

HOMELESSNESS IN MANITOULIN-SUDBURY:
2018 ENUMERATION

Final Report prepared for
the Manitoulin-Sudbury District Services Board

January 2019

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24 October 2018

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Acknowledgments

This project was conducted to enumerate the homeless population in the Manitoulin-Sudbury District in compliance with the legislation adopted by the Province of Ontario. The collection of data involved many agencies and organizations in the towns studied. A research team comprising over 20 people as well as staff in numerous participating agencies facilitated the research or collected information for the survey. Nineteen organizations participated in the study by allowing the research to take place in their organization. The contributions of many people ensured the success of this project.

First and foremost, we pay tribute to the participants of the study, who were unhoused, homeless, living with hidden homelessness or at risk of becoming homeless, and who shared information about their circumstances by participating in the survey.

Second, the assistance of service providers and agency personnel was vital in enabling this project to be completed successfully. They assisted in many ways, such as facilitating recruitment, providing access to their clients and collecting information for the study.

Third, staff of the Centre for Research in Social Justice and Policy and students from various schools and departments at Laurentian University—most notably the School of Social Work, the Department of Law and Justice, the Department of Economics, Faculty of Management and the School of Nursing—made essential contributions by assisting with many phases of the study, such as liaison with agency personnel, project planning, data collection, data entry and analysis. College students also worked on the project team as did many community members. People from participating communities in the Manitoulin-Sudbury District were recruited to work on the enumeration project.

This study was supported by funding from the Manitoulin-Sudbury District Services Board and the Social Sciences and Humanities Research Council of Canada. The research is the responsibility of the authors of the report and the findings do not necessarily reflect the views of the funders.

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HOMELESSNESS IN MANITOULIN-SUDBURY: 2018 ENUMERATION

Executive Summary

OBJECTIVE

The objective of the enumeration project was to obtain information about the number, socio-demographic/linguistic characteristics, histories of homelessness and prior experiences of homeless persons. The enumeration study was conducted in a manner consistent with the requirement of the Province of Ontario to count the number of people living with homelessness within every district in the province. It is linked to the objectives of the Province of Ontario to end homelessness in Ontario and, specifically, to end chronic homelessness by 2025. It is intended to help Service Managers and the Ministry of Housing to better understand the extent and nature of homelessness and to guide policy and program design.

METHODOLOGY

The enumeration project was conducted by following the guidelines for a period prevalence count (PPC) of homeless persons, including a count of chronically and episodically homeless people. The PPC method is based on the guide, *Period Prevalence Counts of People Experiencing Homelessness: A Guide for Rural and Northern Communities* (Kauppi, 2017). Data were collected from people experiencing forms of homelessness and hidden homelessness using a structured questionnaire, which includes all mandatory questions identified and specified by the Government of Ontario to gather information regarding forms of homelessness. A service-based methodology was used to conduct a period prevalence count (PPC) for the current study because it captures most of the homeless population.

CONDUCTING THE SURVEY

Ethics approval was obtained from the Laurentian University Research Ethics Board. The study sought to include the largest towns within various regions of the catchment area of the Manitoulin-Sudbury District Services Board (Manitoulin-Sudbury DSB). The 2018 period prevalence count involved data collection in Espanola, Little Current, Mindemoya, Noëlville; Markstay, Chapleau and Foleyet. The decision about locations was made following a consultation with the Manitoulin-Sudbury DSB and service providers in the fall of 2017 and in early 2018. The PPC project followed the Ministerial Directive and the Provincial Guidelines for Homelessness Enumeration. It was completed in a manner that addressed all provincial requirements. The Manitoulin-Sudbury District covers a vast region, providing services to residents in an area comprising more than 45,000 square kilometres. As per the provincial requirement, the study covered regions of the Manitoulin-Sudbury District in which a minimum of 30 percent of the total population resides (the study exceeded the minimum requirements by

covering about 56% of the catchment population in regions where close to 16,000 people were living: 15,692 of 28,107).

