematurely. Jim (M, 40s) explained how he first experienced a form of hidden homelessness as an adolescent:

> *Growing up, the, like, police were always involved with family life and stuff… Parents were always, when they'd get drunk and fight and stuff… We… were in a lot of shelters, me and my sisters growing up, all over Ontario… We lived in the country and then my parents split. I moved out of the place. I was 16 and my parents — like I was seeing this girl at the time. They said, my dad was strict, they were old school, he said 'Well, if you want to be with her then you gotta go, you can't live in the house together, you gotta get your own place'… My high school sweetheart… We left my parents' house and she was (pause) four months pregnant at the time… so believe it or not we ended up moving into a school bus…*

5. Physical and mental illness

5a. Physical illness

Illness, sometimes combined with addiction, was a factor that led to homelessness for some but appeared to be an outcome of living circumstances of homelessness for others. A woman in her 40s became homeless following a diagnosis of cancer. With her illness, a series of events occurred that were linked to her loss of housing and all sources of income. She became absolutely homeless while recovering from cancer treatment. A man living with homelessness developed circulation problems in his legs, which had to be amputated, so that he was in a wheelchair and struggling with hidden homelessness. More than one participant described frostbite that they suffered due to homelessness in the winter. Pat (M, I 50s) stated that vital health programs were not available where he was living:

> *I've lost over 35 pounds living out on the street with [a chronic illness]. I gotta go to [access a service] in Sudbury. I was due to go there, I need a medical form. Here I am dying and I'm living out on the street at the same time.*

Participants reported many physical health problems including head injury, broken legs, ribs and wrist, HIV, Hepatitis C ("A lot of us died from Hep C"), weight loss, pneumonia, tumour, cancer, poor circulation and insomnia. Ray (M, I, 50s) commented on the persistent problem of lack of sleep associated with homelessness: "*Homelessness is an exhausting life. You can't go really to sleep unless you're passed out. It's very stressful when you're exhausted.*" Many participants noted that they were experiencing difficulty in getting treatment or services to address their health problems. Patty (W, 40s) described relapsing into drug addiction when she required pain-killers to help her deal with chemo-like treatment for Hepatitis C.

5b. Mental illness

Mental illness and trauma were described by many participants as leading to homelessness. Two participants in the northwest interviews indicated serious mental illness (diagnoses of psychiatric disorders such as schizophrenia). Three of four women interviewed in the northeast (and several men) described mental illness connected to homelessness. Margaretta (W, A, 30s) had an emotional breakdown in adolescence and left her family; she had subsequently lived through varied circumstances of homelessness:

> *I had a breakdown, I just had an emotional breakdown. So, I gave up. I couldn't work anymore so I gave up my apartment. I got rid of all of my stuff. Then I ended up moving in as a nanny — a nanny slash housekeeper.*

Margaretta's experience sheds light into a form of hidden homelessness that is poorly understood. Her acceptance of domestic employment that provided her with accommodation kept her off the streets for some time; however, it was a temporary solution that did not meet her needs as she became absolutely homeless soon afterwards. She believes that a crucial factor in her path to homelessness was the lack of support from her family in dealing with her mental illness. In addition to describing her symptoms and diagnosis of serious mental illness, Margaretta spoke about addictions and effects of violence that she had experienced as a woman living with homelessness:

> I've been jumped, beat up, raped — you name it… I get discouraged, you know, that is when my addictions [are strong] — I mask the pain, the loneliness inside with alcohol… I mask it a lot but I overcome it.

Tayesha (W, I, 40s) was living with trauma from being repeatedly raped as a child by several men in her family and she had attempted suicide: "*I have been abused… that is the reason I'm homeless.*" Tayesha described how her mental health challenges were linked to abuse, lack of family support and a long history of homelessness dating back to her childhood:

> I almost shot myself twice...My mom wasn't there for me. She just left me there [in hospital] last time I talked to her. She told me she hopes I die, that's the last she came to get me and left me there [in hospital]. Even in my childhood, I would say I am homeless. Cause my mom would kick me out all the time. The only time she would tell to come back was child tax time or welfare time, so she can get the money — my money — then kick me out again. Then call me back again when time [came] to get the money again.

Tayesha had eight children but had left them with family members as she did not want her children and grandchildren to know about her homelessness.

Another woman, Gina, who became homeless due to physical illness, described how struggles with mental health, illness and homelessness were compounded by the lack of formal supports available to her:

> Certainly, I fell into a deep, black hole of depression because I had never been in that situation. It was really bad. And as I tried to find help, I was hitting walls everywhere… I was couch surfing at their house—who helped me out. And if it wasn't for that friend at the end, I wouldn't have been able to pull myself out of that deep pit of depression you fall into, [when] falling into this kind of lifestyle. But luckily, I had some friends support me and help me out. (Gina, W, F, 40s)

Gina commented that homelessness led to mental illness. Informal support from her friends was vital in helping her to cope with her circumstances. While other street friends were not helpful to her, the connection to people who were housed was important in providing for her basic needs and in enduring and confronting her mental health challenges.

A number of the men interviewed also spoke about mental health challenges. Pat (M, I 50s) (who had symptoms of serious mental illness and was responding to voices he heard throughout his interview) described how circumstances of homelessness brought about particular difficulties with mental health:

> When you're down on the luck, you start picking on yourself and you go through these emotional outbursts when you see somebody being mistreated. Or they might have the mental problems, and you get more of that when you're out on the street. Because you're going to get police officers come running in the bank when you're standing there and say, 'You gotta get out of here'. And then [a woman] comes running and says 'Get

> *out of here'... So, it's hard, where're you going to go and rest? You're tired for days, you're not thinking properly.*

There is clear evidence in the literature that people living with homelessness are more likely to experience a mental illness (Riordan, 2004) compared to Canadians in the general population (Health Canada, 2002) based on lifetime prevalence (20 percent of Canadians and 66 percent of homeless persons). In the current study, the focus was on experiences of hidden homelessness in rural and northern regions and not on mental illness. It is therefore notable that a larger proportion (more than 30 percent) of the northern participants stated that they experienced mental illness. Northern participants were concerned about a lack of support services for their mental health challenges, revealing a need for additional treatment options for persons with severe mental illness.

5c. Addictions

Many, but not all, of the people who were interviewed reported problems in the past, and in some cases the present, with drugs/alcohol/mental health issues. Some interviewees revealed psychiatric disorders in addition to the addictions issues indicating a breakdown in treatment for persons with severe and persistent mental illness.

Many interviewees described their challenges with substance use. Most acknowledged their addictions as a significant barrier to employment and housing stability:

> *You know, I do have an alcohol problem. I'm sorry to say. ... Do you know, my drugs are all gone. And my next battle is my alcohol. So, you know, now I'm here. (Amy, W, I, 30s)*

> *I know my addiction is, I don't know, getting in the way too... That makes it hard sometimes. Yeah...But, um, I don't know, I've been thinking about going through, um, treatment again. I was thinking maybe they could help me with housing up there somewhere. (Mik, M, I, 30s)*

While interviewees acknowledged the barriers created by their addictions, they also felt that traditional treatment approaches would not work for them. Many interviewees had been through detox and treatment facilities on many occasions with limited success. In some cases, interviewees discussed the challenges with traditional treatment approaches:

> *I tried it, it doesn't work because when you're in treatment or detox, people are talking about drinking and drugs and everything like that, you know. That's not treatment, you know, when the councillor is talking about drugs and alcohol, you're sitting there like, ah, I just wanna have a drink right now. (Amy, W, I, 30s)*

Interviewees such as Waub (M, I, 50s) also felt that there were significant challenges associated with a lack of healthy options for transitions back to community following treatment. They indicated it was easy to fall back into their previous patterns due to social pressures:

> *Like, there's social pressures. You might have a partner who is still using... While you're in treatment and then when you get back, you might end up using again. Alcohol, whatever your preference is, drugs. I've been both... Especially if they find out where you're living, they'll be there to come and crash out. And they'll come and say, 'Oh, I've got some drinks, can we stay for a night?' and whatever.*

This challenge with treatment is also reflected in the section on interviewee recommendations to address hidden homelessness.

Peter described his early history of homelessness which led to addictions and involvement with the criminal justice system. However he was able to modify his drug use and stay out of trouble with the law for the five years prior to the interview.

To put a 14 year old out on the street with, with a garbage bag full of clothes and say, you don't wanna follow my rules (pause), fine, find your own. And I (pause), said f--- you, I'll do it myself. And I did, I slept in cars, I slept in, you know apartment building stair wells, couch surf (pause), sometimes worked. Did a lot of drugs and that whole lifestyle, you get sucked into it...And I've, I've spent (pause), well I've done four penitentiary bits alone (pause). Just federal time, and then provincial time, I've got almost 27 years in custody. (Peter, M, 60s)

The topic of drug addiction came up in another interview. Max (M, A, 30s) who had been homeless off and on since he was 12, talked about being addicted to opiates in a nearby mid-sized city and then later going to a methadone clinic:

…'cause when I was a kid even when I was living with my parents, I'd be kicked out today and brought back home tomorrow. My dad was always in and out of jail and my mom was never really a mother so it was just me. I raised pretty much by my two little siblings—my two little sisters. We were going through new apartments every couple months 'cause my mom wouldn't pay the rent and stuff like that. So really there was never such thing as stable for me. Apartments can be taken away from you I find easier, just as easy as anything else.

Another man in his 30s spoke about his perceptions and experiences of small rural towns and the struggles with addictions:

'Cause I know out here. A lot of these small rural towns are just full of drugs 'cause there's nothing else to do. There's no movie theatres, there's no, like, boy and girls club for the younger kids. There's nothing for kids here…If you go down the wrong path, you're screwed. Small towns like these, they're all about appearances so if you are acting like you're a drug addict, your family doesn't want to acknowledge that you're their family because their friends will disapprove or whatever. The reason would be just addictions are a real big cause of it, I think. A really big cause, people have all different outlooks but they're all negative towards people that use drugs.

Most but not all participants had lived with addictions to alcohol or drugs at some point in their lives. Some had overcome their addictions, while others had been struggling with the combined challenges of living with homelessness and addiction. An Indigenous participant stated that his alcohol addiction had started at age seven when he began stealing it from his parents and it became a serious problem with substance use that persisted throughout much of his adulthood:

I went through hell drinking, I put her [wife] through hell drinking. I gotta' admit it. You know, I screwed up. Cuz my drinking.

Now in his 50s, this participant was no longer drinking and was confident that he had overcome his addiction. In contrast, Anthony (M, A, 60s) had developed a drug addiction early and it had affected him throughout his life. Similarly, James (M, A, 60s) had lived with addictions for most of his life; in his 60s, he described himself as an addict. He conveyed the strong influence of addictions on his life:

I only crash and burn when I start doing drugs. Because I'm an addict — non-practicing, right now — when I'm in active addiction, absolutely no question about it, [my life] changes overnight. Because, I'll tell you, in the real world, there aren't too many landlords who want to see a crack shack in their place.

Another participant described the suffering that he had endured to overcome an addiction to injection street drugs:

> *I've gone through a cold turkey off of heroin, off of almost a gram a day heroine, in Vancouver. That was scary. [Here] withdrawal from methadone was very greasy. It sucked. I didn't sleep for three weeks and I had the chest pumps and the jimmy legs, the whole nine yards. But I got through it.*

Making a decision to overcome addiction and to persevere in the face of painful withdrawal symptoms, combined with few treatment options in northern communities, was difficult for many participants. James further stated, "*I'm done, I'm screwed*" because, after three days of withdrawals, he would have to see a physician to become reinstated into his methadone program and that would take two weeks.

6. Institutionalization

Most participants in the northern regions had experience with institutionalization such as in a jail, hospital or psychiatric institution or through a stay in a detox facility. Residence at a detox facility could last a few days or up to a month or more. Some participants had experienced homelessness that was connected to deinstitutionalization, typically release from jail. Reinstitutionalization through committing a crime in order to escape the conditions of absolute homelessness in the winter was also mentioned: "*Go kick in a big, big window downtown and get in ninety days or sixty. And stay out of the cold, get three meals: breakfast, dinner, supper, and a snack at night.*" (Dakota, M, I, 50s).

Many interviewees reported discharge from hospital or jail as contributing to homelessness and hidden homelessness. In particular, this was reported as an issue for individuals from First Nations who travelled to small towns to access hospital or appear in court. Hospital discharge was a significant concern for many interviewees:

> *You have to be sent out from your community to stay there…But, the thing is, once you smell like alcohol or whatever, they just put you out. You're cut off, you can pay your way home like, usually you don't have no money. (Mik, M, I, 30s)*

> *I had a friend who was staying there last week. She was here on medical and then we went to go visit her, her sister was intoxicated, and the security came and, and my friend got kicked out. She's been sleeping outside or friend's houses. (Rachel, W, I, 40s))*

> *Yeah and then they'll just, uh, discharge you, then you're stuck here. That happen to lots of, uh, Aboriginals that go there for appointments. 'Cause like, they're in the drunk tank overnight, and then they go back and you know that still booze smell, and then you get kicked out and discharged and then you're stuck here. (Linda, W, I, 30s)*

Interviewees in northern Ontario talked about "getting stuck" in urban centres after being discharged early from hospitals for not obeying rules. One interviewee suggested that finding a way for people to return to their home communities after discharge could be helpful in reducing the burden of homelessness in larger towns.

7. Migration

Urban to rural migration

A key finding which emerged from the interview data related to the fact that several interviewees had been living in cities in southern Ontario (or, in one case, a city in a different province) yet were receiving services/now living in rural areas (small towns) of which some, but not all, were close to an urban centre. While conventional wisdom would lead one to believe that many people who become homeless in cities migrate from smaller communities, it is less common to

hear of the opposite: migrating from urban to rural areas. Perhaps this is because so little previous research has focused on hidden homelessness in rural areas, particularly rural Ontario. Alternatively, it may be due to the small number of respondents interviewed whose experiences may not be representative of other people in similar situations

Some examples illustrate this point. First, Sid (M, I, 20s) a Métis man had come to a small town along with his girlfriend at the time and her two young children. (They met on a dating website but are no longer together due to a dispute which involved police intervention). Details about how and why he left a city in western Canada to come to Ontario were not clear, but the young man had recently been working with a close relative renovating houses in the area. While it was recognized that decent accommodations were difficult to find in rural areas, the cost of rent was considered to be more affordable than it was in cities. Sid was looking "for an apartment or something really cheap" in one of two small towns in the area. He was also hoping to get a job in the area. The young man was hopeful given that he had held jobs in the past in different fields (renovation, landscaping, welding and in fast food service) and that he would get "call backs" from the jobs that he had recently applied for. However, at the time of his interview he had received no call backs. It appeared that the employment centre that was supporting him was where the call backs were being directed to, as it did not appear that he had his own telephone at the time.

Another woman, Karen (W, A, 60s) was living in an apartment after recently staying in a women's shelter. She had also migrated from a much larger community north of Toronto. While it was not clear how and why she had moved to a small town, she stated that she felt more comfortable moving to an apartment in the small town rather than returning to the city. Indeed, she did not have much to go back to. Family members whom she used to rely on, and who seemed to care for her, had died. The small business that she was involved in no longer existed. She was receiving OW income support and she felt that she really had no other place to go, she had limited options: "this place is as good as any other."

In one region, of eight interviewees who had made the move from urban to rural environments, six had come because they knew people or had family in the rural area. They used these networks to find more affordable or better quality housing, as well as work. Circumstances differed: Nancy (W, 60s) had family property, Rick (M, teenage) had grandparents and other relatives who lived in the area, John (M, 70s) had work and friends in the area, Liz (W, 60s) had relatives, Jim (M, 40s) came to work with a cousin and Steve (M, 50s) was recommended for housing by someone for whom he volunteered in an urban centre. Two other interviewees lived in the rural area before their housing was compromised, Susie (20s) with her mother and her abusive partner, and Nancy (60s) with a husband who became abusive.

The other two migrating interviewees, Peter (60s) and Patty (40s), had long histories of drug addiction and living on urban streets between time in detention or jail. Patty's two daughters were raised by her mother except for periods when Patty was drug free, during which time she trained and worked as a shelter worker. Peter's four children were in the care of his wife. The couple believed that absolute homelessness became more difficult the smaller the size of the centre:

> I mean in Toronto it's so easy to be homeless… There's so many supports… they hand out socks, sleeping bags, there's meals. (Patty, W, 40s)

They had found it hard to leave the street culture. Peter was encouraged to leave the city by a police officer. Patty joined him after he had made a carefully planned move to the country, about five years prior to the interview, and they have been married for over a year. Peter's transition involved shelter staff organizing a three-day stay in detox followed immediately by a 28-day-residential treatment program and transfer to a shelter in a small city out of the area:

> Patty: *That [small-city shelter] is the best shelter that there ever is, and this is, seriously, yeah…. It's motivating.*

> Peter: *Because they treat you with respect, and, and you're not just a homeless person. You're an individual with your own resources, abilities… They just give ya some self-worth…They, they work to increase your self-advocacy.*

The housing offered was not in their preferred community, and they transferred at one point to a unit in a larger centre where Peter's parents, from whom he had been estranged since adolescence, lived. He then transferred back to the rural community in order to find work but encountered challenges with housing.

8. Discrimination

8a. Housing, landlords, shelters, health care: Experiences of Indigenous people, social assistance recipients, LGBTQ2s people, people with disabilities

Indigenous people

Indigenous participants spoke about pervasive racism in the rental housing market and their inability to secure housing because landlords consistently told them that the advertised units were already rented. An Indigenous participant who had obtained housing in a complex designated for Indigenous people stated that he was not being given rent-geared-to-income (RGI) even though he qualified for it and there were available units in the building. Even though he could not afford the housing, he was fearful of initiating a move due to the difficulty of securing housing.

Issues with applying for private market housing were mentioned by several interviewees. This included challenges with getting references and background checks. Racism or discrimination by landlords was mentioned by several interviewees.

> *I phoned a guy up, 'Can I come and check the place out?' 'Sure, come on over.' Went over there, as soon as he opened the door, 'Oh you're Native, oh.' 'Okay, I know where this is going,' I said. I just walked away. So that happens once in a while. Not often, but once in a while it happens. (Dave, M, I, 50s)*

> *Through the phone, he said, 'Yeah, I have a place for you guys.' She had a lot of money back then…And then when we got there, it was like, he looked at us and he was like, 'Oh, somebody already took that room. Somebody already took that apartment so I'm holding it for him, he's gonna show up tomorrow.' He just shut us down when he saw us. (Al, M, I, 30s)*

Thus, racialization and discrimination were factors cited by Indigenous participants who had been turned down for housing, or both housing and employment.

Social assistance recipients

Discrimination as a barrier in accessing decent housing was also identified by non-Indigenous participants. This issue was captured in an interview with Diane (W, A, 30s), and it was mentioned by several other people as well. Collecting benefits from OW or ODSP was seen as an obstacle to securing rental accommodations as landlords discriminated against people receiving social assistance benefits. Diane stated:

> *A lot of places didn't want to accept us after telling them we were homeless and they just turn us away. That was kind of a challenge to find a place. And we kind of found out here too that as soon as you mention, you mention you're on ODSP or welfare they turn you*

down. They turned us away right away. Like we had countless people here and in [another town] say, 'Oh you're on Ontario Works well this apartment isn't for you,' and hang up on us. They say ODSP and welfare isn't a good enough source of income to rent too so that made it really hard. (Diane, W, A, 30s)

Even though refusing to rent to a prospective tenant because he or she is collecting social assistance is against the law in Ontario, the behaviour was reported to take place commonly, according to people interviewed for this research.

LGBTQ2S people

Two participants self-reported as members of the LGBTQ2S community. These men spoke of the experience of "difference" as a factor in their lives. As a gay man living with homelessness, one individual found that it was more difficult to get appropriate medical treatment: "*A doctor [had an] attitude because he asked me if I was gay and automatically dismissed me. That's why I say the medical services in Toronto are a lot better.*"

Another man explained the challenge of being a gay man living with homelessness:

It's hard to be out on the street and be homeless and be a gay guy… They always tell me that I'm different 'cause I give hugs. And, you know, guys come up to me, and you go through a lot when you're homeless, being different. You can't go to a homeless shelter in [a northern city] and be gay. You'll survive a lot better in jail than you will at the [men's shelter].

People with disabilities

A participant in a wheelchair stated that it was impossible for him to find housing that was wheelchair accessible. In addition, landlords did not want to rent to him as they thought that there would be challenges in addressing his needs. Transportation was also problematic:

Like hard to get around. Like going on the sidewalks—they're not clean and there is a lot of glass. And if you drive on the road, you gonna get a ticket. You know they [law enforcement] warn me.

The above quotation references ticketing, a practice that some Indigenous participants identified as linked to racism.

Disabilities related to mental health were also mentioned by non-Indigenous participants with regard to discrimination. Gina, a Francophone, became aware of discriminatory attitudes about people experiencing homelessness and mental health challenges; she observed that service providers and others believed that, as a woman living with homelessness, she should not have pets:

I went to [a service for crisis] and they said, 'Well, what do you want us to do for you now?' And they suggested that I get rid of my dogs. The only ones I did trust were my dogs because everybody else out on the street were crossing me. And they suggested I get rid of my dogs. They're the only ones that have been by my side through this and I'm not gonna do that. I was contemplating suicide. Cause I thought, 'What the hell am I gonna do now? I've never been like this'. But I looked back and I thought, I can't do this, I can't leave my girls, my two dogs. I gotta keep on trying. So, if it wasn't for my dogs, I woulda' been gone. And then I started to see. It was a regular pattern where people want the homeless to get rid of their animals. Well give me a break! You would have taken away my animals? I woulda' killed myself. (W, F, 40s)

Similarly, Susie (W, 20s) viewed her dog as essential to her security and comfort, but because the dog was not an official therapy dog, housing providers could legally refuse to consider her. This limited the accommodations that were available to her.