The data collection instrument used included the required questions specified by the Province of Ontario. Information regarding background, experiences and types of homelessness was gathered from people living with absolute and hidden homelessness as well as the risk of homelessness using a structured questionnaire. The data collection instrument allowed for the identification of duplicate cases and, if found, the exclusion of duplicates. The research team worked with local service providers in the Manitoulin-Sudbury District in order to create an accurate snapshot of the homeless population.

The PPC was conducted at agencies or services from April 16th to 22nd. Data collection proceeded at the food bank in Markstay on April 12th, the date it was open in April.

RESULTS

Number of Adult and Youth Participants

- The number of questionnaires completed by adults or youth in the PPC study was 122. A check based on de-duplication information collected showed that there were no duplicate cases (i.e., no one completed the survey more than once). In addition, there were 49 dependent children under the age of 18, including two who had disabilities and two who were unborn, for a total count of 171. The number of participants and children is based on three groups: 1) absolutely homeless (n=30), (2) hidden homelessness (n=88), and (3) those who were at risk of homelessness (n=53).
- Half of the surveys were completed on Manitoulin Island (51%) followed by Espanola (25%), Sudbury North (Chapleau and Foleyet, 20%) and Sudbury East (4%). Cold weather and other factors hampered data collection in Sudbury East.

Demographic Results

- As we have consistently found in prior studies in northeastern Ontario, Indigenous people (including First Nations and Métis) were present within the study sample in proportions greater than their numbers in the total population of the Manitoulin-Sudbury District, according to 2016 census data (Public Health Sudbury & Districts, 2018).¹ Indigenous people were reportedly 41 percent of the Manitoulin District population and 18 percent of the Sudbury District, but they comprised 52.6 percent (n=60, excluding children) of the participants who provided information about their Indigenous ancestry for the study. Among those who were *absolutely homeless*², Indigenous people, including First Nation, Métis or

¹ Excluding the City of Greater Sudbury, the populations of the Manitoulin and Sudbury Districts, combined, provide a rough estimate of the proportion of the Indigenous population served by the Manitoulin-Sudbury District Services Board. However, the overall population of the health unit is slightly larger.

² Absolute homelessness is a category of homelessness that is termed “unsheltered” or “emergency sheltered” in the Canadian definition of homelessness. It refers to people living in public or private spaces, such as sidewalks, parks, forests, private spaces or vacant buildings, garages, makeshift

Inuit, constituted more than two-thirds (70.6%) of this subsample. Indigenous people were the largest subgroup amongst those who were living with *hidden homelessness*³ (50.0 %). They also made up close to half of those who were *at risk of homelessness*⁴ (47.2%).

- The number of young people up to age 24 was 16; these youth were not connected to a family unit when they participated in the survey. Of these, three were absolutely homeless and nine were living with hidden homelessness and the remaining four were at risk of homelessness.
- Those who self-identified as women (n=60) comprised 50.8 percent of those who indicated their gender as male or female and those who self-identified as men (n=53) comprised 44.9 percent of this sample. Persons who self-identified their gender as two-spirit, transwoman, transman or not listed/don't know comprised 4.3 percent of the participants based on self-reports of gender identity.⁵
- Regarding sexual orientation, 91.8 percent of participants self-reported as heterosexual while 8.2 percent indicated that they identified as LGBTQ2S.
- The number of people with backgrounds involving military service who participated in the survey was 8. Two of these participants were absolutely homeless, two were living with hidden homelessness and four were at risk.

Chronic and Episodic Homelessness

- Chronically homeless persons have been continuously homeless for six months or more in the previous year, and episodically homeless have had three or more episodes of homelessness in the previous year. In total, 34 were chronically homeless and 11 were episodically homeless. The number of absolutely homeless people reporting chronic and episodic homelessness, respectively, was ten and three. It is notable that 3 individuals in the at risk population and 23 who were living with hidden homelessness reported that they had been chronically homeless. This finding shows the interconnectedness of the three categories.
- It was more common for homeless people to be homeless continuously for six months or more than to experience three or more episodes of homelessness. Eleven individuals reported episodic homelessness; five were in the hidden homeless group, three were absolutely homeless and the remainder were at risk of homelessness.

shelters, shacks, tents or vehicles. People who are absolutely homeless may also stay in emergency shelters.