The concerns raised by Gina and Susie about a broad-based belief that people living with homelessness should not have pets have received some attention in the research literature. While additional research is required, there is some indication that pet owners who live with homelessness face greater stigma compared to others experiencing homelessness despite the benefits of having a pet (Woolley, 2014), as was also referenced by Gina.

8b. Law enforcement

Another challenging aspect of homeless experiences was relationships with law enforcement and what appeared to be policing of homelessness. Some interviewees reported that they were followed and targeted by police:

> Yeah, they'll, like if you're just sitting there trying to eat, they'll tell you stand up, what are you doing, turn around. Like they'll make you walk the street or walk backwards. Like, why? We're not even doing anything, we're not even drinking right now. Just trying to eat. Like, we all pitch in for our food, cause not all of us are allowed in at the shelter to go eat. (Linda, W, I, 30s)

> As of last year, I've noticed every single building, no loitering, no loitering. And there's cops everywhere. Telling me to move, telling you that you can't hang out here, can't go there, can't go there. You know, and they're even using quads now. Going in the bush, you know like, where the hell are we supposed to go? (Amy, W, I, 30s)

Indigenous interviewees in three regions reported being mistreated or witnessing others being mistreated by police. The following quotes illustrate some of these experiences:

> I got into a fight with one, back in August. That's what he told me. He said he didn't want me here. 'You, you guys, you Native people don't, uh, deserve to be here. All you guys do is make a mess in (this town).' And, and, uh, yeah that's how mean they are. And sometimes they…I see them, when I'm in custody here, a few times I see a man get beaten up like 'cause they could… because yeah, because he's staggering away, stand still, and then they roughed him up. (Mik, M, I, 30s)

> The shelter has my medication but they won't give it to me, they didn't let me in early this morning so I could take my, uh, cause I'm, I got high blood pressure, thyroid disease, asthma. Even the cops wouldn't give me my puffers last night. I had a, almost had a asthma attack, they didn't even give me that last night. (Linda, W, I, 30s)

Linda's concern about not having access to her medication was serious in that her health conditions were not minor. Complications can arise from blood pressure or asthma medication being withheld. Linda and several other participants perceived that they were targeted by police. Some participants tied this issue to the cycle of incarceration and homelessness. They believed that homelessness and transience were criminalized and that Indigenous people were experiencing racialization and targeting, a practice that has been challenged by the Ontario Human Rights Tribunal as contrary to human rights codes in Ontario and Canada.

A participant explained that he was innocent of charges brought against him for which he was held in solitary confinement for six months and then released. An Indigenous woman noted that she was not accepted into college because she had a criminal record. In turn, her police record prevented her from obtaining employment. An Indigenous man reported that police did not respond to a call for help, for 14 hours, when he was threatened by a man with a baseball bat.

Yet another stated that police were constantly telling him to move along, away from places where he was resting or attempting to warm up:

> Downtown in the middle of the night, I've got nowhere to go, there's no busses on the Sunday. The police will come up to you and try to run you off. To get you out of downtown, like [they say], We don't care where you sleep, you go sleep under the bleachers. And everywhere you go, a police officer can [harass you]. [One officer] pull a gun on me, and told me to get out. And it's always hard to report that one, you know. And I've run into that officer again and I just started to stay away.

Other comments about police officers indicated that Indigenous people are concerned that they are subject to unfair treatment by police or about unfair contact with police and the justice system. These concerns arose in several communities but were dominant in the north where Indigenous people were a majority among the participants.

9. Social networks

9a. Relationship loss

Family and relationship breakdown was a common precipitating factor to homeless situations. All interviewees in one region reported some form of family or relationship breakdown as a precipitator to their homelessness. Rachel reported domestic violence as a cause of her homelessness:

> Basically why I'm here. I don't know, I don't like living over there. I have an ex who, he used to be abusive, and he lives just across from me. I left him for that other guy, without telling him—he was in jail. So, I been kind of scared of, to go home. (Rachel, W, I, 40s)

A recently retired man, Fred (M, A, 60s), was collecting Old Age Security. It was his first regular income in years. For the past two years he had been living in a bachelor apartment in a town of about 5,000 people. Prior to the time when he got his bachelor apartment (he had lived in a motel), he had been homeless in a mid-sized city, sleeping "in missions," as he put it. When asked what led to his homelessness he said that it was due to "relationships with the opposite sex." He stated that arguments had led to a need for him to leave and he explained that this dynamic had occurred on more than one occasion.

Many participants reported becoming homeless after being separated from a spouse or partner, following discharge from foster care, following the loss of a close family member or due to conflicts among family members.

9b. Street family

The "family" created among homeless individuals and support networks was an important experience described by some interviewees. For some people, becoming homeless had led to developing numerous close relationships and friendships:

> You know, I made a lot of friends. When I lived in my home for eight years I didn't really go anywhere because I was always at home, you know, raising my kid. And then I come out here, I'm meeting a lot of people. And I gained a family, you know. (Amy, W, I, 30s)

Many Indigenous participants spoke about street family and street friends as a critical support network. Street friends took care of each other and helped with survival through cold nights:

> Sometimes in the winter, when we make a fire we take turns sleeping, keep the fire going, get wood. You sleep, I'll go get the wood and you have to go through the snow

and then put more wood on the fire, okay I'm tired, I'm getting cold, you wake up now, I'll lay down. (Linda, W, I, 30s)

The significance of street family was also connected to challenges in moving to housing or maintaining tenancy. Many participants discussed the difficulty in giving up friendships when trying to stay housed and sober after treatment. They also talked about visits from street friends leading to eviction and the challenge of balancing between friendships and tenancy restrictions.

Street families and eviction

Many interviewees talked about the importance of family, street friends and eviction as a result of having too many visitors. This was a challenge for those moving from being homeless to being housed; individuals felt conflicted about not wanting to abandon their family and friends while knowing that allowing these visitors placed them at risk for eviction:

Yeah. I've got two elders actually at the X agency: because they got so much company, they're getting evicted. How the hell do you evict elders? These guys are old. And they're my friends. Three of them now. You know. Just because they got friends coming over. [These people say], "…Visiting, we're not staying there. We're just visiting." So that, I don't know whoever works there, is just like, okay, you got too many friends coming over. (Amy, W, I, 30s)

There are two significant service provision implications related to this issue. One is the need to recognize the difficulty of moving from homelessness to independent housing. This move often involves leaving behind street families who have acted as an individual's main or only support network. The challenge in transitioning to new support networks is an issue that needs to be fully integrated into support services. The other implication is the significance of multi-generational and extended family members living together, as was historically and still is common within many First Nations groups. The cultural significance of extended family relationships and the challenges created for successful tenancies was also mentioned by service providers in focus group sessions.

10. Support services

Interviewees identified the need for more options and supports for treatment and transitions back to community:

Yeah, help them get up, like treatment, counselling. That's what I think. Like even, the detox centre would be good but there's only six beds at the hospital now and not so many people can go there. They gotta' wait till they go to treatment. Then they'll let in one. They should make a bigger detox centre. (Linda, W, I, 30s)

But they can give you help to get you places when it's done. They got apartments right there. Bachelor suites for if it works out. Other than that, uh, yeah that's a tough one, when the person has no place to go after they finish treatment. It's like sending [people] out, back out… It's like the beer's waiting for them as soon as they get out. (Dave, M, I, 50s)

In general, the suggestions focused on affordable and adequate housing, landlords and tenancy rights, housing in First Nations communities and support services.

Non-Indigenous people also spoke about the importance of support services. A central issue was the manner in which services were offered. Many in one southern region reported good experiences and identified the elements that made them good; these comments pertained to qualities of the staff who were caring, dedicated, attentive and supportive:

[When I lived] … down a backroad, [the crisis worker] was completely there. He even met me at the RV sometimes like, actually most of the time. So yeah, he would even go [out there] to see me and stuff, and my mom couldn't even do that, you know. (Susie, W, 20s)

The word altruism comes to mind. He wants to help you. It's not like he's just there for a paycheque or, that's his job, like kinda' thing. He wants to do it. He wants to be there for you. It's like, it's almost like a friend, a professional friend, kinda'… you can be yourself, and not have to worry about oh, am I gonna be judged… so I'm not nervous around him so I can ask him what I feel comfortable. And… it wasn't hard to get a hold of him either. That's something very important for me 'cause when I needed him, I needed him right there and then. Whenever I got a hold of him, he was ready to help, or if he wasn't, then he would say the exact time he could. And that was very helpful. (Susie, W, 20s)

The domestic abuse coordinator at the OPP office actually talked to everybody. She was wonderful, she went out of her way to help me in everything. Getting me to court, getting me to doctor's appointments, getting me counselling, getting me over to mental health. She would come to my house and pick me up to make sure. On her off time… And we were going back and forth to court in [the city], I know she took days off without pay. (Nancy, W, 60s)

Susie, a young adult, provided an important perspective on how supports are offered and perceived by the recipient. She had cancer as a child and again as an adolescent, but she did not see this as the most challenging aspect of her history. She described the support that she received as a cancer survivor, which offered her visibility and opportunities that were quite different from those which she received as a survivor of the domestic abuse in her parental home (which led to her homelessness)—even though her experience with homeless services had positive aspects:

A lot of like good influences and good friends that came in my life, that's helped me a lot as well… Since I was nine years old, every single summer I went to this camp… that's also for cancer survivors…It's like a camp for like a rich kid… yeah like, I would never, ever had that opportunity if I didn't have cancer. (Susie, W, 20s)

Even services that interviewees may not have voluntarily chosen (e.g., jail, probation) were grudgingly seen as useful by some, in that they provided essentials—for example, Patty, identified "three hots and a cot" as one of the advantages of being in jail, a brake on substance abuse or an external motivator. Jim identified some aspects of probation as helpful in terms of being a check on his behaviour but he also felt that some aspects were onerous:

Well [probation] does [help] in the sense that I gotta behave and stuff, umm, but actually going and seein' once a month and talkin' to him, no. (Jim, M, 40s)"

11. Unemployment and job loss

A precipitating factor to homelessness was job loss. In addition to housing challenges, which were main factors linked to homelessness, several other structural factors were identified by participants and unemployment and job loss were central issues. A number of men and women described how they wanted to work but were excluded from employment, often due to discrimination.

A few interviewees described being employed prior to becoming homeless and the loss of employment was a significant factor in their housing situation. Amy (W, I, 30s) described this in relation to legal issues: "*I had a good job you know, I was working…as an interpreter, graduated*

out of PSW, now I have nothing because of legal issues." In one case, the interviewee also reported that the loss of employment was related to addictions issues.

James (M, A, 60s) saw secure housing and homelessness as being associated with either of two states — being housed, employed and mentally stable versus being homeless, unemployed, unstable and in crisis. His life could go either way but it depended on access to housing and employment:

> *Whether I'm functioning as a human on the dark side — I call it 'the street' — or whether I'm functioning as a human in the light, you know — meaning straight — it's between latching on to something more permanent, it being a job, or in the street world being [some kind of] gig. So, the time in between me going around to a city or an opportunity, or to a crisis where my state of mind is [in turmoil], that's that hardest time in homelessness because all I'm doing is living off my residual savings which never lasts me very long.*

James's perspective is particularly relevant for understanding the situation of older adults experiencing homelessness in northern or rural locations. He believed that those who do not have access to a stable life as a domiciled person have few options other than to deplete any personal resources. As James noted, this occurs quickly so that individuals, like him, then face existence in a state of homelessness.

Challenges applying for employment

Several interviewees reported challenges getting work which prevented earning income to afford housing. They described these challenges as related to health, criminal background and lack of permanent address for employment applications:

> *Like X office…It's a good place. They have a job posting. Like right now, I have four jobs lined up but I don't have a place to live. That's the problem. (Waub, M, I, 50s)*

> *I need a job you know, cause my legal issues, that's (kept) me from getting a job, otherwise I'd be working, you know what I mean. That's my barrier. (Amy, W, I, 30s)*

> *I went to high school…And I do have, um, certificates for heavy equipment operator, but, uh, with my vision is no good now 'cause I'm diabetic and slowly going blind. (Linda, W, I, 30s)*

Dave (M, I, 50s) also described challenges related to seasonal employment including the loss of income and housing in between seasons: *I was working all summer as a fishing guide… I stayed right out at the camp."* Susie (W, 20s) stated that she lost employment because she was living in a motel: "*She [employer] ended up letting me go, even though I was homeless and everything like that. I didn't have a place to say that [it] was my address.*"

Overall, structural challenges centred on issues related to landlords and tenancy, cost and quality of housing, employment and supports for housing transitions. These led to a number of suggestions from interviewees regarding solutions to homelessness in their communities (see Table 16 below).

7.2 PERSPECTIVES OF SERVICE PROVIDERS

Service providers held a similar perspective as people with lived experience that the primary cause of homelessness and hidden homelessness is a lack of adequate and affordable housing. Adequate housing was understood to be a place where people chose to live that was sustainably affordable and appropriate to the needs of the inhabitant. Without housing that

meets this description, it is difficult for individuals to thrive and difficult for service providers to use their skills and resources effectively. Secure housing is the foundational tenet of the Housing First philosophy, which appeared to be supported in principle by participants, but they found it hard to implement when there was a fundamental shortage of affordable housing.

The lack of affordable housing was seen as being directly linked to homelessness. In focus groups, participants described a wide range of forms of absolute and hidden homelessness. They spoke to absolute homelessness in the form of squatting, living outdoors, living in vehicles, sleeping in shelters and deinstitutionalization. Hidden homelessness was described with regard to partnering and survival sex, couch surfing, overcrowding and substandard housing conditions. Causes of homelessness were attributed to several factors including wait lists, social housing restrictions, landlord discrimination and housing costs.

1. Forms of hidden homelessness

The service providers who participated in focus groups generally expressed the view that the homeless populations they serve have similar risk factors, experience similar forms of homelessness, live in similar circumstances and need similar resources as their urban counterparts. However, the key challenges may differ. Challenges stem from the fact that they do not have the full range of services that are available in urban centres, the services are located across a large geography and accessibility is curtailed by the lack of public transportation. They expressed the view that homelessness is affecting a growing portion of their communities, propelled by forces such as declining income, a shortage of affordable housing and rising costs that are not unique to rural and northern communities, but are manifested somewhat differently than in the urban equivalent. Some participants expressed the view that rural life was being systematically extinguished:

> *It feels to me like, with the things that are available to us—government funding and whatnot—it feels as though the government is trying to push people from rural areas into the city. That's what they want you to do.*

> *The majority of things are happening in the city… and then everyone who is living outside of [the city] is getting overlooked. And if you want to get into something like that you have to go into the city. You're being forced to leave your community.*

Service providers attested to the difficulty of serving people who live in sparsely populated parts of their catchment area; these individuals are at risk of being out of sight and out of mind. "*There are individuals living in the bush…Unless they come to town, to one of our agencies, we don't know about them.*" Service providers also recognized a contradiction between the type and location of the services they offer and the survival strategies of people living with hidden homelessness. Some believed that many people living with homelessness do not access services until the circumstances become too difficult to manage:

> *I think the majority… that live in wooded areas like that, are wanting to be that way until they get to an age where they can't do anything anymore. Then they're in crisis.*

> *A lot of them don't want to leave that [rural] area because to come into [town], they are overwhelmed with everything. It's an hour away, but it's a totally different way of life.*

In northern communities, the view was expressed that the nature of homelessness cannot be readily summed up due to the diversity in the homeless population. However, it was agreed that homelessness is more hidden compared to large southern urban centres such as Toronto:

> *It is not as in-your-face as in Toronto areas but I have gone walking through [wooded] parts and the streets and you could see people sleeping outside, you could see areas*

that have been lived in. There are sheets up, there are fires, and it is their home. What does homelessness look like? It is back packs, it is garbage bags of your belongings, it is [people] roaming the streets.

Hidden, I think it's all hidden here for the most part. Like you don't have the pan handling, you don't have the sleeping on the streets, visibly.

While much homelessness in the north is largely invisible, service providers were aware of many forms of absolute and hidden homelessness in their communities. This knowledge was gained through experience in working with people accessing their services. They reported that hidden homelessness was widespread and cited a need to understand the variety of homelessness situations:

So, it's very, very crucial that we're aware of [it and that] there's many different types of hidden homelessness in our district.

This is not to say, however, that *all* homelessness in small towns in rural and northern Ontario is hidden. This was particularly evident in small towns which were large enough to support a multi-national fast food outlet:

…it's not totally invisible. It is more invisible because we don't see the typical street person, but you know, Tim Hortons, you can go through [this town] on any morning in and identify like at least five to ten [homeless people].

People are living with homelessness right now, on any given day—but people who don't recognize the signs or don't work in the field maybe don't see them. Don't — because they're not begging…

The two factors that appeared to work in tandem that kept homelessness hidden were: 1) unlike in big cities, there were no large homeless shelters and, 2) it was uncommon to see people begging for money. Unlike the circumstances in big cities, in small towns there is little anonymity and panhandling may be an embarrassing or difficult way to make money.

The following sections describe and illustrate the themes pertaining to hidden homelessness that were discussed by service providers in focus groups. The order of the themes follows the listing in Table 10 above and section 8.1 based on interviews with people living with homelessness. In the section below, however, the emphasis is on elaborating perspectives that were unique to service providers, rather than repeating issues covered in interviews.

1a. Tenting, renting or owning RVs and trailers

Service providers had first-hand knowledge about the conditions in which people were living. Focus group data adds further information about people who were not living in apartments or houses but are living with hidden homelessness:

They live in trailers, they live, doesn't have to be on the reserve, we've provided port-a-pottie for a month or two for somebody who has no water, no toilet, so these places are also really invisible because they're out in the county and they maybe don't want service providers to know about them, right? So they're really, really desperate by the time they connect with one of us. Super desperate.

I don't know if others have seen this, but I've seen it a lot of times in the county, is folks that get by in a trailer park or campground for nine months of the year and then there's a period of time where there's no service and it closes, and they kind of push themselves or push their sister to let them stay there.

In this last instance, then, there is evidence that some people live in trailer parks or campgrounds for as long as they are able to. With the arrival of cold weather, they try to stay with friends and/or relatives for the winter. Then it is back to the outdoors once spring arrives.

1b. Substandard housing

Service providers acknowledged the existence of poor areas in small towns or rural areas (i.e., housing stock that would be condemned if inspected by public health authorities). It is sometimes allowed to exist because there is no better option for the people who live there. Even more hidden, however, were back roads where substandard living and housing were hidden from view. Some dialogue in focus groups revealed that open discussion about substandard living conditions was not accepted and that some people are reluctant to acknowledge the existence of this part of a community even though others in the focus group were aware of the difficulties. Service providers attested to the difficulty of serving people who live in sparsely populated parts of their catchment area. They recognized the survival strategies of people living with hidden homeless but also the challenges: "*Then they're in crisis.*"

The nature of conditions for people living in run-down, owner-occupied dwellings not being able to afford proper upkeep was discussed in focus groups. This issue appeared to be particularly relevant to old homes but also to older adults:

> *Just aging homes that are falling apart. So not even necessarily rental units but families have been there forever and they can't afford to move.*

> *I think yeah, there's the landlord piece but also the homes that are owned — even mobile homes that are owned that are in great disrepair because of mental health, lack of finances or because it's an aging community. So there's a lot of the seniors are also living in substandard so there's a good opportunity to explore shared housing, you know with a youth at risk and a senior and maintaining that house together.*

Later, in the same focus group, the following comments were made about the steps taken to maintain owner-occupied dwellings when owners were poor:

> *So certainly I've seen places where there's been either a mobile unit or a home where there's been so much water damage from leaking roofs and whatnot but it's just – it's band aid fixes, and tarps thrown over the holes or just sucking up the water that comes in.*

Owning your own home is a core element of rural culture, but owners are impacted by the same forces that create substandard rental housing, which expands the portion of the population that is at high risk of homelessness:

> *At the bylaw level, substandard housing is a great [important] issue, especially when we are dealing with mental illness and challenges such as housing, and you hit the nail on the head when you talked about owner-occupied issues more than landlord issues.*

> *Can I just add that even people that have homes, it's taking all of their money to just keep up with a mortgage, so foundations are crumbling, roofs are caving in. They can't afford to maintain anything either, just buying what they can afford, thinking that someday they can fix it, they're living in it and it's not getting any better. They're not building enough equity, so… they're at a stand-still. There's nothing there to help them fix it, and it's crumbling before (their eyes).*

However, as noted earlier in the interview data, substandard housing is not limited to owner-occupied dwellings. Below are excerpts from the focus groups which further illustrate this concern for renters:

> *Definitely substandard accommodations. It's been told to us by clients of the slumlords that they rent from 'cause they were cheapest in town but they don't keep up with the standards of the home and with being on septic or that, there's issues there as well that are really unsanitary.*

> *I was just having a conversation with the fire marshal maybe, like, two weeks ago and going to an apartment that somebody had just rented. And I think the hidden stuff is that there's so many people in town that will provide their basement, unfinished basement for someone to live, charge them minimal rent, and make sure that they're not claiming any rent, right?*

> *Tenants are afraid to say anything too because where are they going to go if they report their landlord?*

As suggested by the last comment, a significant challenge with addressing housing conditions is the problems arise when an issue is reported. If tenants report problems with their rental unit, then, it was believed, they are at risk of losing it and not being able to find another affordable unit:

> *Part of I think the reason substandard housing exists is that we can't find anyone to complain because those people are victimized. And if they do, where do they go?*

The characteristics of substandard housing were discussed and included housing with mould, no washrooms, leaky roofs, no garbage removal, exposed wiring, no working locks, hallways covered in needles, and other health and safety issues. Service providers sometimes see poor housing conditions when they visit people in their homes. They witness aspects of substandard housing first hand. Some stated that there were some homes that they refused to visit due to particular conditions that they found difficult to be in, even for a short house call. Such comments indicate the challenges for people who live in substandard housing:

> *Well it lasted almost two years but it was really infested with cockroaches and I refused to go there. I couldn't do it. I really don't want to take that home, you know.*

The discussion of substandard housing included many references to rodent or insect infestations (bed bugs and cockroaches) but also to issues such as a lack of hot water, roofs or ceilings caving in, holes in the walls, problems with stairwells, mould and mildew, broken doors, no locks on the doors or on the outside door and walking into clouds of marijuana. Words such as terrible, overcrowded, unlivable, scummy landlords and atrocious costs (e.g., for rent, heat and utilities) were used to describe the housing available to people living with hidden homelessness.

1c. Affordability issues and lack of housing

The escalating cost of housing in rural and northern areas was seen as increasing the pool of people at risk for homelessness. Existing or incoming populations that were better able to compete for existing housing (e.g., military personnel, college students, mining or forestry staff) are one cause of escalated costs. Another was the gentrification of rural housing, the influx of urban money and in some cases urban people, which brings "city prices" to towns and rural communities. A service provider commented on the issue of rising housing costs:

> *You know, trying to find a client a place in [a booming community], the rents were so (pause) so high. And I remember saying to the landlord, 'How does anybody afford this?' And basically the incredibly snobby answer I got back was 'I can find somebody to rent this, I don't need to rent to your client.' And click.*

As worrying to service providers was a trend for housing stock to be bought by external investors who turned it into rental properties, often unmaintained and/or substandard, rented at "city rates."

> *We have a lot of landlords from out of town. People from Ottawa, Toronto area, buying up places, fixing them up, maybe not even fixing them up, renting them out…They're also the ones bumping up the prices for… market rent. Because they charge the rent that they would be paying living in the urban cities.*

Service providers and municipal authorities found it difficult to engage or even contact these absentee landlords to have them comply with maintenance or building standards:

> *In our municipality, there are houses that have been left sitting, and they're falling down, and we're trying to get a hold of the owners… to fix it up, or to even mow their lawn. And finally, we will mow the lawn and send them invoices, but we'll never get paid for it. Try to find them.*

> *I'm also a municipal councillor, and our staff is overworked and if they have to be running after landlords, it's, it's not gonna happen. It's just not…*

The overall shortage of affordable housing forced tenants, as well as service providers, to pay the going rate and put up with what they could get.

Participants also described hidden homelessness as related to a lack of housing for people in shelters, detox and recovery facilities, or supported or transitional units. They indicated that many people are there for long periods of time because there is no permanent housing for them to go to or that they cycle between homelessness and shelters or treatment facilities.

Northern focus group participants stated that diverse groups of people experience hidden homelessness in the region due to a lack of housing options and affordability. This includes people travelling from First Nations communities to access services, transient people travelling the Trans-Canada highway, older adults, youth, victims of domestic violence, single adults, and First Nations students moving to attend high school in service centre communities:

> *When it comes to hidden homelessness, we have seniors who are often missed and could benefit from social housing, there's not enough or there's none in their community. Because we do have communities that have nothing available at all. When it comes to youth aging out of care, we have very limited options for them. If you are a single non-elderly adult, in our district, you're on the housing wait list for three years, five years, I've heard of people being on the housing wait list for six years, if they're single non-elderly. So, often time, they are hidden homeless right, they are living in poverty, they're here, they're there, they're everywhere.*

> *They registered a hundred and eighty new students…who have come from the north who have to find places to live. And boarding home situations break down, so that's a common theme. You also have the kids who are leaving care, but also there's a whole developmental piece where there are many youth or transitional-age youth who have developmental issues, and uh, it's another population that has a very difficult time finding housing and…a lot of women are stuck living in violent situations…or in situations where there's been past trauma or abuse and they can't get out of it because there isn't anywhere to go.*

Lack of housing options was a significant concern for service providers. Many participants indicated that the types of affordable housing options were limited in most communities. There is little to no housing with supports (transitional and supportive) available; yet supportive housing options were considered critical for the many residents with complex health and social

service needs. Despite the interest in Pathways and Street to Homes-type Housing First models, participants also indicated a significant need for other housing and support models.

> *Our emergency shelters have had to take on a role that they are not mandated to take, to take on. And they're not equipped to take on. These shelters become their homes, that's all there is. It's either that or you're outside. There's no other options, there's no second stage housing, or transition housing, or supportive housing.*

> *There's a fair number of people who are using the (space) at the hospital as a place to be until they get into housing. Which is definitely not how that space should be…and a lot of those are people with really high case-management needs, really high developmental needs who've got missed by the system. And now that they're getting caught what do you do, right. Cause they're too vulnerable to turn them out, right.*

> *People will rent whatever they can get into, right, so I think it almost, the lack of housing creates more of [an imbalance]. If there was lots of places to rent, slumlords wouldn't get away with it, right, but when you need somewhere to stay [you will take what is available].*

These views do not reflect a rejection of a Housing First philosophy; however, they indicate a need for diverse housing models within that philosophy.

Focus group participants also described challenges related to social housing eligibility, types of social housing units, and criteria for eviction from social housing. These challenges were described by social housing managers as well as other participants. One significant challenge was related to a lack of cultural accommodation for Indigenous lifestyles:

> *You're absolutely right, that's one of the housing rules which I think is such a mainstream approach to service delivery in an Indigenous community. Because the same thing with, you know, my upbringing, it was generations under one house. You took care of your grandparents, mom and dad lived there, sister might have lived there with her kids. It could have been three or four generations under one [roof] and they cared for each other. It's so regulated now so that, no, there's three bedrooms so each child has to have their own bedroom.*

Issues related to lack of understanding for culture and lifestyles were described by both interviewees and focus group participants. It suggests a need to examine social housing regulations and housing options for Indigenous residents. Participants described the need to consider cultural issues and potential examination of rules for social housing and the types of housing units available for First Nations families.

> *There is a lot of talk around culturally appropriate housing. Taking into account cultures that do, you know, part of the culture is also extended family.*

In a northern community, a participant commented on eviction as a practice contributing to homelessness:

> *Even if they do get into housing, if they can't keep stable housing, they get rousted out, they lose everything.*

The challenge of obtaining housing, for those who do not have the required resources, is compounded by eviction and the loss of belongings. Starting over again is more difficult. Participants suggested that there is a need to evaluate rent supplements and other funding models for northern communities due to the high cost of utilities, transportation, food and other costs.

Housing availability and conditions in First Nations

The relationship between First Nations and service centre communities was discussed by many focus group participants. Housing and other conditions in First Nations communities were seen as a concern:

> It's a problem that you're never really going to get ahead on it because he says you need to look at conditions in the communities in addition to Kenora. Because it's just going to keep pushing people toward Kenora with lack of opportunities and other factors.

A participant also noted that these relationships created homelessness dynamics that are different from urban and southern regions:

> I think we are in a unique area because we have a lot of remote communities – um, remote First Nations communities. And uh, these areas like Kenora and Sioux Lookout are central hubs so…people come here for different reasons and stay… I think we need to be cognisant of that as skewing or affecting dynamics regarding homelessness in the communities. It's something we should note.

1d. Couch surfing and overcrowding

The form of hidden homelessness which appeared to be the most prominent was "couch surfing" and service providers commented on the lack of stability associated with this form of hidden homelessness:

> [They say] I'm staying at a friend's house, or I'm staying at a relative's house tonight. And I'm like: Okay, so 'where are you sleeping at tomorrow?' Oh, I don't know, I haven't figured that out yet. But I will figure it out.

Another service provider from a different focus group shared a similar viewpoint on the matter, but with a comment that pertained specifically to young people:

> The other thing that we've found about couch surfing was sometimes it's couch surfing that's been arranged with the parents' knowledge and sometimes it's being let in the door after say after 11 o'clock at night and then out of a house before 6 in the morning without parents' permission kind of thing so you do see both.

Couch surfing was seen as the main form of homelessness among young people. Adolescent girls were more often recognized as homeless than were boys. The challenge with systemic issues related to OW was identified as adolescents are often unable to obtain benefits until they reached 18 years of age:

> And for teens, it's couch surfing like crazy. Girls, a lot of girls come here but the boys have nowhere. And when we have girls for homelessness or violence at their house, they're here often, for more than a year, until they hit 18, so they can [then] get funds. Because you can't get Ontario Works unless you're living with a trustee and they want it to be family.

In Sudbury, service providers recounted experiences with young people who knew where they could exchange food or street drugs for a stay on a couch or floor for the night:

> With the youth population I've seen and talk to, [they] disclose that where they would choose to stay is based on what they could provide. So even in terms of food, but it [could be] marijuana instead. So if they had some on them, they knew they could go to John Smith's house because he liked to smoke too and, if they got high, then they knew they could stay there for the night.

These responses are fairly consistent with the data obtained from the online survey, as 86 percent of respondents indicated that "couch surfing" was something that they "always" or "very often" heard about in their catchment area.

1e. Doubling or tripling up and overcrowding

The literature recognizes the housing arrangement of doubling or tripling up as concealed families. It was seen as potentially problematic even within rural and Indigenous cultures where multi-generational living was recently common, and thick networks of support among extended family are normal. The service providers spoke of children being caught in the confusion of conflicting parenting styles, as well as overcrowding, and of parents "flying under the radar" because they feared they might lose their children if child welfare authorities became involved. Teenagers were seen as a potential pressure valve, at particular risk of leaving or being ejected.

> *We see that trickling in with young children that now have multiple primary caregivers. They have grandma, grandpa, sisters, brothers, aunts, uncle, whatever, and so there is an often conflictual caregiver or parenting styles. The children are, you know, when we talk about overcrowding, they don't have an adequate space to sleep and so there might be younger children disturbing their sleep, or often resulting in some domestic dispute because of the overcrowding and the differences in opinions… I think the result often is that there is, you know, teenagers with their developmental level can present with, you know, some challenging behaviours, and so that definitely has a result with, or culminates in domestic disturbances or family conflicts. And often they're the scapegoats, so they gotta go.*

Older adults were also seen as being vulnerable due to poverty:

> *Seniors are moving back in with children because they have limited income and can't afford safe accommodations, or can't afford the utilities, so there's a lot of concealed relationships that we all think are wonderful because they're all together, all joined together, and they're probably not there by choice… And there's maybe some danger involved in that based upon some frustrations that build up and people becoming angry.*

The issue of cultural differences was raised in a discussion about overcrowding. It was acknowledged that people are double or triple bunking in concealed households and that this practice was sometimes necessary for survival. Some participants also noted that Indigenous families often include extended family members:

> *People do what they have to do to get by. So if that means there is a bit of overcrowding, it is more support within the household, even if they are stepping on each other's toes.*

> *Within Indigenous families, it is not uncommon to have grandma in the house. It is not uncommon to have uncle and his sons in the house.*

There was some concern about the lack of acceptance and understanding within society with regard to extended family households. Certain rules and regulations do not permit this arrangement. Doubt was also expressed by Indigenous participants about the circumstances under which overcrowding becomes problematic or unhealthy, given that residential patterns involving intergenerational families are accepted within many Indigenous cultures.

1f. Survival sex

In the north, the focus group participants were aware of the prevalence of survival sex among people living with homelessness. A service provider stated:

> *Well some people also do sexual acts to make money to afford their rent or to buy [shelter]. So it is to stop from being homeless.*

The focus groups also indicated a challenge for service providers working with street populations. It was stated that providing support to sex workers is opposed by some people, including landlords who may try to evict them from rental units:

> Now we have a population of individuals who are at risk, who are sex workers. You can't just evict a person because that is discrimination. So there is a lot of blame by landlords placed on the tenants and their lifestyles and the conditions of [life]. [Landlords say] 'We can only do so much because of these people." Right away, [I thought] that was nonsense.

Participants also stated that men can seek out partnering arrangements involving the exchange of sex for accommodation, whereas the individual interviews suggested that it is primarily women who use this strategy. The knowledge about the circumstances of a man in Sudbury likely reflects the little-known reality that both men and women living with homelessness use strategies of partnering and survival sex to deal with a lack of housing options:

> Well I know even someone that I am acquainted with right now. He found us because of domestic problems. He [was] single and homeless for a while; he was living in his truck. And now apparently, he is in a relationship with someone. They're partnered together and from what I gather the reason is she has accommodation and he is there taking advantage of that.

In one of the focus groups, four participants noted that survival sex was something that they had come across from their work.

> The survival sex piece. I think it also masks itself very much as an unhealthy relationship. So one day it may be survival sex, the next it's well, that's the only person who cares about me.

> And we've come across a few of those situations too. To our knowledge, it was more about survival sex for food rather than for accommodations. But I mean it's one, really what difference does it make, it's one or the other…

> It's all contributing to housing on some level, and unfortunately, it's not just youth that we're seeing this with. There's been some senior women and senior men.

> It's those vulnerable high-risk populations it seems to happen the most with. If we have someone that is lower functioning, she would be targeted for sure. And then you have youth, seniors. It's the vulnerable. You see different — the survival sex or the unhealthy relationship that started off as an agreement and morphed into something else.

A further remark on survival sex was made by a participant in another focus group:

> So that can be really frustrating and these kids that I've spoken with…and I'm going to use the term sexually assaulted [emphasis added] daily because they are being sexually assaulted daily in order to have somewhere to stay and have a roof over their head at night. Because they don't have the skills to be outside and be on their own.

Thus, focus group discussions revealed the many dimensions of survival sex and multiple groups that are vulnerable to exchanging sex for accommodation.

2. Forms of absolute homelessness

2a. Squatting and sleeping outside in urban spaces

Service providers were aware of squatting that occurs when people live in abandoned places but some also commented on a type of squatting in occupied buildings where the residents are

unaware that someone is sleeping in a basement or crawlspace. A service provider felt uncomfortable with this use of private space:

> I've heard of some that go into basements of houses where they get in from a window and then they sleep there and then they leave. They don't do anything wrong but that kind of creeped me out because you know like it could happen to any of us and we don't even know it right?

Reports were also made of people living in sheds:

> Usually what happens is we get a call after the fact or when they're not there but there's evidence that they've been there, right. There's a sleeping bag or there's, you know, food remnants or whatever might have been left. And that's not to say that they weren't coming back that night. But when we get the call, it's because the property owner happened [to be] driving by to pick up a lawn mower or whatever he did, and he went into his outbuilding and went, oh somebody's staying here, right and then we get the call. So that does happen. I don't want to say it's common but it's not uncommon.

Squatting is a form of hidden homelessness that may be largely unrecognized because those who find refuge in such spaces strive to remain unseen.

2b. Bush camps and hunt shacks, migrant worker camps

Service providers in the north knew that people live outdoors in the woods. The example of a mother and a daughter who had lived outside after being evicted may seem extreme as the participant expressed discomfort about it. Yet it is known that people living with homelessness have shorter lifespans than domiciled populations due to the harsh conditions and poorer access to healthcare:

> Because we have lots of wooded areas, many people go out and spend time living in the bush. We had two women who had a place but had a hoarding disorder and were evicted. And they ended up staying in the bush. They just moved to the bush because there was nowhere else for them to go. So, they were made homeless. And the mother eventually died, it was a mother and a daughter. I don't know where the daughter is. That story haunts me, still.

One group of people who were believed to be at risk of being hidden and homeless that did not surface in the online survey or in the interviews were migrant workers:

> I think [the issue of] migrant workers is huge, actually, out here, rurally. And it's something that we try and hide really, really well. I know that we have supposed laws out here that migrant workers are supposed to be homed well and that they're supposed to live inside homes that they're supposed to have like a, you know a bed to sleep in. And their own room, and access to a bathroom. And it's not happening. It absolutely is not happening. I live right next to one of those massive… farms out here, and I'm going to let you know right now that even just this past summer again, these migrant workers are brought in and they're living in… a barn. They're sitting outside at night, they're cooking on the barbeque, they're hanging their laundry outside. I don't know how many of these males that there were there this summer. And they're all sleeping inside this barn, again. It's frustrating. And that's just one that I know of, and there's you know, many, many farms that are bringing migrant workers in still.

> And they're very invisible. I mean, they don't want anybody to know anything.

I don't know what it's like in [another town] but just outside, remotely where I am, they are still living in this barn. And I'm going to say that there was at least ten or fifteen migrant workers and it's tiny.

The living conditions for migrant workers are largely unknown but service providers in the rural southwestern region were aware that they were in circumstances that did not meet Canadian standards.

2c. Sleeping in vehicles

Focus group participants spoke about people living in their automobiles. The focus group participants revealed that it was not uncommon to hear about people living in their vehicles. The example below indicates that local service providers were aware of individuals who were living in vehicles:

And you know, there's a couple, there's a couple we know of, quite a few people living in cars and there's more than one of them living in a car. They're not, I don't know of families but we see a couple folks and just being in a small town you see, you see them, you recognize them, they sell cigarettes, they drive to the reserve and they buy cigarettes and they come back to the town and they sell cigarettes to have money to put gas in the car and to keep themselves warm. And there are a couple of women that are doing that as well.

In one community, the focus of the discussion was on health issues and lack of sleep for people living in a vehicle:

There are a lot of health issues with living in a car. We've recognized that there's a homeless problem here, at 6 o'clock [a.m.], when our cooks are coming in. We had people knocking on our door wanting to come in for coffee. They've been up all night. They come in, they go to the bathroom, they get washed. And, it just happened that we had a couch or two in the dining area for most of the winter. And they would come in, and poof they're gone. Just lay down; [then] two and a half hours later, when people start coming in, they wake up and they would leave 'cause it's warm.

The comments of service providers and interviewees living with homelessness were consistent in showing that vehicles are used for shelter in northern and rural areas of Ontario but they do not provide a safe or healthy option.

2d. Shelters

Service providers recognized that sleeping in shelters and "on the street" is common in larger towns such as Sioux Lookout, Kenora, Timmins and Sudbury in the north and this was also mentioned in other focus groups. However, perhaps because of gaps in the availability of shelters in many rural and northern communities, discussion of issues in shelters was not extensively discussed, except with regard to the limited availability of shelter beds.

It was stated that there was a need for additional shelters and services. Examples were services in the summer and for particular groups within the homeless population. Participants commented that shelters/services opening during cold weather were helpful. However, extreme heat was also identified as an environmental effect that was not being addressed for people living with homelessness:

Why don't we have an Out of the Heat shelter? Because we had an insane summer. Where is our population hanging out? They're at the malls, wherever they can stay cool or in the hospital because they are dehydrated. Not enough watering stations, not enough places where people are able to go.

Another significant issue related to housing options is the lack of support services. Participants indicated that there are communities where support services are not available.

> *We do have communities that have nothing available at all.*

> *We have no services. We have no shelters or anything.*

This is a challenge for service providers in terms of outreach and service provision where traditional models do not work in regions with large distances between small communities.

Focus group participants in southern regions were accustomed to adapting to the needs of local people needing emergency shelter by utilizing other resources before sending them to larger urban centres. They recognized that this was not an effective or efficient use of resources, and also that it posed a hardship for people who were already in difficult circumstances. The following exchange between several participants in a focus group shows the varied strategies used by service providers:

> *R: We know the hospital will put up an individual for a night because often times we have sent people down to the hospital that we can't deal with right now.*

> *R7:…And I think the hospital does call the police and they will get a bus ticket to Ottawa or [another city]…*

> *R8: Or a one night stay in a motel…*

> *R7: And then they get the bus ticket.*

> *R3: And you start all over again. Now that the shelter's full in Ottawa…*

> *R7: And it's really unsafe to send either a young person or a woman who's used to living in rural [towns] to Ottawa or Toronto.*

In this brief exchange, service providers discussed local strategies for addressing the needs of people by utilizing available services through hospitals, police, busses, and motels. If these options were unworkable, they referred people to services in a city. The absence of vital services in rural settings requires service providers to be creative in finding solutions but this entails the investment of extra time and energy.