³ Hidden homelessness is an emerging term that refers to people who do not have their own apartment or house, or those whose home is unsafe for them to return to. They are largely invisible to service providers because they stay temporarily with others or in living situations that remain hidden (e.g., staying in a vehicle, or renting a motel room). There is some overlap between definitions of provisionally accommodated and hidden homelessness.

⁴ At risk of homelessness is a category that refers to those who have experience “external hardship, poverty, personal crisis, discrimination, a lack of other available and affordable housing, insecurity of tenure and / or the inappropriateness of their current housing” (Canadian Observatory on Homelessness, 2017).

⁵ May not sum to 100 due to rounding error.

Experience of Housing and Shelter

- Many homeless people do not know where they will stay at night. Amongst those living with hidden homelessness, the dominant response was that they would stay at someone else's place (i.e., couch surfing) while people who were at risk of homelessness typically had their own place to stay, even if it was unsuitable or unsafe. Many people pay rent to stay in accommodation that is severely substandard and not appropriate for human habitation.
- Due to the cold weather, it is particularly remarkable that several people (n=9) who were absolutely homeless indicated that the location where they would sleep was a public space, vehicle, abandoned building, other unsheltered location or they did not know where they would stay. During the PPC from April 16th to April 22nd, the minimum temperature ranged between 0° C and -8° C. Amongst those who were in the hidden homeless group, 22 indicated that they did not know where they would stay.

Reasons for Homelessness

- The top six reasons for homelessness given by people living with absolute and hidden homelessness were inability to pay rent or mortgage, unsafe housing conditions, addictions, abuse by spouse or partner, unsafe housing conditions, illness or medical condition, and conflict with spouse or partner. These reasons were given frequently by people in all three categories of homelessness. However, the primary reasons given by people living with absolute homelessness were housing-related (inability to pay rent/mortgage or unsafe housing conditions).

Family Homelessness

- Few people who are absolutely homeless have partners, other adults or children with them, as 59% reported that they had no one with them. However, close to half of those living with hidden homelessness (49%) or the risk of homelessness (44%) were sharing the circumstances with a partner, other adults or children.

Health Issues

- A substantial number of people indicated that they have health issues. The most prevalent issue was mental health challenges, reported by 55% of people living with absolute homelessness. An examination of the experience of the number of health issues reported showed that only 27% did not report one or more challenges; approximately two-thirds of the participants in all homeless categories reported one or more health challenges (i.e., chronic/acute medical condition, physical disability, addictions or substance use or mental health issue).

Experiences of Child Welfare or Foster Care

- Overall, 23% of the participants had been in the child welfare system, including foster care or a group home but 25% of those living with hidden homelessness self-reported child welfare involvement. On average, people who were absolutely homeless had become homeless within a few months of leaving the system while those at risk or living with hidden homelessness became homeless within 1.4 years of leaving the system.

Income Sources

- The largest number of participants were receiving income supports from disability benefits or social assistance (Ontario Works). The second main response of people living with absolute homelessness was that they had no income.

Needs

- Participants identified the primary needs pertaining to health as mental health services (40%), medical services to address physical disability or serious, ongoing medical conditions (64%) and addictions (33%).
- The main needs in other areas centred on housing and the basic necessities of food, clothing, infant necessities, transportation, security and money. Twenty-eight percent stated that they do not get enough to eat daily.

RECOMMENDATIONS

Twenty-two recommendations are put forward based on the study findings. They pertain to emergency services (4), basic needs (1), housing (4), trauma and counselling (1), domestic violence (2), Indigenous people (2), mental illness (2), physical illness (1), income supports (2), food security (1), forms of homelessness (1), and public education (1).

HOMELESSNESS IN MANITOULIN-SUDBURY: 2018 ENUMERATION

REPORT—OCTOBER 2018

1.0 BACKGROUND AND DEFINITIONS OF HOMELESSNESS

Homelessness is a serious problem in Ontario, including northern towns and cities; moreover, Indigenous people are greatly overrepresented amongst homeless people in northern urban and rural places (Kauppi, Pallard & Faries, 2015). In our prior studies, we have reported that Indigenous people comprised 39 percent of the total in Timmins where the homeless population exceeded 700 people in 2011 (Kauppi & Pallard, 2015). Indigenous people comprised 41 percent of those who were absolutely homeless but only 8 percent of the total population in the 2011 Census (Statistics Canada, 2016^a). Kauppi and Pallard (2015) also reported that the prevalence of prior homelessness was five times higher amongst Indigenous people compared with non-Indigenous, low income participants in a nearby urban centre. Furthermore, Statistics Canada has reported on the number of people with “unsuitable” housing; In Canada, the proportion of renters whose housing was unsuitable in 2016 was 8 percent but 46 percent of those living in Band housing (Statistics Canada, 2016^b). The risk of experiencing homelessness or hidden homelessness is extremely high amongst Indigenous people.

The Canadian Homelessness Research Network (CHRN, 2012) developed a typology of homelessness that includes four major categories: homeless persons may be (i) unsheltered, (ii) emergency sheltered, (iii) provisionally accommodated, and (iv) at risk of homelessness. The first two categories refer to circumstances for those who are absolutely without housing. The third and fourth categories describe the varied circumstances for persons whose shelter arrangements lack permanence and those who are at risk of becoming homeless. Terms used to refer to persons in the latter two categories include technically homeless, near homeless, precariously housed, provisionally or temporarily accommodated, inadequately housed, at risk or at imminent risk. New research has revealed the significance of hidden homelessness in Ontario as a poorly understood aspect of homelessness (Kauppi et al., 2017). Hidden homelessness involves various circumstances in which people are homeless but do not live on the streets and may not access services. Kauppi et al. (2017, p. 9) describe hidden

homelessness as including “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.”

The frequency and duration of homeless episodes can have important implications for how the problem is understood and addressed. Taking into account the time element, homelessness may be divided into three categories including chronic, episodic and temporary forms (Kauppi, Shaikh, Pallard & Rawal, 2013). According to the Homelessness Partnering Secretariat (2012), chronic homelessness is a term used to describe people who have been continuously homeless for six months or more in the previous year. Chronic homelessness is often experienced by those with recurring or continuing illness or addiction problems. The Government of Ontario and the Homelessness Partnering Secretariat have also identified the need to study episodic homelessness, which involves three or more episodes of homelessness in the previous year. Episodic homelessness may be cyclical and may result from changes in circumstances, for example release or discharge from an institution such as prison or hospital (Kauppi et al., 2013). Thus, complexity in the categorization of homeless people must be recognized given the inter-related and overlapping nature of the concepts; categories of people who are considered to be chronically, episodically and cyclically homeless are not always distinct. The frequency and duration of homeless episodes can have important implications for how the problem is understood and addressed.¹

The purpose of the current study was to gather up-to-date information about various subgroups within the homeless population in the Manitoulin-Sudbury District, including information such as age, gender, socio-cultural data and history of homelessness. The questionnaire included all mandatory questions identified and developed by the Government of Ontario.

¹ The definitions of chronic and episodic homelessness are from the “Homelessness Partnering Strategy Directives 2014-2019” www.canada.ca/en/employment-social-development/services/funding/homeless/homeless-directives.html

2.0 OBJECTIVE

The Manitoulin-Sudbury District Services Board (Manitoulin-Sudbury DSB) required the completion of an enumeration project. The enumeration is linked to the objectives of the Province of Ontario to end homelessness in Ontario and, specifically, to end chronic homelessness by 2025. The enumeration in 2018 is intended to help Service Managers and the Ministry of Housing to better understand the extent and nature of homelessness and to guide policy and program design.

3.0 METHODOLOGIES FOR COUNTING AND STUDYING HOMELESSNESS

The utilization of sound methods for collecting data on the prevalence of homelessness is vital for reducing and eliminating homelessness as it provides critical information to policy makers, service providers, advocates and community members about prevalence, demographics, trends and service use. One of those methods to enumerate homeless persons is the period prevalence count or PPC approach. It has recently been described in the *Period Prevalence Counts of People Experiencing Homelessness: A Guide for Service Managers in Rural and Northern Communities* (Kauppi, 2017), and the guide was made available for use by Service Managers in Ontario. This enumeration used the PPC method and followed the guide.