3. Poverty and the high cost of living

3a. Transportation

Transportation was described as an issue for clients accessing services. Participants indicated that the more significant transportation issues were related to discharge from institutions. Discharge from hospital and jail is a challenge for many who were not able to return to their home community for a variety of reasons:

> *If you take an ambulance from Ignace to Dryden, you're in the hospital overnight, you're discharged at eleven o'clock in the morning on Saturday which, if you're low income, there's a possibility you may not have anybody to come pick you up. Your choices are, you thumb it, or you pay a hundred and seventy-five dollars for a cab to come and get you. So that creates a whole little homelessness thing.*

The issue of transportation came up a fair bit in several focus groups. It is well known that public transportation is extremely limited in rural and northern areas in Ontario. This makes it difficult for people who experience hidden homelessness to shop, work, access health and social services and stay connected with family and friends who may be living in different communities. However, in one focus group the costs associated with needing to travel away from rural,

southwestern Ontario were noted as being a *cause* of hidden homelessness. Consider the following remarks about people who need to travel to larger urban centers in order to access specialized health care:

> *And I can just build on two points. The medical costs are huge and that's another subset of the population that experiences unique housing issues and that's those who suddenly find themselves with an unexpected medical illness like cancer, and having to go for radiation or chemotherapy. The cost of parking or the cost of just getting to the appointment.*

> *So that's a big one. People that have come into homelessness because of those unexpected costs that you don't realize you're going to have.*

People subsisting on OW, ODSP, or Old Age Security can be economically devastated if they need to make trips to cities like Toronto or Ottawa in order to acquire treatment for themselves or a member of their family for cancer or other serious health problems when such health services are not available by local, rural healthcare providers. Bills for transportation, parking and accommodations can quickly accumulate. In order to pay for these unexpected costs, there may be little money left over to pay for food, rent, hydro and other living expenses. While not mentioned in the focus group discussion, it is quite possible that people who are provisionally housed may forgo such medical treatment for themselves due to these transportation and related expenses. The individual interviews touched on this issue.

The need to leave the community to access specialized services, for either a short or longer stay, was seen as destabilizing for other populations as well. Private transportation is usually the only way to access these services. Specialized health care, such as paediatric or cancer care, often required patients and their families to travel extensively and/or to relocate to the urban centre in which the service was located:

> And we have no paediatrics here either. *So, the minute there's something with your kids, it's Ottawa instantly… There's a gas voucher program for families with children who have to access CHEO… But other than that, I don't know of any transportation costs that are covered.*

> *If you have to go to Ottawa for cancer treatments, and yes, they do do chemo here… now, but a lot of people still get sent to Ottawa and it's $100 a day for transportation.*

> *You have to be on Ontario Works or ODSP to qualify for medical transportation. So, you have to either try and get, if you don't have your own vehicle, try and get someone that will drive you down. And you can give them the gas voucher, yeah.*

Mandatory services can also be located at a distance, without access to transportation being taken into account:

> They've moved the OPP office out to the highway which is not really accessible to people if you don't drive. People that are charged with whatever, so we, what we see sometimes is dual charging in a domestic. If they're picked up and held, um, it can be the middle of the night when they're let out. They don't have transportation and it's like too bad, not my problem. So, you know...Well, they may walk over to [the gas station to hitch a ride] but if they don't have any money or they're not dressed appropriately, they don't have a way to get back besides walking, which is a good piece*.*

Private transportation involves not only having a vehicle, but also insurance, gas in the tank and being licensed and able to drive. Some programs exist to compensate for private transportation to some kinds of services, but many service providers accept that they must provide transportation for those for whom any one of the components of private transportation were not

available. They report that the challenge of providing staff or volunteer time and mileage to support their clients in accessing services was not adequately addressed in the funding formulae. Nor could funds for transportation cover anything other than service-related activities, even though the importance of getting to work or to social activities was recognized:

> *Our program is fortunate, we can transport our clients so we do that a lot just to assist them, but when they have to go to [town] for court, what am I gonna do?…That's gonna cost $200 to hire someone to drive them to [town], because that individual has to sit around all day while they're in court.*

3b. Food insecurity

Housing costs are seen as extremely high especially for those living on minimum wage or government support. The challenges in paying the excessive costs of housing are exacerbated for individuals due to the cost of utilities and food which are very high in the north during colder months. Tenants often need to choose between rent and food or between food and utilities:

> *Housing security, how many people, and I know it's not just [this community], I know it's everywhere. But there are so many people who are literally on the bubble. Costs of living. Even if you are a frugal person who and you can follow a budget, it's getting tighter, and tighter and tighter. And there are a lot of people who have to make horrible decisions, like, rent or groceries, you know, lights or—you know it's truly frightening.*

The high cost of food was mentioned in both Elliot Lake and Sudbury as an issue linked to homelessness. It is well known that people living with low income face severe challenges in paying the costs for accommodation and other basic expenses such as food and medication:

> *When I help someone with housing, I always tell them to pay the rent, we can always worry about the food, we can get you the food. We just need to worry about getting a roof over your head.*

The structural problem with low income among those receiving government benefits was understood by service providers as directly linked to hidden homelessness wherein people suffered due to food insecurity but were also at risk of losing their housing.

3c. Cost of utilities

In northern communities, focus group participants discussed the constant struggle with the high cost of electricity:

> *So a single person on OW gets three hundred and seventy-six dollars a month shelter allowance. That includes your rent, your hydro, whatever. Our case managers spend hours every day digging around in budgets, like going back and seeing if there's any room left in previous months for shelter, to pay hydro. And every, every week you have somebody coming in with a disconnection notice, and then usually two weeks later, because there comes a time where there is nothing else we can apply for that we can find, and they're having their you know, their hydro cut off. You know, moms with little kids…But hydro costs in this area are just astronomical.*

The comments of service providers indicated that the rental cost of housing does not reflect the total costs since heating and utilities represent significant expenses, particularly during the coldest times of the year.

Substandard housing and the high cost of paying for expenses associated with housing was identified in Elliot Lake, where average rent is lower than in many places due to substantial decreases in the local population following the closure of the uranium mines. However, concern

was expressed about housing-related costs, such as heat and utilities, as well as serious structural problems with some housing in Elliot Lake that should be demolished:

> The other big issue that I've seen, not just here, but everywhere is there is not enough insulation, so your heating costs in the winter are high. I've seen heating costs go as high as 900 dollars a month. So bang, you can't pay your power bill, you've got no electricity, you're out.

The escalating cost of utilities, of hydro in particular, was a strong theme in southern Ontario in explaining increased risk of homelessness, both among tenants and home owners. Tenants are limited in their ability to make their housing more energy efficient, and homeowners may lack the resources to do so. Furthermore, the delivery charge for hydro is a set fee based on distance and population density; the charge is independent of energy consumption and immune to negotiation. It is seen as particularly onerous in low-density rural areas:

> I know this is more for the homeless and everything but it is affecting the middle class, because we cannot keep up to it on one income...And the kicker, I cannot change my heating. If I didn't have that $1,200 bill [each winter month], I could maybe look at financing furnaces or something.

> It's the [hydro] delivery charge for rural areas, that's the killer, and that's the thing that's not working, so that has to be spread out you know, with the urban centres as well, so that way it will be more affordable for everybody.

> But the hydro itself, yes. Clients pay twice the amount of what their consumption is...When you ask [Hydro] why is [the bill] $600 they go (shrug).… Yeah, and the answer usually is I don't know, but you have to pay it.

Programs exist to help with utility arrears, but often the resources are inadequate to the need, and in many cases only stave off the inevitable loss of housing for a brief time. Service providers expressed the view that people on limited income like OW, ODSP or other pensions who live in energy-inefficient housing will never be able to afford the cost of utilities:

> Hydro One is just absolutely insane, especially in rural areas and couple it with poor insulation. Umm, there's been a lot of stories where people receive their bill a year later, and so for the last 12 months they haven't been paying and there are a lot of questions why they would do that blah, blah, blah, and their bill is $4,622. And then they're paying it now, or next week, or they get cut off. So, what do you do? That's — and I'm sure everyone has heard of that story — that's "pooralized" so many families.

In some rural communities, heat banks are being established beside food banks, sometimes literally, as part of the essential roster of survival services. While these programs were seen as useful and important, service providers reported that they were often exhausted long before the need is met.

4. Violence and abuse

4a. Intimate partner violence

Intimate partner violence and child abuse were mentioned in several focus groups as contributing factors to homelessness but these issues were not discussed in detail. Service providers expressed concerns regarding the lack of funding for homeless beds in women's shelters.

> The shelter unfortunately is not funded for homeless beds, so we can only take in women who are fleeing domestic violence, or they can convince us they are. Because

there are ones that will say what they have to say to get in rather than sleeping at a friend's or sleeping in a park, so we know that.

It is possible that this is an area for further research to determine the level of understanding amongst service providers regarding the varied issues affecting women experiencing intimate partner violence.

5. Physical and mental illness

5a. Physical illness

Service providers expressed concerns about older adults aging out of homes they owned but who were unable to access suitable accommodations in their community. Several scenarios were identified: older adults becoming physically unable to manage in their homes, and/or to maintain the property; the homes becoming financially unaffordable because of rising utility costs and taxes, or reduced income through the death of a spouse; older adults losing their driver's license and not being able to access basic necessities; lack of support services to adequately care for the seniors in their home as their capacities declined:

We hosted a seniors' forum last year, and what we heard from the seniors is very much that they're on edge. Right now, I'm okay, but if I get sick, if I lose my license, if my partner dies, if my car breaks down, now I can't afford to live where I'm living. And the anxiety there was huge...So very much a population that said to us I'm okay right now, but one event and my world goes.

One [lady], she had a dizzy spell in the doctor's office, so right away he pulled her license. And she hadn't eaten that morning. And then testing, testing, [they said] oh she was fine, but then it costs money to get that license back, and it's such a process. It takes months to go through, and in the meantime, she's totally isolated because [she couldn't] leave [her] home.

Population aging and poverty among older adults were acknowledged as significant. It was also an important aspect of homelessness within the focus group in Elliot Lake as the community identifies itself as a retirement community:

So the seniors are a very big issue, because they're aging in place and the supports are not really here. So people move here, because it's economical to retire. But once they begin to have problems, then there isn't enough support. Now you're 70-something and you have medical issues, you have lots of things that is not being dealt with. And they often become isolated, their children do not come up and see them. So, it just gets worse and sometimes they get homeless, and we see the women in here. So, it's difficult, because now you're talking about women who have mobility issues because it's gotten to that stage. We've had to take in Alzheimer's patients because they have become homeless.

The issues regarding lack of services and poverty were raised several times in the discussion. It was seen as problematic that the town was being promoted "as a retirement living town" but that adequate services were not developed to address the needs of those who did not have adequate income. This issue was not limited to Eliott Lake.

5b. Mental illness

Service providers in focus groups in the north acknowledged that people with mental health challenges required supports:

> *Well, homelessness has a lot of different faces to it. We see a lot of mentally or emotionally challenged people [who] stay outside this time of year [early fall]. And I see that a lot.*

Such supports were understood to be needed for many subgroups, notably people with mental illness, addictions, other health challenges and vulnerable groups (Indigenous people, youth, LGBTQ2S, people with disabilities) including those who do not have identification documents, including a health card. The conversation often shifted to issues with institutional settings, including hospitals, the lack of follow-up and discharge planning was identified as a serious problem. Participants of focus groups mentioned the existence of specific programs but noted the limitations made such programs inaccessible or unhelpful to many who live with mental health challenges:

> *There is a rent subsidy program through additional services and through mental health, it offers help for people who are renting, but there are some criteria that they have to meet to be part of the program. There is a wait list for addictions. And typically, with ours, it's for cycles of six months at a time, meaning that every six months you have to reapply for the program, see if the funding is there. Yeah, or I still have a mental health issue. So there are some programs that are there, but again it's limited, and if you don't know about the programs, it becomes an issue.*

6. Institutionalization

Discharge from institutions and discharge planning was seen as an issue for a range of populations. The lack of transportation and support for return to communities, following a stay in an institution, is a challenge for many residents:

> *They'll be somebody coming out of the hospital, returning to, you know, if it's an elderly person that they're in like supportive housing…and there's been no plan, no contact, no arrangement made and it is four thirty, Friday afternoon.*

> *Even if…you had like a bad accident or something and you get Medi-Vac, like air lifted out to Thunder Bay or Winnipeg, OHIP will get you there, OHIP will get you in the hospital (Other participant: But not back, our systems do fail us from time to time) and that, that can, that's an issue for more than just low income people. That can be an issue for anyone.*

Participants were interested in examining solutions to ensure continuity of services and improving transportation supports for institutional discharge.

The adult treatment centre in Elliot Lake brings people to the town who are dealing with addictions issues. Some of them are discharged into circumstances of homelessness if they do not have transportation to another destination. The knowledge about this process in Elliot Lake pertaining to discharge from institutions into homelessness may underscore a wider problem that could exist in other communities:

> *So, the people that are in detox and or treatment that are released or kicked out unsuccessfully—even if they have money for a bus ticket, or even if they have a pre-paid bus ticket—they can't get on the bus for, like, a week. So, you're instantly homeless. Yeah, it's a huge problem.*

Detox services were identified in all northern focus groups as sites accessed by people needing a place to sleep since having a warm, clean, safe bed was an important aspect of these services. However, discharge planning and housing supports were too often lacking. Service

providers also identified release from jail and discharge from rehabilitation services back into homelessness as a systemic shortcoming that perpetuates the condition of homelessness:

> *I don't know what the solution would be but that is huge—coming out of jail or even out of rehab. Doing any of that kind of treatment, you know, sometimes they are leaving without any kind of housing supports. Like they don't have a home and then they go to treatment and they return. They still don't have a home. They still don't have anything established.*

Another participant in a focus group identified the lack of discharge planning from a psychiatric hospital and the police as contributing to ongoing homelessness:

> *One of the things with that I dealt with over the winter was the psychiatric hospital. A young lady was at the [daytime service for homeless people] all winter long. [She] spent the day there and then went over to a shelter at night. Back and forth, hauling her luggage back and forth. She needed to get some kind of psychiatric care. Finally, she committed some kind of a crime or something and the police took her and they held her for 72 hours. Then I got a call from the psychiatric unit. And they said, 'Well what is happening is that we are releasing her today.' It was disappointing because she is back on the street going back to her routine again.*

Some people were known to utilize the emergency department at a hospital as a short-term solution:

> *I know a guy that was walking past the hospital and he said that he was so tired. And he went in and said that he was sick and they put him on a stretcher. And he said that he slept for two hours and got up and left.*

Others noted that it was common for people to sleep in the waiting room for 12 hours after registering. These discussions indicated that, while some people are discharged from institutions into homelessness, others seek access to institutions for relief from the conditions of homelessness.

The literature describes transitions out of institutional care as a risk point for homelessness, and service providers recognized this in their practice, citing people leaving prisons having to find their own way to their rural homes, or being ejected from military housing or First Nations housing:

> *We have a huge [military] base here. Military housing [PMQ] are rented to the person that is employed, (pause) uh, through the military. So, the spouses and the children, if that relationship deteriorates for any reason, they are not allowed to stay in that… Usually it's the woman leaving with the kids. So, they are given a very brief period of time where they have to vacate these premises because that unit belongs to the military member.*

Crown Wards making a rough transition out of the child welfare system are another example of institutional transition:

> *There's one person who comes to mind from my experience in child welfare… like there's a kid who spent a lot of time in care, from place to place to place, and then when we couldn't house him in foster homes, it was group homes. Then when he aged out of the system, it was, you know, trying to transition him to more independent sort of living and on his own not working out so great. Then you run into that problem where you're blacklisted and you can't really find somewhere here. Whether it's an independent small bachelor apartment or even room and board, then you exhaust the list of quasi friends, family that kind of thing. Now we're looking at, out, or beyond [town]. And this gentleman*

has ties to [this town], though. No matter how tenuous they might be, there is lots of reasons for him to come here, including the fact that —— sadly — just Children's Aid is like his family. If he needs something, that's where he is going. So here's this young person who would hitchhike back and forth, and then would end up just sleeping somewhere. In the park or wherever the case might be… So there are lots of limitations in that way, even though you know, coming from our system, he should have every support in the world, and should have had every chance as a kid growing up with service organizations and people to support you twenty-four-seven…Crown Wards just are not successful (pause) coming through our system. And so you see that quite a bit.

Sometimes changes in how services are delivered, for example, closing institutions or changing care options, impact on communities for decades:

So years ago, we used to be able to take basically everybody [with developmental disability] from our community and then it came down, the institutions were closing. We had to take individuals who came [from the institutions] with money. So, the people who have been on our wait list in the community didn't get units, didn't get homes, didn't get the care, didn't get [housed]. And there's still quite a few of them out there. It's quite sad.

But I do know that there are adult children [with developmental delay], um, who are currently living with elderly parents… and they are just (pause), they're just totally psyched out because they care about their children even though they're adults. They know that they're not gonna live that much longer and they're worried about what's going to happen to them.

Thus service providers had grave concerns about numerous groups that are adversely affected by institutionalization, release from institutions without adequate discharge planning and the lack of community supports.

7. Migration

Elliot Lake is located nearly 30 kilometres from the Trans-Canada highway (Highway 17) and a substantial distance from the nearest urban centres; however, service providers spoke about people hitchhiking to the community from the highway or from First Nations communities in the region and becoming part of the homeless population. Difficulty in accessing transportation was a factor contributing to local homelessness when people were stranded in the community due to the lack of options for transportation.

Migration to Sudbury was also identified as a factor linked to homelessness in this northern Ontario city:

There is a transient population that that comes into town quite often, sometimes from reservations and other places. Sometimes from Toronto or major centres, who come into town and are looking for permanent housing but maybe can't find it so they stay in a homeless situation.

In the northwest, migration was linked to the issue of discharge from institutions and to the lack of options for transportation:

Put somebody on the bus at one in the morning to Sioux Lookout. They have to go to Dryden and then they have to catch a cab from Dryden to Sioux Lookout. And that gets them in at like four o'clock in the morning. And then they have to wait around before they can catch their flight to their community. Lots of people get lost in those communities in that travelling plan. Um, so we have to look at some, all the other variables which include transportation — which is a huge issue in this community.

Service providers emphasized the need to consider how people can be returned to their communities of origin after discharge or travel within the region. Concern about the disconnection of migrants from their personal networks was discussed because of the recognition that they are often in unfamiliar settings:

> The fact they're away from their community: they don't have a place to stay. They don't have friends so they use shelter.

Participants indicated that the challenges and dynamics of migration between First Nations communities and other communities affected homelessness and service provision in a several ways that require more attention and examination to reduce homelessness in the region. The provision of varied services in urban centres compared with the scarcity of programs and services in rural areas was perceived to be a factor in decisions to leave a rural area to move to a city.

While the issue of migrant workers was not systematically examined in this study, in the southwest focus groups, service providers were aware of the issue of substandard housing for this group and considered it to be an aspect of hidden homelessness in rural areas of southwestern Ontario. These workers were included amongst those who experience hidden homelessness in Ontario as many are housed in barns or in overcrowded living conditions. Service providers viewed this issue as one that connected a vulnerable migrant group to exploitation.

8. Discrimination

8a. Housing, landlords or shelter staff

Numerous comments were made about landlords who exacerbated issues associated with forms of homelessness. Some participants described how the practices of some landlords contribute to homelessness, for example, when they turn away people who receive benefits from ODSP or OW:

> [A problem is] the landlords who don't want to rent to our ODSP or OW or people who are trying to get out of homelessness. That is huge. Landlords want to do credit checks on these individuals. That is not fair. [I ask], 'Like why you are doing credit checks? If you are going to get your money [through direct deposit] then you shouldn't have to worry about it.'

> It is not that we have a lack of affordable housing. Our housing is actually pretty affordable if you actually look at the province. So, we have approximately four big landlords who own multiple places. They won't rent to people that need affordable housing. So, we have had to send our transitional worker with clients to apply because if they go by themselves, the landlords will tell them, 'We can't rent to you, you can't afford it. You're on Ontario Works or ODSP.' So, it's not that we have a lack of housing, it is the access that is the problem.

> Landlords, they are very well aware that if they tack on an extra $50 for their rent, they're aiming to a different population. That's why the market rent is just above the ODSP and Ontario Works cheques,

Others spoke about dubious practices of some landlords who were more focused on rental revenues without appropriate concern for the condition of the units:

> Landlords are hesitant of fixing [some units]. They want to place blame on a particular tenant. Or [they think] if you are the one that has it [e.g., bugs], you must have caused it;

now it is everywhere. They don't want to fix the problem. And there is no governance around standard housing or landlords having to deal with certain infestations.

It was observed that people with disabilities were sometimes turned away from services. Rather than finding ways to accommodate them, they were not supported with actions that would address their needs appropriately. A service provider expressed dismay about the lack of attention to the issues for individuals struggling with disabilities:

Like even the shelter, I had a lady that was in a wheelchair and they didn't take her because they weren't wheelchair accessible. They said, 'Send her to the [drop-in centre] during the day and a shelter at night'. And I said, 'Are you kidding me? That is your solution?

Service providers also attested to landlords discriminating against women who have experienced domestic abuse:

There's landlords that don't want to take the women [coming out of the shelter] because they don't want the guy to show up there. Um, don't want any problems there. Or the woman has been living, uh, renting a place in town and they may be on that blacklist, because partners damaged units.

8b. LGBTQ2S people

There was knowledge about the challenges for lesbian, gay and transgender people. In particular, it was stated that shelters and services were not addressing the needs of the LGBTQ2S community:

Our women's shelter has just adopted [a policy] allowing transwomen, to accommodate them. For transmen, no. Nothing yet. So, it is a very slow thing that seems to be progressing but it is still huge. For LGBTQ2S that come out, their parents kick them out on the street or they completely lose support. And it is the same thing for transgendered individuals. It is very, very hard. It is really hard to access services to because people don't know how [to support them]. Like they just think they are a whole other world, or refer them as their first gender which isn't appropriate either.