The guide provides information about the PPC approach and how to implement it as one of the accepted enumeration methods to be used by Service Managers in 2018. This methodology was promoted by the Ministry of Housing as it can capture most of the population and is deemed useful in northern and rural communities. It involves community outreach and the involvement of agencies offering front-line services and programs to people experiencing forms of homelessness, including food banks. There has been a tendency to utilize a variation of the service-based methodology in most studies of homelessness conducted since the late 1980s. This methodology was used for the current study because it captures most of the population. Including the agencies offering front-line services and programs to people experiencing forms of homelessness can yield information about the complexity of the forms of homelessness as well as increase accuracy in counting people in various socio-demographic groups (e.g. by gender, socio-cultural/linguistic group and age).

The PPC of homeless persons—including a count of chronically and episodically homeless people—is also a method that is appropriate for use in rural and northern communities. It was used to obtain information about socio-demographic/linguistic characteristics, histories of homelessness and current and prior experiences. Data were collected from people experiencing forms of homelessness and hidden homelessness using a structured questionnaire, which includes all mandatory questions identified and specified by the Government of Ontario, in order to gather information from them regarding forms of homelessness. We used the same methodology as we have successfully employed in our previous PPC studies of persons accessing a broad range of front-line services for poor and homeless people.

The PPC data collection activities took place when the Markstay food bank was operating before the 7-day PPC, that is on April 12th, while the PPC took place from April 16th to 22nd. Continuing the PPC for 7 days, while collecting information allowing for the elimination of duplicate cases (de-duplication), yields information leading to more accurate data than studies/counts that take place over a shorter time via the PiT. In the USA, based on extensive experience with homelessness enumeration, HUD (2014) acknowledged that some people do not access services every day and thus counts may be extended to 7 days to allow for greater accuracy.

The report of Ontario's Expert Advisory Panel on Homelessness, "A Place to Call Home" (MMAH, 2015) identifies hidden homelessness as an important issue. The Panel stated that approaches to enumeration used in big cities may not be appropriate for use in rural and northern communities where hidden homelessness is prevalent. A study funded by the Ministry of Municipal Affairs and the Ministry of Housing on hidden homelessness in Ontario examined varied forms of homelessness in rural and northern Ontario. The report, "Homelessness and Hidden Homelessness in Rural and Northern Ontario" (Kauppi, O'Grady, Schiff, Martin and Ontario Municipal Social Services Association, 2017), provided a framework for measuring hidden homelessness in the 2018 enumeration study.

4.0 CONDUCTING A SURVEY OR COUNT OF HOMELESS PERSONS

4.1 Ethics Approvals

The Centre for Research in Social Justice and Policy had previously received approval from the Research Ethics Board at Laurentian University (LU REB) for conducting period prevalence counts in various communities in northeastern Ontario. A revised application was submitted to the LU REB in February, 2018. Ethics approval was received on March 6, 2018. The procedures for data collection and all aspects of the study met the standards required by all ethics review committees.

4.2 Qualifications and Experience of the Research Team

Carol Kauppi has directed a team of researchers conducting studies on homelessness since 2000. She has 18 years of experience in working with homeless persons as research participants. Her teams conducted 10 period prevalence counts in Sudbury between 2000 and 2015, and counts in Timmins (2011), North Bay (2011), Hearst (2012), Moosonee (2012) and Cochrane (2013). She is the author of the guide *Period Prevalence Counts of People Experiencing Homelessness: A Guide for Service Managers in Rural and Northern Communities* (2017). She is also the lead author of the report, *Homelessness and Hidden Homelessness in Rural and Northern Ontario* (2017), conducted with support from the Ontario Ministry of Housing. From 2010 to 2016, Carol Kauppi was the director of *Poverty, Homelessness and Migration*, a \$1,000,000 project funded by the Social Sciences and Humanities Research Council. She has also conducted studies on homelessness for the Homelessness Partnering Strategy, Employment and Social Development Canada, notably the study, *Understanding and Addressing Family Homelessness in a Northern Community, Timmins, Ontario* (Kauppi et al., 2014). She has extensive experience in conducting large scale research projects at the national, provincial and regional levels, as well as policy research and action research projects. She has managed these large scale projects effectively and provided the agreed deliverables in a timely manner. A recognized leader in research on homelessness, she has in-depth knowledge of the needs of people experiencing homelessness.