Service providers clearly stated that people in the LGBTQ2S community were at risk of being harmed when they live outdoors. Yet they were aware that landlords discriminated against this group:

I know a few [transgender] people who have been refused housing because they were transgendered. The place was not meant for 'their kind', which I thought they were people.

I have had a current client who is transgendered who has gone through — just walking down the street and people are chasing her.

The focus group participants stated that gaps in services for this group urgently needed to be addressed.

9. Social networks

9a. Relationship loss or challenges

In some focus groups, it was stated that the gaps in service are addressed more or less (if they exist for individuals) by personal support networks—family and friends—or local organizations and projects. This is particularly true of non-mandated services such as food and clothing banks (and where they exist, heat banks). Not everyone can access these local services. Service

providers were aware of inter-generational and geographic stigma; they discussed the idea that, in a small community where people know who your relatives are and where you live, your position in the social order is readily established. They also recognized that people could be invisible in the rural environment, if they choose this:

> *But also, when you're in a small community, people talk, so once you're labelled, you're labelled forever.*

> *So it becomes the second generational thing, I'm sure we have all see that at some point: father, mother and now the son and daughter. I know that family, especially being in small communities, but you don't talk about it because that's not proper. So that's the other thing, that becomes that hidden thing.*

Service providers recognized challenges to service provision when professional relationships were interrupted, through transience, changes in eligibility or limitations in funding patterns. They also discussed the impact of personal relationship losses on housing in generational terms. As noted above, housing could be impacted by changes such as when older adults lost a spouse, adult children returned to live with aging parents or vice versa, or through the kinship placement of grandchildren with grandparents.

10. Support services

Focus group participants mentioned the challenges related to lack of support services, particularly in larger service centre communities in the northern region. They indicated a strong interest in providing a broader range of supports in their communities. This was a challenge for social housing providers who felt that providing supports for tenants would improve housing retention rates. There was some indication that more supports would be critical in reducing homelessness in the region.

> *That's what's missing so much. Is the extra support that these people need, it's, so true, they just need so much help…Everything from basic life skills and decision-making. It seems like such a simple choice.*

> *There's a wide range of supportive housing options in other communities but we don't have that range of supports here.*

> *I also believe if the proper supports and outreach models were available then you wouldn't see half of what we're seeing currently.*

Another interest of service providers in focus groups centred on concepts of collaboration and support for centralized service provision. Participants indicated that their communities were innovative in finding ways to collaborate with various agencies, however, there was a strong interest in support to increase these collaborative efforts and develop coordinated systems:

> *We're getting very complex system navigation cases that require very intensive support systems and wrap-around services. And that coordination—if you're dealing with someone with a developmental disability—that system alone is, extremely difficult to navigate from a service provider perspective, let alone a client and a family perspective, uh, so it can be very stressful.*

Support for service providers was also a concern where burnout and turnover have a significant impact on the health of workers and capacity to provide services:

> *There's a need for support for, like more human resources, support for burnout, turnover and recruitment and retention and all that kind of stuff.*

Service hours were another concern for service providers. Focus group participants discussed the challenges related to limited hours of operation for most services and the lack of capacity to stay open for longer hours:

> *Just the fact that a lot of us close our doors Friday at 4 o'clock and we don't open them up until Monday morning at 8 o'clock. Like that's a big problem.*

The lack of weekend services had been addressed by some agencies that had found ways to open during weekend hours even with limited resources. The challenge was still a concern however and was also related to discharge from institutions after regular working hours, as well as related transportation issues.

Participants in focus groups expressed a number of concerns related to funding models for these communities. It was thought that their role as a service centre, the size of migrating populations and challenges in serving distant populations might not be adequately considered in current funding models:

> *I think funding for programs is challenging here because, like, I only know from the health unit perspective, you get tariffs based on population in Ontario, but not really outside of Ontario. So that means surrounding communities aren't taken into account yet. They're often the one's taking up most of your resources.*

> *Sioux Lookout's what, like, fifty-five hundred people that services twenty-five thousand.*

The concern was voiced in a northern focus group that the needs of homeless people are not addressed as a priority and that consequently they do not obtain support for the issues that contribute to homelessness:

> *I think Sudbury as a whole, doesn't look at the population with any kind of respect. So, without that respect, our population kind of gets thrown in the back [last priority], right? And then they are not getting any help that they need, whether it is mental health issues, addiction issues or substance abuse.*

Focus group participants believed that improvements had been made with regard to programs and services for people living with homelessness. However, they also commented that there were gaps in services and that more could be done to support people in the city:

> *Well, I know they have entered into Housing First and housing referral; whether it is answering [the needs], not sure. But I know there is more extensive follow up. But, through our agencies, we do three meals a day and shower facilities, laundry facilities, housing referrals, medical appointments and that sort of thing. And I'm always on the lookout for new services that can come in… for programs that can enhance people.*

Participants in Elliot Lake also remarked that Sudbury had made changes that are quite effective in supporting people. There was a desire to make similar changes in Elliot Lake:

> *Let's turn [services] around. Sudbury has changed. There's shelter [that] is now harm reduction focused and they will let people in that have used substances. They are also opening a wet shelter, which is awesome.*

In the southern region, the discussion about support services was more general. Interviewees and service providers alike agreed that good service is one that fits well with the individual—the right thing at the right time offered in the right way—and that this makes it more likely that people will access the services they need and use them effectively. However, many service providers were frustrated with rules and regulations, especially those they saw as having been designed for urban situations that fit poorly with rural and northern reality. They wanted more freedom to apply the resources they had to the local needs, to fit the service to the person

rather than vice versa. They did not want to have to bend the rules and hope they would not get caught.

Gaps in services for particular populations

Social policies and practices were understood to place several subgroups within the homeless population at high risk. Groups of people among those living with hidden homelessness were those who had low income but also those who were above low income cut-offs who did not have enough to pay for basic expenses. In addition, policies regarding adolescents were also seen as problematic:

> I think that there should be more services available to those who are deemed as low income. Even non-low income still have challenges, struggle financially but there is no aid available. 'If you make this much you are over the top, that's it you don't qualify, there is no service. I'm sorry.'

> For children or youth, there should be additional services put in place for housing like social housing. A sixteen-year-old kicked out of their home; they're not going to get into social housing which I don't think is right either because they do force them at 16 living with their parents to sign the lease anyways.

There was also concern that older adults were experiencing homelessness due to gaps in service systems, notably hospitals:

> With the hospital as well, I see some seniors being discharged, there is no plan in place and they have no home to go to because they were there for two months. They had no one to help them, no family, no friends. The rent wasn't paid, the sheriff goes, the lock is gone. They are starting all over and they don't know where to go. They don't have anything to start with.

> So I think more and more you will see a depleted work force or an elderly society that doesn't have the bucks like it used to at one time. And that will create a burden on places that serve people, like food banks and that sort of thing.

The comments indicated that a lack of funding for services combined with population aging was expected to lead to rising homelessness and increased pressures on food banks and other emergency services. Population aging and poverty among older adults were acknowledged as significant in all regions.

It was acknowledged that more work was needed to understand the extent of homelessness among people who had served in the military:

> I don't know how much of a program [there is for veterans]. I don't think it is a big program. I am involved with the war veterans' association… it is an issue with veterans coming back with posttraumatic stress and they don't get a huge pension. A lot of them apparently are becoming homeless. A lot of times the people who have experience in the military don't really want to talk about it. So there could be someone who comes in constantly who you would never know is a veteran or who has military experience.

Service providers did not have a good understanding about veterans but believed that people with military service remain invisible because they do not speak about their background as veterans. In addition, focus group participants stated that gaps in services for LGBTQ2S people urgently needed to be addressed.

Urbanizing rural homelessness, by sending rural people to urban centres to have their needs met, was not seen by service providers as a way to mitigate either the impact or the prevalence of homelessness. At the same time, service providers found that the resources were often

inadequate to, or a poor fit with, the needs of the people they served. They understood the lack of housing that was affordable to their clients, including the cost of utilities and maintenance, as a problem that put a growing proportion of their community at risk. They expressed frustration at being unable to significantly influence either the amount or quality of housing that was available. The lack of public transportation and consequent reliance on private vehicles was an omnipresent aspect of their challenges in meeting the needs of their clients, including, notably, their ability to be aware of the size and nature of the need that existed in the more distant and less dense parts of their catchment areas.

11. Unemployment and job loss

Precarious employment was seen to increase the population at risk of homelessness. Employment in rural and northern communities is closely related to access to private transportation. At the same time, global forces are influencing the nature of work in rural areas, as well as elsewhere, toward low-paying, temporary and part-time jobs—precarious work. Precarious work is even more difficult to stitch together to form an adequate income when the work is scattered across a wide geography and accessible only with private transportation. The familiar pattern of rural young people migrating to urban environments in search of adequate employment was discussed. However, it was understood to be off-set by a growing pattern of youth unemployment and young people remaining or returning to live with aging parents, which may destabilize both generations. While this may initially be viewed as a transitional arrangement, it often becomes long term, stretching into family formation phase for the younger generation:

> But [what] I have seen a lot more in this community in young families… Situations where we have older couples, the children have left, but they're coming back with families. So they're moving into often smaller homes, there's overcrowding, but there's also a huge drain on those seniors' incomes, which makes them become more precarious in their situation as well. So not only is that family moving in, I would deem it usually on a temporary basis, which often becomes permanent. You know, they are precarious themselves, but they are also rendering those seniors, or those older people, precarious.

One of the southern focus groups saw this vulnerability to homelessness due to challenges in the local economy as occupying a broad and enlarging position in rural communities:

> We know that [with] our economy, the way things work is that we have permanent jobs being replaced by part-time jobs. So if you look at what's going to come—let's look at a crystal ball—we're going to have more families, or more individuals, fall into that hidden homelessness category somehow. And it's almost as if we're going to be reactive to it instead of being proactive to it… And in a rural area, if you lose your job, it is really difficult to find another job. So let's say tomorrow in [a nearby village, the major employer] decides to put 10% of its workforce on layoff. The individuals there that are earning $28-29 an hour are never going to find jobs at that type of pay.

12. Perceived solutions

The main thrust of the focus groups was to collect data describing what hidden homelessness looked like in rural communities, to identify which groups of people are most likely to be affected by the problem, and to identify what interventions were effective and what were needed to help people who find themselves facing these dire housing circumstances. The first step in addressing the problem, which was also clearly evident from the survey and interviewees, was

the need for more affordable housing. One focus group participant summed up the current situation in her catchment area with this brief statement:

Private market rental housing is in short supply, unaffordable and substandard.

A number of suggestions were made in the focus groups which could improve the living conditions of hidden homeless people in rural and northern areas. Improving access to affordable housing was discussed within the context of government support, given that there was agreement that market forces have been unable to address the problem of low-income people needing access to affordable housing. Interestingly, there was little and sometimes no discussion about building large, or even medium-sized, public housing complexes as a remedy to the problem. However, this may be linked to perceptions of limited funds for such initiatives.

When speaking about the needs of particular subgroups, service providers identified some of the solutions that need to be addressed. They were clear in stating that more funding is needed within the homelessness sector as it is an area in which few resources are available for programs and services. They also stated that changes must be made to restrictive policies and practices, including social assistance payments that are inadequate given the cost of housing, food, medication and transportation. Such supports are needed for many subgroups, notably people with mental illness, addictions, other health challenges and vulnerable groups (Indigenous people, youth, LGBTQ2S, people with disabilities) including those who do not have identification papers.

There were also many suggestions about changes in how services are delivered. Generally, it was believed that people who deliver the service are in the best position to know how best to maximize resources. It was stated that there is a need for fewer imposed regulations and restrictions, more freedom for service deliverers to make the programs and services fit the intended needs and less pressure to make the needs fit the existing programs. This view was grounded in a firm belief that communities, even those a few kilometres apart, often have quite different social patterns. Participants noted that if program delivery does not fit with the local culture, it will not be effective in achieving the intended outcomes.

In Elliot Lake, service providers stated that an important strategy for addressing issues of homelessness was to follow the examples of places that had successfully tackled the problem. Medicine Hat, Alberta, was specifically mentioned as providing guidance for communities:

And we've been following what is happening in Medicine Hat and their four-year follow-up. They have no homelessness in Medicine Hat, first place in Canada.

Participants also spoke about a number of suggestions to improve service delivery and end homelessness in northwestern Ontario. The most significant interest related to an increase in adequate, safe and affordable housing. There was particular interest in harm reduction models for addictions treatment. This included Managed Alcohol Programs which were seen as innovative and with great potential for those who had not succeeded with traditional treatment approaches. Focus group participants also spoke of their interest in supporting further development of systems-level approaches to addressing homelessness and adaptation of housing first approaches to suit northern geographies.

7.3 SUGGESTIONS FOR CHANGE

Table 16 summarizes the main suggestions for change from the interviews with people with lived experience of homelessness, service providers who participated in focus groups and service managers who participated in a survey and group discussions with OMSSA. The

suggestions for change are based on clearly articulated strategies. This table does not include content based on descriptions of the circumstances described in sections 7.1 and 7.2.

Twenty-eight suggestions for change are listed in Table 16 as those that were most prominently put forward by each respondent group. While participants may have mentioned additional ideas, those that were clearly identified as strategies for making change are indicated. The suggestions that were strongly identified by two or more respondent groups are highlighted. Of the 28, 20 were identified by two or three groups.

Firstly, six suggestions were made by all three groups (see darkest highlighting). These pertained to increasing funding for transportation, expanding the range of services in rural and northern areas, increasing the availability of affordable housing as well as housing supports, shelters and transitional housing units. The suggestion to increase social assistance rates and incomes so that they cover the actual costs of housing and living expenses was also mentioned by all three groups.

Secondly, 14 suggestions for change were identified by two participant groups (see lighter highlighting) These suggestions fell under all seven of the headings in Table 16. The *first* heading pertains to specific areas of services that are believed to require improvement (e.g., cultural sensitivity, extended family and housing, transportation, discharge planning, recognizing issues for youth and older adults, improving services for vulnerable groups and expanding the range of services). The *second* heading pertains to increasing housing options (e.g., affordable housing, housing supports, working with or regulating landlords and increasing shelter beds and transitional housing). The *third* heading regards the re-evaluation of funding models in the area of homelessness (e.g., increasing overall funding for northern and rural services, providing funding to improve collaboration and coordination between service providers, and flexible use of funding). The *fourth* heading deals with racism and discrimination and the key suggestion was to tackle forms of discrimination against all people who receive social assistance benefits. The *fifth* heading pertains to increasing the availability of treatment programs and two groups wanted to see increases in programs to address mental illness and addictions as well as more harm reduction programs. The *sixth* heading is about improving relationships with First Nations or improving conditions on First Nation communities and two groups wanted to see improvements in housing options on First Nations. The *seventh* heading relates to improvements to social assistance programs; three groups believed that changes should be made to increase social assistance rates. Finally, the *eighth* heading regards improvements to employment supports and two groups wanted to see more employment supports and/or more emphasis on community economic development.

Of the remaining suggestions for change made by one of the groups, three were made by people with lived experience of homelessness, three were made by service providers and two were made by service managers. These suggestions fall under five of the headings in Table 16 (2, 3, 4, 6, 7). It is important to note that identification by only one of the groups participating in this study does not signify that they are less important than those identified above. Rather, these are issues that are most salient to a particular group with a different set of experiences relating to homelessness compared to the other two groups. People with lived experience often speak to their own experience while service providers and managers may reflect on the experiences of many people they serve directly or indirectly. Each group is grounded in its own perspective on the issue of homelessness and each perspective is valid.

Table 16: Suggestions for change made by people with lived experience, service providers and service managers

Suggestion for change	Group making suggestion		
	People with lived experience	Service providers	Service managers (CMSM, DSSAB)
1. Improve services			
• Address issues of cultural sensitivity/safety	X	X	
• Recognize the cultural significance of extended families in housing	X	X	
• Provide funding to allow for more transportation/mobile supports	X	X	X
• Recognize youth issues and population aging as factors impacting on services		X	X
• Improve services for vulnerable groups: Indigenous people, LGBTQ2S, people with disabilities, youth, older adults	X	X	
• Expand the range of services in rural/northern areas to match those offered in urban centres: community hubs, outreach, shelters	X	X	X
2. Increase housing options			
• Increase availability of and access to affordable housing	X	X	X
• Increase availability of housing supports	X	X	X
• Increase availability of single room occupancy accommodation	X		
• Increase housing for older adults, including accessible units		X	
• Develop programs to work with/regulate landlords	X		X
• Increase the number of shelters and transitional housing units	X	X	X
3. Re-evaluate funding models for housing and services			
• Examine housing policies that set rental rates/rent subsidies		X	
• Increase funding for northern/rural services to enable better services for people who are geographically isolated		X	X
• Provide funding for increased collaboration/coordination of services		X	X

Suggestion for change	Group making suggestion		
	People with lived experience	Service providers	Service managers (CMSM, DSSAB)
• Provide support for strategies to address staff burnout/turnover		X	
• Increase forms of enumeration to better understand needs and to educate rural/northern communities			X
• Allow more flexible use of funding to address unique community needs		X	X
4. Address racism and discrimination			
• Racism (e.g, landlords)	X		
• Discrimination (e.g., against social assistance recipients)	X	X	
5. Increase the number of treatment programs			
• For mental illness	X		X
• For addictions	X		X
• Provide more harm reduction programs and services	X	X	
6. Improve relations with/conditions on First Nation (FN) communities			
• Improve housing options on FNs	X	X	
• Provide travel assistance for people to return to their FN	X		
7. Raise social assistance rates			
• Increase social assistance rates so they are comparable to the costs of housing and living expenses	X	X	X
• Streamline eligibility criteria for income-tested programs to simplify			X
8. Improve employment supports			
• Provide more employment supports and community economic development	X		X

THERESA: A PROFILE OF LIVED EXPERIENCE

Theresa is an Indigenous woman in her 30s and she has moved away from the James Bay coast to go to school. She has left her children with her mother in a coastal community as she wants to obtain an education that will enable her to earn a decent living.

However, she has been unable to obtain housing and has been struggling to find a place to sleep in a northern community. She has stayed temporarily with others, couch surfing and searching daily for a place to stay each night. She commented that her situation was stressful, especially since the fall weather was getting cold. Searching for accommodation, Theresa has encountered a great deal of racism as landlords have always told her that the units are already taken when she tries to look at them.

Teresa knows of other Indigenous people who are couch surfing, sleeping outdoors in a park or living in a bush camp because they have been turned away and unable to get housing: "I know a couple who sleep in the park. They carry a sleeping bag around and sleep in the park all summer. They look sad."

Theresa has also been turned away from a women's shelter as she has been told that the mandate is to serve women who are experiencing violence. When applying for social housing, she was told that the

Photo courtesy of Poverty, Homelessness and Migration.

wait list was extremely long. She has also had difficulty finding out what social programs are available to help her: "When you're at social assistance, they don't tell you what you are eligible for."

Finding work is difficult as Theresa has a criminal record. She said that nearly every job requires a criminal record check. She has also been told that the post-secondary program she wants to pursue requires a clean record. With one year remaining before she can apply for a pardon to have her record cleared, she is unable to go to school as she had planned. Being unable to get employment, she has few options. Because of the racism she has encountered, she believes that more outreach services should be in place to support people accessing services and to advocate for them.

8   PROMISING PRACTICES

8.1   BACKGROUND

As part of the focus groups and surveys, we solicited input on programs/initiatives that represent promising responses to address absolute and hidden homelessness and the prevention of homelessness. Service providers and service managers were asked in the surveys whether there were "good practices or programs" in their area that were effective in preventing, reducing or eliminating rural hidden homelessness. If there were aware of such programs, they were asked for contact information and a brief description of what the respondent saw as the effective component. In the focus groups, participants sometimes mentioned programs that were effective. These leads were further pursued by the research team in order to develop a thumbnail sketch that would allow readers to explore programs and services further if they thought the approach might be adapted to their circumstances or be otherwise useful. The sketch was approved for inclusion by the identified program contact. Similar initiatives (such as Managed Alcohol Programs, travelling rent subsidies, culturally appropriate services for Indigenous peoples and a unique travelling Housing First program) were identified in the northwest region of Ontario however specific details and contact information were not available for this report.

Many communities have viewed the flexibility permitted by the province in recent program guidelines as a positive development; a number have introduced innovative programs, customized to meet the needs of rural and northern communities and needs identified locally for their specific populations. In many cases, priorities were identified through development of the provincially mandated Ten-Year Housing and Homelessness Plans. The program descriptions in this chapter provide information on the background and delivery of the "promising practices" described by research participants. The programs, services, and initiatives span a wide range of issues, needs, and target populations. Out of a total of 25 promising practices identified, 11 of these contained elements focused on providing shelter or housing. All 25 programs provided supports which addressed a wide range of needs. This included services focused on the following areas:

- transportation, food, clothing and home goods, personal care, heating and utilities
- wrap around and service navigation
- outreach
- in home supports
- youth and child programs
- criminal justice and harm reduction programs
- vocational supports
- drop in services
- workshops, information, and referral services

Many programs involved extensive collaboration within communities and across rural regions. They highlight the strengths in collaborative service provision and system planning that exist in rural and northern Ontario. Some programs identified target populations. This included four programs for seniors, five with specific support for youth or children, and five with specific services for people with mental health, addictions, or other disabilities. Table 16 provides a visual breakdown of the various programs (organized alphabetically) according to program type.

Table 17: Programs and services arranged by type of service

Name	Housing alternatives	Prevention	Material supports	Info., referrals, workshops	Emergency supports	Mental health & addiction supports
CK Homeless Response Line—Chatham-Kent					X	
Lambton County Pilot Projects— (Community Homelessness Prevention Initiative funded)		X				
Community Resource Centre—Renfrew County				X		
Cornerstone Landing Youth Services—Lanark County	X					
Places for People Non-Profit Housing Corporation—Haliburton County	X					
Harm Reduction Home (HRH) Day Program, Canadian Mental Health Association—Sudbury/Manitoulin Branch						X
Heat Bank Halilburton County and Central Food Network—Highlands East Food Hub, Haliburton County Community Garden Network, Cardiff Food Bank			X			
Highlight Community Paramedicine Program, Aging at Home—Renfrew County		X				
Homelessness Prevention Team—Sault Ste. Marie		X				
House of Lazarus—North Dundas			X			
North House Shelter—Beaverton	X					
North Shore Community Support Services, Inc.—Elliot Lake						X
Northern Frontenac Community Services—Frontenac County				X		
Paris Food Bank – Housing Help – Salvation Army—County of Brant			X			
Places for People—Haliburton County	X					

Name	Housing alternatives	Prevention	Material supports	Info., referrals, workshops	Emergency supports	Mental health & addiction supports
RAFT—Niagara Region	X					
Renter's Toolkit—Region of Waterloo				X		
Rural Health Hubs (Pilot Project)—Muskoka				X		
Ontario Renovates—City of Cornwall, United Counties of Stormont, Dundas and Glengarry		X				
Street Outreach Van—York Region					X	
The Gateway Hub – Community Mobilization— North Bay						X
The Grind Coffee—Pembroke			X			
The Halton HomeShare Program—Halton Region	X					
The House that Love Built— Winchester	X					
The Main Street Rez— Haliburton Village	X					
The Samaritan Centre – Free Hair Salon and Barber Shop—Sudbury			X			
The Yo! Mobile—Timmins					X	

8.2   PROGRAM DESCRIPTIONS

Program descriptions in this section are presented according to program type. There are three primary sections: housing and shelter programs, homelessness prevention programs and support programs. Support programs are presented in several subsections: material supports; information, referral, workshops; emergency supports; mental health and addictions supports. It is important to note that many of the programs categorized as support services also provide homelessness prevention services and occasionally provide multiple types of supports. While specifically aligned to the needs of each community, these programs and services might be applicable and transferable to many other communities.

Each program description provides some initial information about the program or service (background and details about the service) and a contact for further information about the initiative.

Housing and shelter programs

Cornerstone Landing Youth Services—Lanark County

Background: Lanark County is made up of small towns and rural areas. It has one shelter for the domestic violence population and no specific emergency housing. In 2010, a group of concerned people got together to address the issue of young people in their county who were homeless, which evolved into Cornerstone Landing Youth Services, a community-based charitable non-profit that provides a continuum of care to youth aged 16 to 25 in their community. This is a small, uniquely rural approach to addressing youth homelessness on a one-by-one basis.

Programs and services: Cornerstone Landing provides direct support and case management services to youth who are homeless or at risk of homelessness across the County through two Housing First case workers. Rent supplements and financial support are also available on a priority basis. Most recently Cornerstone Landing added a transitional housing program in Smiths Falls to their list of services. They plan to open a second transitional home in Carleton Place in the fall of 2017. Youth accessing all of Cornerstone Landing's programs are supported in accessing community resources, completing their education, finding employment and working toward independent living.

Website: www.cornerstonelanding.com

Contact: Terrilee Kelford, terrilee@siblingsinthecity.com, 613-285-9292

The Halton HomeShare Program—Halton Region

Background: Functioning since 2016, The Halton HomeShare Program is a partnership between Halton Region, Halton Housing Help and Burlington Age-Friendly Seniors Council.

Programs and services: Currently being offered in Burlington, this program works to match older adults with renters who can help with household responsibilities. Halton Housing Help screens applicants and provides follow-up monitoring services. The Halton HomeShare Toolkit, developed by the Housing Committee of Burlington Age-Friendly Seniors Council is a useful guide in determining if HomeShare is a good option for individuals. It is available at:

Website: www.burlingtonagefriendly.ca or http://torontoist.com/wp-content/uploads/2015/04/The-HomeShare-Toolkit-Final.pdf

Contact: Heather Thompson, hthompson@cdhalton.ca, 1-855-395-8807 ext 3

The House that Love Built—Winchester, Ontario

Background: In response to the need of a member of the congregation, Harmony Church developed a strategy for replacing her house which was in poor condition. The homeowner had lived for twenty years in a house her husband had built. The property became problematic to the municipality due to health and safety issues; hoarding issues of the late husband were a primary contributor to deteriorated building conditions.

Programs and services: Members of the church assisted the homeowner with getting rid of the hoarded items. Members began looking for a replacement house to put on the property. They bought two houses that a developer had offered for sale on condition that they be moved. An investor from the church community bought the houses and sold one to offset the cost of moving the other to the property and building a new basement.

A private investor incurred all costs to date and holds the mortgage, which is low because the church fundraised over the four years that this project was underway. The homeowner pays the interest on the mortgage, as well as occupancy costs. The church will continue to fundraise if necessary to address any short-fall, and to ensure that the homeowner has a contingency fund adequate to maintain the house over time.

Contact: Nanda Weebs, nanda@weebs.ca

North House Shelter—Beaverton

Background: North House is an organization in the northern townships of Durham Region with a focus on preventing homelessness. The objective of North House is to reduce the homelessness recidivism rate through housing and support services programming.

Programs and services: Rent subsidies in coordination with counselling support services; wrap – around services focused on housing retention and homelessness prevention; community soup lunches; workshops on a variety of topics including financial literacy and cooking on a budget; a community garden; and the North House Catering social enterprise. The organization has also developed small housing projects in several rural areas using a "one house at a time" approach.

Collaboration is key to the success of the organization. North House has multiple partners, including United Way, Faith Works and the Anglican Church.

Contacts: Lise Krien: wraparound@northhouse.ca; Anne Kewley: kewleyanne@gmail.com

Places for People Non-Profit Housing Corporation—Haliburton County

Background: Places for People is a charity that provides subsidized rental housing in Haliburton County. Since 2007, it has developed properties in three villages comprising six family units. It has been granted relief from land taxes by MPAC because it relieves poverty, but otherwise is not dependent on government funds. It fundraises in the community until the mortgage and related housing costs can be addressed by rental revenue and then proceeds to develop its next project. P4P has attracted investment from community members and organizations by offering a reasonable financial return, as well as the satisfaction of helping to increase the stock of quality housing. It also borrows reserve funds from community organizations on a short-term promissory note in order to buy down its more expensive mortgages.

Programs and services: P4P buys existing properties, renovates them, and rents them at affordable rates by accessing municipal rent supplements. P4P board members and volunteers provide property maintenance and tenant support, as well as fundraising and community education. Tenants connect monthly with a 'coach', a skilled volunteer, to discuss progress on goals and arrange for assistance as needed. This connection triggers a monthly contribution of a small percentage of the rent into a trust fund that the tenant may access, on negotiation, for emergencies or opportunities. P4P is implementing two new tweaks on its original model; further information is available on this from the contact.

Website: http://placesforpeople.ca

Contact: Max Ward, 705-286-3592

RAFT—Niagara Region

Background: RAFT is a non-profit organization that was developed in 1992 to address growing concerns associated with a lack of services for at-risk and homeless youth. The target population is youth aged 16 to 24 years old who are chronically or episodically homeless. The programs support youth who experience homelessness by moving them into permanent housing as quickly as possible.

Programs and services: RAFT started as a drop-in centre operating five nights a week and has since expanded to include:

- A 16-bed hostel
- Steps to independent living program
- Regional transportation program
- Community based youth reconnection program
- A Housing First worker who supports youth the find adequate and affordable housing, coordinate access to services to ensure basic individual needs of youth are met, act as advocate for youth, and provides ongoing support to help ensure success and stability

Website: http://307.cmsintelligence.com/site/home

Contact: Email: http://307.cmsintelligence.com/site/contact#email, 905-984-4365

The Main Street Rez—Downtown Haliburton Village

Background: The "Rez" building had previously been managed by a local property manager, but had developed a bad reputation for drug abuse and parties. In 2013, the owner hired a new building manager who also worked for a local charity that rented office space in the building.

The building manager began to work with the tenants of the Rez, moving beyond landlord and tenant relationships and assist with additional supports. After a year the culture of the building began to change dramatically. The residents now reinforce this culture to new tenants, as they appreciate the stability and safety that now exists.

Program and services: The "Rez" offers individual rooms, shared bath, kitchen and living space on the third floor of a building in Haliburton Village. It has commercial facilities and business offices on two lower floors, including a drug store that also houses an Ontario Addiction Treatment Centre (OATC) and methadone clinic. The Rez has apartments with fourteen private rooms and one bachelor apartment. People of all ages and gender are eligible to be residents. The monthly rent is designed to be affordable to low income earners and ODSP recipients. The building manager works closely with other service providers to assist tenants in accessing various helps and resources.

Two years ago, the building manager, through his employer, opened The R.E.C. Room, a recreational space on the ground floor that operates as a community drop-in centre with limited hours, open to the public.

Contact: Nick Adams, mainstreetrez@gmail.com, 705-854-1072

Homelessness prevention programs

Lambton County Pilot Projects (Community Homelessness Prevention Initiative funded

Background: The Community Homelessness Prevention Initiative in Lambton County has implemented several pilot projects to address rural housing and homelessness in the region. This description highlights four pilot programs and services:

Mental Health & Addictions Housing First

The Canadian Mental Health Association of Lambton-Kent (CMHA) and the River City Vineyard (a local homeless shelter) are working in tandem to implement two programs under this pilot. The purpose of both programs is to provide stable housing for the community's chronically homeless population as well as youth in the community with mental health and/or addiction issues using two subsidized rental methods. Both programs also provide wrap-around service support with the intention of moving individuals into permanent independent living situations.

Rural Transportation

The Canadian Red Cross Society (CRCS) – Sarnia Lambton Branch is the lead agency for this pilot. The purpose of the pilot is to increase access to services and supports for the most vulnerable people experiencing homelessness in rural Lambton by providing transportation. The North Lambton Community Health Centre (NLCHC) and Lambton Elderly Outreach (LEO) are partners in this pilot.

Seniors Homelessness Pilot

The County of Lambton Elderly Outreach (LEO) is the lead agency for this pilot. The purpose of this pilot is to work in partnership with local retirement homes to provide subsidized beds in Sarnia-Lambton for those seniors who are experiencing homelessness or at risk of being homeless. This includes individuals using Alternative Level of Care (ALC) beds in hospital who are not eligible for long-term care facilities but who cannot return home because of increased needs.

Community Service Navigation

The Canadian Mental Health Association, in partnership with River City Vineyard and the Inn of the Good Shepherd, is the lead agency for this pilot. The purpose of the pilot is to increase navigation and guidance for people accessing services designed to prevent or manage homelessness. Two 'Community Connectors' and one social worker work with various service agencies throughout Lambton County to 'connect the dots' between service organizations, thereby increasing service planning, continuity and follow-through for the clients.

Contact: Amy Davis, amy.davis@county-lambton.on.ca

Highlight Community Paramedicine Program, Aging at Home—Renfrew County

Background: Several years ago, paramedics in Deep River came to the realization that most of their 911 emergency calls were coming from seniors living alone, so they decided to create a program to address this issue. The goals of the program include: allowing seniors to stay in their own homes, reducing use of hospital and emergency services, improving quality of life and reducing stress for seniors and caregivers. This strategy has helped to mitigate emergency calls and reduce hospital visits. Several seniors receiving services reside in subsidized housing. Maintaining their independence through this program allows them to remain in their homes. The scheduled paramedic visits have removed some seniors from the nursing home wait list. Organizers estimate it costs the healthcare system nearly $50,000 less per client in this program than it would cost to keep these individuals in a long-term care facility.

Programs and services: The Aging at Home Program currently consists of 32 clients (started with 16 clients) with an average age of 87, all of whom are still living at home independently. A group of paramedics frequently checks in on 32 vulnerable seniors in the town. During the visits, paramedics will perform a basic health check, which can include making sure the clients are eating right and helping them complete their exercise regimes.

Contact: Michael Nolan: 613-735-7288

Homelessness Prevention Team—Sault Ste. Marie

Background: The District of Sault Ste. Marie Social Services Administration Board supports a Housing First approach to ending homelessness in Sault Ste. Marie. Programs are based on a basic principle of Housing First which indicates that people are better able to move forward with their lives if they are first safely and affordably housed. Using a recovery-based approach, and providing individualized supports based on needs, an individual experiencing a housing crisis or chronic homelessness is much more likely to remain housed under the Housing First approach.

Programs and services: This description highlights two initiatives of the Homelessness Prevention Team.

Pauline's Place is a 19-bed shelter in Sault Ste. Marie that provides emergency short-term housing to youth (male ages 16 to 17, female ages 16 to 21), women and families who are experiencing a housing crisis. Pauline's Place provides temporary emergency shelter and basic necessities such as food, clothing and hygiene products. This program also assists clients to secure and maintain permanent housing.

The Sault Ste. Marie DSSAB has also partnered with multiple community agencies, holding Homelessness Prevention meetings to implement a Housing First approach. Initial placements into any Homelessness related programs are determined based on one-on-one meetings with each client. The degree of intervention is based on a Service Prioritization Decision Assistance Tool (SPDAT) assessment. Weekly inter-agency meetings are considered mandatory in order to

follow up on current referrals, and plan for new ones — and they are considered key to the success of the program.

Contact: Joanne Pearson: J.Pearson@dssmssab.ca

Ontario Renovates—City of Cornwall, United Counties of Stormont, Dundas and Glengarry

Background: While completing the Ten-Year Housing and Homelessness Plan it was identified that numerous homeowners, particularly those in receipt of ODSP and seniors, do not have the funds to pay for accessibility renovations or substantial repairs such as replacing a roof, furnace, windows, doors, and electrical panels. Many seniors have received assistance with accessibility features, which will enable them to remain in their homes. Younger homeowners who can no longer work because of illness have been able to remain in their homes because of this assistance. Supporting people to remain in owner-occupied homes responds to disproportionate lack of rental accommodation in rural areas, and allows people to remain in their communities near familiar services and supports.

Programs and services: Ontario renovates is a component of the Investment in Affordable Housing Program (IAH) which is funded by the federal and provincial governments. The Ontario Renovates component has been successful in the City of Cornwall and United Counties of Stormont, Dundas and Glengarry area. The program has been administered by the Social Housing Division since 2011. Ontario Renovates provides financial assistance to renovate and/or rehabilitate affordable ownership and rental properties. Most of the labour is done by local contractors and most of the material is purchased locally, therefore the program has been great for the local economy and the local labour force. It also helps to improve energy efficiency responding to increasing utility rates.

Contact: Anne-Marie Fobert, afobert@cornwall.ca

Heat Bank Haliburton County & Central Food Network—Haliburton

Background: The Central Food Network is a non-profit operating out of the Wilberforce Food Hub which oversees several programs. The Food Hub was a 2015 addition to the municipally owned community centre for expanded food storage, which stores and distributes food to the Cardiff and Wilberforce Food Banks (part of the Central Food Network). The following describes the Food Hub services and one of the programs of the Central Food Network.

Programs and services: The Food Hub has a larger capacity and specialized facilities which allows it to aggressively and creatively source food, and to take advantage of large quantities of food available through donors or Ontario Association of Food Banks programs. Overstocks of food items are distributed to other food banks in the County. They collaborate with the Haliburton County Community Garden Network to transform grown, donated and salvaged food into resources for the Food Hub and other food programs. They also offer educational programs on any issues related to housing, heat and food.

The Central Food Network oversees Heat Bank Haliburton County which is an emergency fuel program supported by a community-based network of local agencies, organizations, businesses and community members. Many homes in Haliburton County use wood fuel for heat and trees are omnipresent. The Heat Bank collects, cuts and seasons wood at five sites around the County and makes wood and funds for other heat sources available to those in need. It redirects unwanted hard wood from landfills by transforming it into fuel through volunteer 'cutting, splitting and stacking parties'. It also has fundraising events and accesses grants to hire a part-time

coordinator who provides intake assessment, assessing need for fuel and more, as the customer requires, identifying resources available, making referrals and following through with case management. The program has recently expanded to act as an intake agency for two provincial hydro relief programs to further support households facing a crisis to connect to additional supports.

Website: http://www.heatbankhc.ca/

Contact: Tina Jackson, 705-306-0565

House of Lazarus—North Dundas

Background: The House of Lazarus is a social enterprise with charitable status. The organization is affiliated with the United Church of Canada but operates under a community-based board. It has been in existence since 1986 and moved to its current location in 2000. It offers an invaluable service in this agricultural area served by agencies and programs located in several villages, as well as the large urban areas of Ottawa and Cornwall, each 100+ km distant, by knitting together providers and recipients of service, as well as the flexibility of being financially self-sufficient.

Programs and services: The organization operates a food bank, clothing thrift shop and household goods shop in the tiny village of Mountain, 30 km south of Ottawa. It manages a staff of 24 people and does a thriving business with 'the public' as well as people of limited means. The business funds an outreach service, Linking Hands, that connects people within Stormont, Dundas and Grenville Counties with existing services, and fills in the gaps as needed and possible.

Website: www.houseoflazarus.com

Contact: Cathy Ashby, 613-989-3830

Paris Food Bank and Housing Help, Salvation Army—County of Brant

Background: The Salvation Army offers more than food bank services at the Paris location. Staff try to work with people to find out why they are in need and give suggestions to fix problems. The Paris Food Bank partners with other churches, community agencies, and local politicians to implement projects. This has led to a number of other initiatives operating from the Paris location.

Programs and services: From the Paris location, County of Brant and Brantford housing service staff try to help people with housing issues. The site partnered with Children's Aid Society to run a backpack program, helping to identify children in need through the Food Bank, and to distribute the backpacks in the fall. The Food Bank has also run a Crock Pot Club for Seniors, partnering with the Brant County Health Unit. Staff has also offered budgeting seminars. A rural transportation initiative is also under development through partnership with multiple agencies, businesses, churches and County Councillors. The Committee is undertaking a transportation study recently approved by County Council. It is hoping to eventually develop a rural program similar to the one in their neighbouring community called Ride Norfolk: www.ridenorfolk.ca

Contact: William Ratelband: William_ratelband@san.salvationarmy.org, 519-752-7814

The Grind Coffee House—Downtown Pembroke

Background: The Grind is an inter-denominational pay-what-you-can coffee house/drop in in a renovated downtown building that opened in November 2015. It also provides outreach services to assist people in identifying and accessing the services. The Grind is valued by the service community for providing a welcoming gathering spot for a socially excluded population, which raises awareness about the presence and impact of poverty and homelessness in the community.

Programs and services: The coffee house is open 10 a.m. to 2 p.m. during weekdays, and 5 p.m. to 8 p.m. on Saturdays. It operates with volunteer labour, recently under the guidance of a paid coordinator. It offers programs and services to marginalized people (e.g., community dinner, men's breakfast, women's breakfast, youth programs) and an informal referral system to other agencies. In fall 2016, it expanded to include an emergency shelter with three beds and laundry facilities.

Web: www.thegrindpembroke.ca

Contact: Katrina Mask, 613-631-0201; Jerry Novack, 613-329-3117

The Samaritan Centre Hair Salon and Barber Shop—Sudbury, Ontario

Background: The Samaritan Center converted an office space into a hair salon/barber shop. The equipment was obtained at a minimum cost and the program seeks donations to help with the cost of shampoo, electric gear, sterilizing solution, cleaning products and supplies. The service gives people living with homelessness a sense of dignity; people attending the program have reported that it helped them feel good about themselves and boosted their confidence.

Programs and services: A professionally trained barber/hair stylist provides the service free of charge. A Sudbury barber offers a free shampoo and hair cut hair to people living with homelessness and people receiving a disability pension or supports from Ontario Works. It is located in a service hub which makes it easily accessible, and is offered every Monday from 9:30 a.m. to 2:30 p.m. on a first-come, first-served basis.

Contact: Kevin Serviss, kevin@newhopeoutreach.ca, 705-669-0111 or 705-682-9990

Information, referrals, workshops

Community Resource Centre—Renfrew County

Background: The Community Resource Centre (CRC) began in 1987 in response to a community need. The intention was to connect people on limited income and unstable housing with information and supports. Early on, the CRC opened a social enterprise, Buried Treasure (a thrift shop), which became its public face as well as an ongoing source of revenue. The Centre blossomed into a multi-purpose service 'hub' with at present a $1.1K budget.

Programs and services: The Centre is based in Killaloe (population 700), providing services either on site or through outreach services and collaboration with other services and organizations. It offers services and programming for all ages. Services at present include a licensed day care, before and after school care, a mobile Toy Bus play and learn program, child development and parenting programs, youth recreational and skill development activities, court diversion, a cooking program, practical assistance (e.g., clothing, Christmas, school supplies,

help with child recreation costs), and information and referrals. The CRC also operates a community centre that is available to a wide range of community groups.

Website: www.crc-renfrewcounty.com

Contact: Bill Smith, Executive Director, bil@crc-renfrewcounty.com, 613-757-3108

Northern Frontenac Community Services—Frontenac County

This program is supports combined with homelessness prevention services.

Background: Northern Frontenac Community Services (NFCS), located in Sharbot Lake provides, coordinates and promotes community-based services for the entire population in this rural, low-density portion of Frontenac County.

Programs and services: The two locations include a child centre and an adult centre which offer programming for seniors, children, youth, individuals and families. Services include volunteer transportation coordination, family counselling, licensed daycare, playgroups and youth recreation, and services to support individuals with special needs and to support seniors in their homes. NFCS also rents office space to several affiliate agencies, so that residents can access services without travelling to Kingston or Perth. These include Ontario Works, Ontario Disability Service Program, Legal Services, addictions and mental health counselling, Homelessness Prevention (HPS) and Child Welfare.

NFCS organized a Rural Summit in May 2016 that brought together a broad spectrum of community members and those who provide services to the area to improve their understanding of the needs and assets of the community, with the goal of developing an action plan for addressing homelessness in the community. A follow-up Summit to continue to work toward this goal is planned for April 2017.

Website: www.nfcs.ca

Contact: Louise Moody, 613.279.3151 ext. 103 or 613-279-2244 ext. 104

Renter's Toolkit—Region of Waterloo

Background: The Renter's Toolkit was developed by the Region of Waterloo's Community Services Division in response to a gap identified regarding self-directed housing stability and eviction prevention resources. Geographic proximity and hours of service are a limiting factor for rural communities.

Programs and services: The toolkit content was developed with input from a variety of stakeholders. Communications (media/marketing) staff helped to ensure that the toolkit met plain language and AODA guidelines. The toolkit also includes some short videos and audio components to provide additional information and highlight key topics in each phase or section.

Website: http://communityservices.regionofwaterloo.ca/en/housing/renters-toolkit-finding-and-keeping-a-home.asp

Contact: Marie Morrison: mmorrison@regionofwaterloo.ca

Rural Health Hubs (Pilot Project)—Muskoka

Background: This is a new pilot project at a rural health hub in the Muskoka region. The concept is a "community hub" model which provides community outreach to rural areas through partnerships with the health hubs. The hub concept supports one-stop access to housing related services and supports. It will help eliminate barriers related to transportation and service system navigation.

Programs and services: A community outreach worker from the Community Homelessness Prevention Initiatives (CHPI) works in partnership with staff of the health hubs to provide outreach services to clients. The worker provides information, links clients to services, and provides assistance completing applications (e.g. OW, housing, childcare subsidy, OESP, etc.). The community outreach worker is a consistent contact and familiar face to help develop relationships, trust and confidence, and provide safe and secure space. These client contacts also help service providers to determine gaps in services and programs and help inform the direction for rural programming for seniors, youth and low-income families. This project is also creating partnerships with rural service providers, churches, township councils, and service managers in bordering regions.

Contact: Jackie Mattice: Jackie.Mattice@muskoka.on.ca

Emergency supports

CK Homeless Response Line—Chatham-Kent

Background: The Homeless Response Line was initiated after community consultation and discussion identified that there was no streamlined, coordinated response to "after-hour" emergency accommodation provision or follow-up support service. Other service barriers identified included lack of transportation to emergency accommodations and lack of available motels in rural areas. The community leveraged existing resources, relationships, and built new relationships to implement the telephone line and create motel participation in the program. A social media and marketing campaign shared and marketed information about the program.

Programs and services: The CK Homeless Response Line is a centralized "after-hours" point of contact for people, in crisis, experiencing emergency homelessness in Chatham-Kent. The line is answered daily from 4:30 p.m. to 8 a.m. Monday to Friday, and 24 hours a day on weekends and holidays. (It is expected that current service providers will continue to provide services during business hours). Callers to the CK Homeless Response Line are screened, diverted to safe temporary housing with family/friends when possible or referred to local emergency motel accommodations. If transportation is preventing access to emergency motel accommodation, local cab companies are utilized and bill directly. Callers are paired with local "Housing First" service providers to assist them in securing long-term sustainable housing.

Contact: Chantal Perry: CHANTALP@chatham-kent.ca

Street Outreach Van—York Region

Background: **Crosslinks Street Outreach and Services Network** is lowering barriers and reducing isolation for a highly-marginalized population. Central to the Network is the Crosslinks Street Outreach Van which, since 1998 has travelled more than 20,000 kilometres a year. The

Street Outreach Van is a project funded by York Region's Community Investment Strategy and is run by LOFT Community Services.

Programs and services: This program provides mobile outreach and support services to homeless and those who are at risk of homelessness through the work of a multi-disciplinary team. Services are provided seven days a week from 2 p.m. to 9 p.m. covering all York Region with a minimum of three visits per week to each of the nine municipalities. The van offers mental health and nursing assessment/care, crisis support, intervention and prevention, condoms, needle exchange, assistance in finding shelter and transport for first-time access to shelter and survival supplies like food, clothing, sleeping bags, tarps and tents. For many participants, this program is a "point of entry" to the social services system. A Hub office in Newmarket offers support services for van clients who voluntarily request more extensive support.

Contacts: Heather Pappas: heather.pappas@york.ca; Sue Smythe: sue.smythe@york.ca

The Yo! Mobile—Timmins, Ontario

Background: The Yo! Mobile was established in 2010 by a community member who identified a gap in services. It is non-profit organization that operates a mobile van dedicated to providing warm food and clothing to people living with homelessness in Timmins, Ontario. The program has become an integral part of community services for people living with homelessness. Items provided are donated by individuals and businesses in the community. The community response to the service has been positive and supportive.

Programs and services: Initially, the van drove around to various locations in the city. At present, it parks on Friday and Saturday nights between the hours of 7 p.m. and midnight at the Timmins City Hall, where it has a dedicated parking spot and power supply. It operates from October to March each year. In the winter of 2016, 4,500 people used the service. The service provides, for no fee, food (coffee, tea, hot chocolate, soups, sandwiches, desserts and individually wrapped snacks), clothing on a serve-yourself basis (tuques, mitts, gloves, coats, snowsuits, boots and sleeping bags), as well as a warm place for people to sit while accessing the service.

Website: www.layomobile.com

Contact: Mario Dussault, 705-531-2379

Mental health and addictions supports

Harm Reduction Home (HRH) Day Program—Canadian Mental Health Association - Sudbury/Manitoulin

Background: The Harm Reduction Home (HRH) Day Program is offered by the Canadian Mental Health Association, Sudbury/Manitoulin Branch. The program works to support individuals who are homeless or at risk of homelessness and who are also impacted by alcohol dependence. This is a Managed Alcohol Program (MAP) which recognizes that although the abstinence model works for many, for some the ability to abstain from drinking is not feasible.

Program and services: The HRH Day Program provides access to a MAP in the form of a day treatment program. Individuals are supported with accessing housing and addressing primary care and mental health needs. Individualized care planning assists participants in beginning to work towards personal goals and enhanced overall wellbeing through a person-centred

approach that meets them where they are at. Alcohol is administered on a daily basis by medical personnel as per a schedule determined by a physician's medical assessment and direction. The HRH works to reduce the harms associated with consuming non-beverage forms of alcohol such as mouthwash, hand sanitizer and more. The HRH is staffed with qualified medical and social support personnel that oversee the participants to ensure their day-to-day and primary care needs are being met.

Website: http://sm.cmha.ca/programs-services/harm-reduction-home-hrh-day-program/

Contact: info@cmha-sm.on.ca, 705-675-7252, Toll-Free: 1-866-285-2642

North Shore Community Support Services Inc.—Elliot Lake, Ontario

Background: North Shore Community Support Services Inc. (NSCSS) is a psychosocial rehabilitation service for adults with mental illness in Elliot Lake. The program recognizes that housing instability and homelessness often accompany mental health challenges. Most members of NSCSS are adults with mental illness between the ages of 16 to 65 or older who have access to a mental health outreach nurse. The service is open Monday to Friday 9 a.m. to 6 p.m., with extended hours (a movie night) on Thursdays. It is run by staff, augmented by volunteers.

Programs and services: The programs provided include *Club 90* and *Seniors Mental Health Outreach Program*. Club 90 uses the Clubhouse model to offer three types of activities designed to build skills and develop abilities that support self-confidence and self-reliance.

Members of *Club 90* help to prepare a lunch or dinner daily. For a nominal amount, members can enjoy a nutritious meal prepared onsite. Community dinners are held every day at 4:30 p.m. at a minimal cost. A survivor's breakfast is also offered once a month. Members are involved in general office operations and publication of newsletters. Office equipment can also be used by members for a nominal fee. Members are involved in maintaining the premises and equipment.

NSCSS also provides information about mental health to members and the public and provides referrals to community services.

Websites: http://nscss.com/Club.html; http://nscss.com/Activities.html; http://nscss.com/Recreation.html

Contact: nscss@nscss.com, 705-848-2879

The Gateway Hub – Community Mobilization—North Bay

Background: Stakeholders in North Bay recognized that mobilizing existing resources in a collaborative and risk-driven manner would not only provide benefit to the people they serve, but would also create agency efficiencies and positive outcomes for the community. Research identified that community members who are homeless or unstable housed, with complex needs and escalating risks are best served when services and supports are provided in an integrated, responsive and timely manner.

Programs and services: *The Gateway Hub*, provides a frontline multi-agency forum for collaboratively identifying individuals and families who are at risk of homelessness. Collaborative interventions offer appropriate agency referrals, services and assistance within 24 to 48 hours.

Twice weekly, stakeholders (18) have committed to be present at our Hub meetings to engage in disciplined discussions surrounding "Acutely Elevated Risk" for individuals and/or families, in order to intervene and offer supports and resources before the risk manifests itself into larger issues. The Hub is not a service delivery mechanism. It uses resources already in place in to address specific situations of elevated risk for which an integrated approach is required. The Hub process operates from a risk-driven notion rather than dependence upon incident-driven response. To date, the Gateway Hub has addressed over 270 situations of acutely elevated risk, and has resulted in excess of 400 individuals being connected to support services.

Contact: Brent Kalinowski: brent.kalinowski@sum-c.com

SOPHIE: A PROFILE OF LIVED EXPERIENCE

Until her mid-40s, Sophie had stable housing and a comfortable life. However a life-threatening illness and subsequent treatment led to depression and disorientation. She gave her husband access to her banking information. He developed a gambling problem, lost all their savings and accumulated significant debt. Sophie was forced to declare bankruptcy and she separated from her husband. While recovering from her illness, she became homeless and relied on her friends for a place to stay temporarily.

While experiencing absolute homelessness and forms of hidden homelessness, she slept on an air mattress in a cold basement and did not have an adequate diet. She fell into a deeper depression and also suffered debilitating side effects from her illness. She lost a great deal of weight and developed additional health problems.

According to Sophie, Ontario Works was a major obstacle in meeting her basic needs for food and shelter because it only provided a small amount on which to live. A worker led her to think of herself as "a useless human being" since that worker acted as though the funds provided through the government support programs were part of the worker's personal funds and not government funds made available to people living with homelessness. Workers also withheld information about funding that would help her to regain secure housing and basic furnishings. She described the system as traumatizing. In Sophie's experience, many people struggling with homelessness do not seek supports from government programs due to fear of negative treatment.

Sophie is receiving disability benefits and, with the help of friends, recently obtained housing. She has transitioned from absolute homelessness to hidden homelessness. However, she describes her housing circumstances as unsatisfactory. Her accommodation is substandard due to mould and maintenance issues. She is very concerned about the difficulty of obtaining suitable housing because of the problem with affordability.

Photo courtesy of Poverty, Homelessness and Migration.

9 DISCUSSION

The intent of this project is to increase our understanding of rural and northern homelessness, especially hidden homelessness, in Ontario: the report examines the scope and nature of it, its dynamics and emerging approaches that better address the needs of those who are homeless.

Many of the people who participated in this project recognized hidden homelessness in what they had experienced as inadequate housing. This project engaged people who had experience of hidden homelessness from three perspectives: service managers who have a system-level view of large and varied geographic areas; service providers who work directly with or manage people who work directly with people who are inadequately housed (and who also brought into the conversation their personal experience as members of a rural community); and people who had lived experience of homelessness of many different types. The information gathered was augmented by an analysis of secondary data from the Canadian General Social Survey on the prevalence of homelessness and hidden homelessness amongst people living in rural and urban areas of Ontario.

9.1 PERSPECTIVES ON KEY FINDINGS

Diversity of rural and northern places

Rural and northern Ontario is diverse and that diversity is reflected in the socio-economic characteristics and geographies in which its communities are situated. In *The State of Rural Communities* (SORC), the Canadian Rural Revitalization Foundation (2015) adopted the definition of the Federal Rural Secretariat definition of the rural lens that prioritizes "density and/or distance to density (2015: 2)." This provides a foundation on which to capture the dynamics of rural and northern living. The Ontario section of SORC describes a range of rural diversity including five kinds of rural communities in Ontario: urban fringe, agricultural, cottage country, northern mining and mill towns, and Indigenous. Participants in this study shared perspectives from each of these kinds of ruralities.

The existing literature on rural and northern homelessness in Ontario gives a growing appreciation of issues pertaining to homelessness in northern mining and mill towns and Indigenous communities primarily, often with the intent to describe Indigenous populations, who are over-represented in homeless populations in both urban and rural contexts. Past research has recognized the ongoing impacts of colonial history, a history that is only just beginning to be acknowledged and addressed. However, the dynamics of hidden homelessness in rural and northern communities of Ontario have not been systematically examined in the prior literature.

A variety of perspectives

Study participants contributed a variety of perspectives and experiences. This included variations in the nature of homelessness and demographics of homeless populations as well as varied perspectives on causes and structural issues related to rural homelessness. Our findings suggest and reconfirm that Indigenous peoples are over-represented in populations experiencing homeless or the risk of homelessness, particularly in northern Ontario. In some instances, the concerns of immigrants, migrant workers and people with military experience were acknowledged to exist, but participants—especially those in focus groups—often did not

consider themselves sufficiently informed to comment about them in detail. In the southern rural data, many participants also did not feel that they were familiar enough to comment on the rural homelessness experiences of LGBTQ2S persons. Northern and southern service providers were concerned that their problems were eclipsed by the perceived enormity of urban homelessness issues.

Their view was entirely consistent with SORC's findings "that place matters because that is where people's assets are situated, that is where services are delivered, that is where governance takes place" (2015:6). The centralization of services meant that even the regional service deliverers acknowledged that they were challenged to understand and address the housing and support needs of those located in more distant and less densely populated areas of a district or catchment area. The study uncovered diverse migratory trajectories, not only a migration to more urban service locations. A number of the people with lived experience of homelessness had returned to the rural environment, in part because services were more or less personalized or because the rural environment accommodated and even valued their adaptability. Some had fled the urban context due to fear for personal safety. Some, in the north, transitioning out of institutions or treatment, were unable to make it back to their home communities. They expressed concerns about gaps in services and challenges within the northern context.

Composition of the homeless population

The kinds of homelessness found in urban centres are also present in rural and northern communities. Among those with lived experience were people who are or were unsheltered or absolutely homeless, sleeping outdoors in town or in bush camps and in all manner of accommodations not intended for permanent habitation. Those who had lived in homeless shelters or in motels—which are often used in lieu of shelters in communities where shelters do not exist—were represented. Also included were those who were provisionally accommodated in housing that was temporary, insecure or substandard, those who experienced many variations on couch surfing, over-crowding, partnering or survival sex, and importantly, those who had been in institutions where discharge posed an increased risk of homelessness.

People with lived experience of homelessness who were interviewed in both northern and southern communities tended to be single at the time of interview. The interviewees included men and women, spanned the ages of late adolescence to over seventy, and many struggled with physical and mental health challenges as well as addictions. Several people, especially in the north, identified involvement with the child welfare system. Some people were also involved or had been involved with the criminal justice system.

All of the participants in this project, service providers and people with lived experience alike, spoke about the risk of homelessness as a present or omnipresent element in their rural and northern environments. They described a pervasive mismatch between incomes and the costs of housing, often exacerbated by the costs of food, transportation and utilities; in particular, hydro was identified as a requirement that linked to housing that costs more in low-density and distant communities. There was a shortage of rental housing which exerted an upward force on rental rates, and allowed landlords to rent properties in poor condition and to discriminate on the basis of race, domestic circumstances, or source of income. Participants in southern rural communities spoke about homeowners who were at risk of homelessness when houses had fallen into disrepair or become unsuitable to the needs of the occupants or when appropriate housing was not available.

Hidden homelessness

Service providers were also aware of people experiencing homelessness of whom they had limited knowledge or did not serve. In southern communities, service providers acknowledged the existence of pockets of poverty in small towns and villages, substandard housing on back roads, and seasonal migrant labourers who were isolated, if not excluded, from mainstream community life. The circumstances of people living "in the bush" sometimes remained a mystery until they requested service. There was also an acknowledgement that other at-risk populations existed in the shadows: summer transients living in vehicles or tenting who passed through, people being trafficked into the sex trade, LGBTQ2S individuals who did not take the risk of self-identifying and were headed to urban settings that were believed to be more accommodating, and women and children living with domestic violence unaware of or unable to access distant resources. Families losing military housing or housing in a First Nations community when a marital separation occurred were also identified.

Under-served or poorly served

Service providers in northern communities who were primarily serving a population drawn from low-density and distant communities were frustrated that the services available in the service centres were continuously over-subscribed. They also shared concerns about the many gaps between services that undermined the effectiveness of intervention, the lack of essentials such as housing and a supportive social environment, as well as follow-up services, when people returned to their home communities. A significant proportion of the population served were Indigenous people, but it was also recognized that many people living with homelessness in northern Ontario are non-Indigenous.

Dynamics and drivers

The causes and consequences of homelessness are similar to urban areas but perhaps more widespread in northern and rural communities due to historical and ongoing colonization and the significant number of Indigenous people seeking housing and services in communities of northern Ontario. In all rural communities, changes in rural life, the forces of globalization and urbanization and the aging demography were seen as expanding the severity and scope of homelessness. Northern communities consider their concerns to stem from the risk of being overshadowed by southern concerns. Along with southern rural communities, there is also the fear that rural concerns in general are eclipsed by the enormity of urban concerns and the decision-making influence of an urban majority. Both northern and southern participants in this project agree that variations in rurality, and the differences among specific communities within a rural area, require place-based planning for effective intervention.

Many people with experiences of homelessness, as well as service providers, often described homelessness as a long-term, in many cases life-long, trajectory that took different forms at different times for a variety of reasons. Many of the interviewees (people with lived experience) had grown up in troubled circumstances and had experienced transience, substance abuse, violence or abuse which sometimes translated immediately into homelessness or institutional care (e.g., child welfare, criminal justice system). Some described childhoods that seemed stable, but they became transient and homeless in adolescence or soon after, often describing substance abuse, mental illness or behaviour as a cause or consequence of a rift with family. Some from troubled circumstances made the transition into adult lives and achieved economic and social stability but were tipped into transience and variations of homelessness by domestic upheaval, substance abuse, physical or mental illness, unemployment or loss of income.

For many of the interviewees, life was primarily an ongoing search for what the Province of Ontario's Expert Advisory Panel on Homelessness (MMA/MHO 2015) called 'home'—"a safe and secure place to call your own," or the European Union's definition of being housed through the presence of all three elements of acceptable physical (habitability), legal (security of tenure) and social (desired balance of privacy and social contact) conditions. Secure housing is generally seen as a foundational determinant of health, a necessary condition in order for people to thrive. The search for "a home" and for the supports necessary to maintain and build on that foundation—access to the other determinants of health such as education, employment, social inclusion, as well as effective treatment for injuries incurred in being homelessness— were drivers that determined the form and length of the trajectory.

Services and gaps in services

Service providers tended to be aware of the life courses of homelessness as it was manifested in their clientele. However, they often felt more or less ill equipped to address the situation comprehensively, let alone deal with up-stream causes.

There are some urban/rural differences in type of homelessness—seasonality or type of atypical accommodation available—but the big difference is in the greater availability of resources in urban centres that offer emergency responses to deal with the hardship and/or risk of homelessness. As the SORC (2015, 6) report states, "In rural communities this is often through networks that are much more informal than those in the urban areas… [A] place-based approach [to intervention] is preferred (i.e., investing in the capacity of a place to develop itself)." In rural settings, informal resources may be the only source for many services, whereas in urban communities the informal networks are supplemented by many services that are delivered by agencies and organizations. The capacity of the community to provide these informal resources on a personal basis (i.e., through neighbouring or family-based care) or community level (i.e., through volunteer and non-profit organizations) is eroded if the overall health and vitality of the community declines.

Informal networks, often friends and family, are "first responders" to the needs of those at risk of homelessness. If or when informal resources are unable or unwilling to meet the need, the person must seek access to formal resources which may not exist in the home community. This is more likely to occur as density declines and distance from density increases, given the trend toward the centralization of services.

Dealing with distance

Getting the person to the service or the service to the person costs time and money. The question of whose time and whose resources will be used is a fundamental challenge at the basis of a complex service system network that varies between communities.

Outreach services—bringing the service to the people—was seldom discussed by service providers. Some in the south acknowledged that they did not serve the more distant and low-density areas of their catchment area except on request. Agency workers who did reliably go to their clients were greatly appreciated by people with experience of homelessness, but generally non-profit organizations were seen as most suited to provide outreach because they tended to have a broader mandate. Several initiatives that attempted to address the challenges of outreach by offering increased inter-agency coordination, wrap-around service, and extension of

service both geographically (e.g., travelling services) or beyond non-traditional office hours were named as promising practices.[21]

As the SORC report suggests, investment in the rural community to develop a place-based service system is most likely to provide services that are accessible, holistic or at least coordinated, and culturally appropriate. Culture is often understood in this context to refer to Indigenous cultures, but there was acknowledgement among participants in this project that rural communities in general, the more so as they were distant from density, also had unique perspectives that impacted on their willingness and ability to access services

Centralized services—the northern experience

There is a relatively small number of service centres in the north serving an expansive geography. This means that the real populations of service centres are larger, often much larger, than the size of the permanent population on which funding formulas are based. In turn, this leads to a chronic over-extension of services. (Sioux Lookout is a compelling example, with a permanent population of 5,000 that regularly serves a population of 25,000).

Over-taxed services have difficulty providing the thorough and sequenced interventions required by complex, often chronic, problems. There is often a lack of follow-up services in the home communities so that the benefits of services are truncated. This could be due to a lack of housing, supports or a positive social environment, or to any of the three components of the European Union definition of being housed. The stress of providing services under these conditions, as well as being unable to do anything about up-stream causes, was a challenge for many service providers that led to demoralization and high turnover of staff.

Centralized services and lack of transportation options—the southern experience

Although different in nature, southern rural communities also experience the challenge of people getting to centralized services. Most rural and northern communities are dependent on privately owned vehicles for transportation. There are limited sources of compensation for people who have private transportation to access certain services (typically agency-offered activities such as medical or counselling appointments). People who do not have vehicles may be compensated for hiring transportation, but eligibility may be limited (e.g., only people on OW or ODSP) or payment may cover only part of the cost. Some agencies find ways to integrate transportation into their services through private transportation by staff or volunteers, a function which may not be adequately accommodated in the funding formulas for either direct costs or administration.

Some communities in the areas served by service providers who participated are developing or have developed regional transportation systems to address this gap. These require significant community input, generally have limited and impermanent government funding, and are usually restricted to particular populations and areas. This creates gaps and complicated service patterns that are difficult to market and/or access. Low density and large distances may create fare rates that are unaffordable for some.

Those who lack access to private transportation in low-density communities are limited in what housing they can access, thereby reducing the overall stock available. Private transportation is often essential to employment, where work is at a distance from housing and/or when many

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[21] Similar initiatives are identified in the northwest although were not available to be included in the Promising Practices section.

part-time jobs in various locations may need to be cobbled together to constitute an income. In cottage country, many roads are privately built and maintained, which is a hidden cost of housing and may also impact on the type of vehicle required to have reliable transportation. The cost of private transportation is estimated by the Canadian Automobile Association to be between $9,000 and $13,500 a year. It is not recognized as a tax deduction, as the cost of public transportation is in some urban centres.

Supporting communities to take care of their people

Some interviewees with lived experience reported that the network of services available in large urban centres and access to public transportation ameliorated much of the anxiety and to some extent the risk of being homeless. In small communities, this network is sparse if it exists at all: choice is limited. The services may not be well-enough resourced to meet the need, they may be located in places that are not accessible or offered in a way that is not acceptable to those who need it. While mandated services (medical care, court, social housing and rent supplements, financial assistance, mental health and addiction counselling) are likely to be offered by government or agencies funded by the government, "soft" services such as food, clothing and heat banks, preparation and distribution of prepared meals, drop-ins and emergency services are likely to be offered by community-based non-profit organizations and volunteers. The development and maintenance of this network of voluntary services requires that the community have capacity, as well as the will, to be socially inclusive. It may be that southern rural communities are better positioned than northern communities of equal size to have that capacity, but in any case, there are more communities within commutable distance, which means that there are more possibilities for shared responsibility for meeting the needs.

Housing stock: lack of affordable housing

A finding that was emphasized in this study was the overall lack of housing and a preponderance of substandard and overcrowded housing reported in the home communities of people with lived experience of homelessness in northern Ontario. This situation was also the case in the service centres to which they travelled to access services. Southern rural communities also described a lack of affordable housing, particularly a shortage of rental housing.

As in urban centres, the underlying problem is a mismatch between incomes and the cost of housing, combined with other essential expenses. Supports from government sources (Ontario Works, Ontario Disability Support Program, Canada Pension Plan, Old Age Security, Guaranteed Income Supplement) are insufficient to cover the real costs of housing and other essentials. Many essential expenses (e.g., food, medicine, specialized diets, utilities and transportation) are not included in social assistance calculations.

Being appropriately housed was generally recognized as a foundational determinant of health. For interviewees, it was seen as the basis for a decent life. Service providers also saw it as an essential condition required so that people could access other services efficiently and effectively.

This challenge of affordability is met to some extent by social housing that has affordable or geared-to-income rental rates. However, service providers and people with experience of homelessness said there was insufficient stock to meet the need. Furthermore, it may not be located in the right place for the people who need it, restrictive eligibility criteria may eliminate some population sectors in some places, and there may be a mismatch between the culture of the person needing housing and the culture of the housing project. This was most-noted by

Indigenous participants (e.g., disallowing visitors), but non-Indigenous participants also noted discordance between behaviours or characteristics of individuals and communities. Rent supplements—which in some cases were available in the south for market rental units—were seen by service providers as helpful but insufficient to the need, which created ethical challenges in determining priorities.

Supports to help people sustain affordable housing were seen as important in stabilizing housing communities as well as the individuals they serve. The provision of supports is a primary tenet in the Housing First philosophy as a necessary element to be effective with people who are chronically homeless. Some service providers thought that making similar services available to people earlier in their struggle to overcome homelessness would be a better investment. At the very least it could ease their ethical dilemmas for prioritizing service when the needs far outstripped capacity, as was often the case, particularly when dealing with mental illness and addictions.

While there are exceptions, for-profit landlords are generally not seen as being in the business of providing appropriate housing for people who are at risk of homelessness. Substandard housing is included within the definition of homelessness used in this study, and it was a pervasive and intransigent problem in both the north and south. The will to enforce housing standards was undermined by the knowledge that better alternatives that were affordable did not exist locally. Municipal staff and service providers found it difficult to make absentee or "slum" landlords bring or keep their properties up to standard, and renters were seen as vulnerable if they tried to exercise their rights. Many landlords de-selected tenants by outright discrimination (refusing to consider them on the basis of race, source of income, domestic situation) or pricing their units above what would be affordable to people on social assistance. Speculative purchase of houses was seen as producing and perpetuating substandard housing, particularly in communities contiguous to, but still outside of growth areas.

Participants in the study identified an overall lack of rental properties which contributed to rising rental rates. In urban fringe communities, there was the perception that they were growing rapidly to accommodate an influx of urban dwellers, "city rents" were believed to be emerging as the standard and were unaffordable to local residents in low-paying, seasonal or part-time employment, or to those on social assistance. It was also believed that, in cottage country, communities where urban people retire to rural environments can exert an upward pressure on rental rates, house values and land taxes that increase risk of homelessness.

Owner-occupied homes that had become uninhabitable were a growing concern in rural and northern communities. Southern participants highlighted many potential causes of this. For example, a decline in the physical ability of owners could result in a situation in which the house was no longer suitable for them. It was recognized that this can result in difficulties in maintaining housing because of poverty. In addition, a lack of energy efficiency or loss of a spouse could render a house unaffordable; the loss of a driver or a driver's license could make it inaccessible. Older adults in the north also faced challenges with aging in place. Older adults and people with mental health issues were seen across the study as being at particular risk for hidden homelessness.

Migration

The report of the Province of Ontario's Expert Advisory Panel on Homelessness (MMA/MHO, 2015) conceptualized a pattern of rural people experiencing homelessness migrating to urban centres, and certainly this phenomenon was evident in this project. However, this was only one part of the picture. The published literature uses the term "churn" to describe movements between urban and rural communities; the term has been associated with Indigenous

populations. However, it applied equally well to non-Indigenous participants in this project. Many of the interviewees had experienced homelessness in both urban and rural contexts. Urban to rural migration is a phenomenon that warrants further investigation.

9.2 THE HIDDENNESS OF HOMELESSNESS

Much of homelessness is thought to be hidden: the Province of Ontario's Expert Advisory Panel on Homelessness report cites a Wellesley Institute study which noted that hidden homelessness is more prevalent than is absolute homelessness. According to data from the 2014 Canadian General Social Survey that was reported earlier, this is in fact a reality in rural Ontario: the percentage of respondents who had experienced lifetime hidden homelessness was almost five times greater than people who had experienced lifetime homelessness (9.7% versus 2.1%). However, reliable data are more difficult to come by at regional and local levels because enumeration is largely based on bed counts in shelters or point-in-time (PiT) counts. PiT counts take place in a short time-frame and tend to focus on known locations where people who are homeless are likely to be found. Other methods, such as period prevalence counts (PPCs) or registry weeks, are used when resources make it possible to proactively survey a broader population (notable examples are the 20,000 Homes campaign and PPCs conducted in northeastern Ontario). Obtaining an accurate count of people who are homeless is important because funding is often tied to documented statistical data.

If funding models are only tied to homelessness counts, there is a danger that this will systematically advantage communities that already have funded shelters and disadvantage those that do not, which includes many, perhaps most, small rural and northern communities. It may also disadvantage communities that serve transient populations, if that function is not accurately understood, as the data on northern service centres has demonstrated in this project. There is a natural tension between investing in more distributed community services with the intent of preventing or managing the problems that lead people to migrate to larger urban centres versus investing in centralized services in the hope that this will remediate or ameliorate the problem. Finding that balance in rural and northern contexts likely means recognizing and facilitating the role that informal social supports can play and/or building capacity in the non-profit sector.

Many of the "soft" services (providing food, clothing, heat) that make the lives of those at risk of or experiencing homelessness easier to bear are offered by non-profit and voluntary bodies that are under no obligation to report to the government on their service population. There may be disincentives to doing so: identifying a person as homeless may cause him/her to discontinue contact. In addition, divulging the details of the living conditions may lead to interventions that, at least in the perception of some, make a bad situation worse. Unless there is something to be gained by the service provider or the service receiver, there may be little motivation for them to effectively count the number of homeless people, especially in the light of resource challenges.

The focus of Housing First, and other funding programs, on those who are defined as being at the greatest risk among people living with homelessness, and the recommendation of the Expert Advisory Committee on Homelessness to prioritize people who are chronically homeless, may have the unintended effect of further stigmatizing those who are experiencing hidden homelessness. Perhaps the focus on visible, chronic homelessness may lead people living with hidden homelessness, along with some activities of those who work with them, to remain hidden. Many participants in this project who were uncomfortable with describing themselves or the people they worked with as "homeless" had little difficulty with saying they were "inadequately housed". What constituted adequacy in living circumstances varied: the bottom

line, if there was one, seemed to be that they were the best available at that time and in that place.

Northern Ontario

Given that some participants had migrated to the locations where they were interviewed, the interviews and focus groups provide results pertaining to eighteen northern communities. They include urban centres, towns and First Nations communities. Northern participants collectively spoke about every form of homelessness probed in this study, including several types of absolute homelessness (sheltered and unsheltered) and all types of hidden homelessness. A key finding is that obtaining shelter in virtually any form of temporary accommodation—including bush camps, hunting shacks, vehicles, RVs, squatting situations and urban spaces in addition to substandard or overcrowded housing, single-room occupancy (SRO) arrangements, motels or other circumstances such as survival sex or partnering and institutionalization—is common in northern Ontario. A general observation, however, is that much homelessness is hidden and visible only to those who know how and where to look for it.

Racialization and discrimination

Most northern interview participants identified as First Nations or Métis, providing a good understanding of the issues faced by Indigenous people when living with homelessness in northern Ontario. These participants spoke of many of the same challenges as described by other interviewees in the north and south. For example, they described experiences of various forms of homelessness, both absolute and hidden, the lack of available, affordable housing, difficulties linked to addictions and problems accessing transportation and other services. However, Indigenous participants also emphasized experiences of pervasive racism that they encountered in the rental housing market, when accessing services and in interactions with law enforcement. Targeting by police was described as a common aspect of living with homelessness. A participant explained that she was refused entry into a college program because of a criminal record, also noting that she had been unfairly targeted by police action. Having a criminal record then prevented her from obtaining housing, education and employment. Indigenous participants described the racism and discrimination they experienced when seeking housing and being told that advertised units were already rented. Some participants also stated that they were negatively affected in the labour market by lack of access to employment or job loss.

Indigenous participants, as well as service providers, identified the lack of cultural safety and sensitivity in programs and policies as a systemic barrier that impacted on Indigenous people. The shortage of housing in First Nations, that created homelessness in those communities, was again encountered when moving off-reserve. Housing options and social housing regulations too often do not recognize traditional living arrangements whereby several generations and extended family members reside together and provide space for regular visitors. Questions were raised in focus groups about the inappropriate application, to Indigenous people, of social norms from the dominant culture (e.g., a preference for residential arrangements based on nuclear families). At the same time, participants from remote First Nations described having to leave their home communities because of living circumstances characterized by extreme overcrowding that created tension, stress and conflict.

Indigenous participants and some service providers spoke to historical, inter-generational trauma that led to homelessness. The number of Indigenous participants in the study is reflective of their over-representation amongst people living with homelessness in communities where they were recruited. Some participants, who were in an age bracket that put them within

the cohorts affected by the Sixties Scoop, spoke about the involvement of child welfare authorities in their lives and the lasting impacts on trajectories into homelessness. The findings of this study are consistent with published literature linking the colonial history of Canada to the present and ongoing effects leading to homelessness.

Effects for particular subgroups: LGBTQ2S, people with disabilities, youth and older adults

Subgroups of people who are adversely impacted when struggling with homelessness in southern cities are also present in northern Ontario communities. This study revealed some of the challenges for LGBTQ2S people seeking supports in the north. In particular access to shelter accommodation appropriate to their needs was absent and they were said to be at risk of harm when living on the streets. People with disabilities spoke to barriers to transportation, the challenge of finding housing that was accessible and to experiences of discrimination. Systemic barriers were also identified for youth, notably the inability to obtain government benefits when they were under 18 years old. Young people are especially vulnerable in northern communities as they use any means available in finding shelter — a struggle that is repeated nightly in some cases. Older adults were a recognized subgroup experiencing hidden homelessness. Focus groups in Kenora and Sioux Lookout identified hidden homelessness among seniors as a significant concern in communities throughout the northwest region. Findings from Elliot Lake, a retirement community, showed the vulnerability of older adults living with poverty who move there to access affordable housing but experience major gaps in services and supports, as well as the high costs of utilities and heating.

Groups also living with homelessness in the north were those experiencing physical or mental health challenges, including addictions. The wide range of chronic and acute illnesses described in this study reveals the need for better access to health services. The indications, from participants and service providers, that people are facing life-threatening illnesses while struggling with homelessness is consistent with published literature from large urban centres regarding shorter lifespans and adverse effects from exposure to harsh conditions. Struggles with addictions were often combined with physical or mental health challenges and with limited support services as well as barriers to accessing available services. Lack of harm reduction services, as well as challenges in transitioning to community living following treatment, were highlighted as significant challenges.

Harsh conditions

Both interviewees and service providers provided glimpses into the harsh and sometimes dangerous living conditions for people living with homelessness in the north. Frightening, perilous circumstances included physical or verbal assaults by other homeless people as well as the domiciled public, environmental threats such as freezing temperatures causing frostbite or extreme heat leading to dehydration, threats to health from a lack of food and food services or lack of treatment for illness. Migrants are at greater risk given their unfamiliarity with destination communities.

Geography and distance

In general, the vast spatial characteristics of northern Ontario exacerbate the living conditions of homelessness. Homeless people in this study were often disconnected from friends and family members, an aspect of their lives that was amplified by geographic distance. In addition, processes of institutionalization and a lack of discharge planning increased the risk of

homelessness as people are discharged back into homelessness with few familial supports. Street or homeless communities were identified as significant to participants of this study but this group has limitations with regard to access to needed resources such as food and shelter. The importance of street families should be considered in the continued development of effective housing and support services in the north.

The results of the study reinforce the view that northern and southern communities differ from each other due to geography, demographics, climate and migration. Addressing homelessness in northern Ontario requires approaches that respond to the unique characteristics of northern communities. Furthermore, dynamics related to resource-based economies contribute to homelessness-making processes: an example is the extremely high cost of housing in many resource-based communities with transient labour forces. Cyclical boom-bust economies, as well as attitudes of "making do", "roughing it", connection to rugged terrain and surviving through difficult times, can also impact on orientations both to help-seeking and help-giving. Further, great distance from provincial and federal governments has been viewed by northern communities as a barrier to equal funding for programs and services.

Policy Responses and Promising Practices

This project relied on service managers and service providers to suggest "promising practices". As well, some people with lived experience spoke of things they saw as positive developments that they needed more of. While this project lacked the resources to independently evaluate the effectiveness or efficiency of these programs and services, a logical follow-on effort might be oriented at investigating their transferability and impact.

In reviewing the nature of the practices which came forward they could be grouped into four categories dealing with coordination and physical coordination of services, extending services and preventing homelessness. These categories are discussed below.

Better coordination among services

Several initiatives focused on improving coordination among agencies that served people who were homeless or at risk of homelessness. In some low-density communities, this included a broad-spectrum outreach and case management functions. Some initiatives included strategies to house or re-house people quickly and ensure that supports were in place to stabilize housing. An example is the Housing First model.

Physical coordination of services

Some initiatives, in most cases in low-density rural areas, provided rural adaptations of "hubs" that are trying to bring together existing resources in a way that optimizes accessibility and coordination, and trying to find ways to address the gaps that become evident. They comprise a physical space where various activities take place, some under the aegis of the organization providing the space (e.g., food banks, thrift shops, transportation, educational and recreational activities) and sometimes those delivered by visiting services (e.g., OW, legal aid, court diversion, housing help). Some include social enterprises. Some identify a focus on raising public awareness about poverty and homelessness in order to mobilize community action.

Extending services

Several initiatives make existing services more accessible by providing outreach services (e.g., van-based service delivery) or by providing transportation to services. Others extended the

times during which service was available, or redeployed resources to expand capacity to provide services.

Preventing homelessness

Several initiatives created affordable housing, often on a small scale commensurate with their rurality. Others provided case management services that made better use of existing housing (e.g., shared accommodation, specialized seniors' housing). Some provided day and shelter programs with a harm reduction philosophy. The Rural Ontario Renovates program was identified by service providers as valuable, although inadequate to the need and with some problematic elements.

Identified initiatives came in all sizes and shapes and focused on a broad spectrum of need. They seemed to be promising because they did what they could to improve the experience of people living with homelessness in a respectful and inclusive way. Many addressed in small scale and voluntary ways gaps in service previously or elsewhere supported by government funding. They exemplify the SORC recommendation for approaches to development that tap into local knowledge and recognize expertise (SORC, p 6).

9.3 CONCLUSION

In this project, we found that homelessness and hidden homelessness are a reality in rural and northern Ontario. By no means is homelessness a social problem relegated to large cities. In fact, according to data from the Canadian General Social Survey presented earlier in this report, people living in rural areas in Ontario were more likely to have experienced homelessness, particularly hidden homelessness, at some point in their lives, compared to people living in cities. It is not only a living reality, but there are many shapes and forms of homelessness and hidden homeless encompassing a heterogeneous segment of the Ontario public. Experiences and causes of homelessness were found to vary across different dimensions. We found that certain groups of people living in rural and northern Ontario were more prone to homelessness than others, particularly those with mental health and addiction issues. Indeed, throughout our research we heard many times that there is a lack of services for people who require mental health and/or addiction treatment services in rural and northern Ontario.

Given the ongoing effects of the colonial history and inter-generational trauma, Indigenous peoples were considered to be at high risk for homelessness and are over-represented in populations of homeless people in rural and northern Ontario. Particular groups such as women who experience intimate partner violence, members of the LGBTQ2S community and people living with disabilities in rural and northern Ontario often experience various forms of homelessness. Relationship breakdown for low income people was considered to be a risk factor for homelessness for both men and women, as well as job loss.

The mixed methods used in this study revealed that it is not unusual for people to migrate from urban to rural areas and then experience homelessness while living in rural and northern Ontario. Unlike in large cities, however, emergency homeless shelters in northern and rural Ontario are less prevalent or simply do not exist and motels were often used for crisis accommodation.

This research also found that people are at risk of homelessness because they cannot afford to pay for their current housing costs. Therefore, it was not uncommon for people living in rural and northern Ontario to experience substandard housing conditions, including homeowners. Related to this lack of housing affordability, was the cost of private transportation and the non-existence

of conventional public transportation systems. This made it extremely challenging for people in rural and northern Ontario, particularly those with low incomes (including many seniors on fixed incomes), to access a wide range of essential services.

A number of promising practices were identified in this report that have been designed to help serve the needs of people living with homelessness and those who are at risk of becoming homeless. By listing and providing details of these practices in this report, we hope that readers will follow up on those which they feel could be applied—or modified—to meet the needs of people who are homeless or hidden homeless in their communities.

A final message to take away from this report is an issue that came up over and over again from just about all respondents who participated in this study: there is a lack of affordable housing in communities all across rural and northern Ontario. While this same quotation was used to begin the 2014 report The State of Homelessness in Canada we are going to use it again to finish this study:

> *Homelessness may not be only a housing problem, but it is always a housing problem; housing is necessary, although sometimes not sufficient, to solve the problem of homelessness.* (Dolbeare, 1996:34)

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