The research team included four additional university researchers, Dr. Emily Faries, Dr. Henri Pallard, Dr. Phyllis Montgomery and Dr. Michael Hankard, and the staff of the Centre for

Research in Social Justice and Policy, as well as upper year social work students who were involved as research assistants. In total, the research team comprised over 20 members, including research assistants who were hired and trained to work on the project. The lead university researchers were from the School of Social Work, the Department of Indigenous Studies, the Department of Law and Justice and School of Nursing. The research team included Anglophone, Francophone and Indigenous faculty members and students from varied schools and departments. The project team had the required skills and knowledge to conduct the project activities, including bilingual capacity and connections to the key cultural communities (i.e. Francophones, Indigenous people, and Anglophones) in the Manitoulin-Sudbury District.

4.3 Geographic Area

The study sought to include all regions within the Manitoulin-Sudbury District. The 2018 period prevalence count involved data collection in Espanola, Little Current, Mindemoya, Noëlville; Markstay, Chapleau and Foleyet. The decision about locations was made following a consultation with service providers in the fall of 2017 and in early 2018. The PPC project followed the Ministerial Directive and the Provincial Guidelines for Homelessness Enumeration. It was completed in a manner that addressed all provincial requirements. The study covered regions of the Manitoulin-Sudbury District in which slightly more than 56 percent (15,692) of the total population (28,107) resides.

4.4 Data Collection Tool

The data collection instrument to be used included the required questions specified by the Province of Ontario and the Homelessness Partnering Secretariat. Additional questions on health, mental health, migration, and history of homelessness were included. The data collection instrument consisted of a questionnaire for collecting information from each homeless person using shelters and allied services. The definitions of homelessness used in previous studies in prior PPCs in other northeastern Ontario communities were employed in 2018. The definitions are consistent with the Canadian definition of homelessness published by the Canadian Homelessness Research Network (CHRN, 2012), and incorporates its four major categories of (i) unsheltered, (ii) emergency sheltered, (iii) provisionally accommodated, and (iv) at risk of homelessness, as set out above (1.0 Background and Definitions of Homelessness). Measures of hidden homelessness were also included.

4.5 Data Collection Procedures

Using a service-based methodology, data were collected from homeless persons using a structured questionnaire in order to gather information regarding background, experiences and forms of homelessness. We used the same methodology that we have used successfully in the past in our period prevalence studies of persons accessing a broad range of front-line services for poor and homeless people. The survey was conducted in April, from the 12th in Markstay and the 16th to the 22nd in Espanola, Little Current, Mindemoya, Noëlville, Chapleau and Foleyet. The extended data collection period for the food bank in Markstay was required since it operates on a specific day of each month.

As the questionnaire collects specific information that allows for the elimination of duplicate cases, extending the time frame of the study did not raise concerns about counting the same person more than once. Expanding the timeline and the geographic area allowed us to collect data about persons accessing services in outlying areas. Our procedure led to more accurate data than studies/counts that take place over a shorter time and in a single central area.

The data collection activity addressed all requirements specified by the Manitoulin-Sudbury Services Board, including:

- type of current housing/lodging;
- reasons for homelessness;
- number of chronically homeless persons;
- number of episodically homeless persons;
- number of persons with Indigenous identity;
- number of persons with racialized identity;
- age and number of youths under the age of 18 not connected to a family unit;
- family homelessness and number of women and children;
- number of veterans;
- gender identity, sexual orientation, number of LGBTQ2S persons; and
- health.

The survey was conducted in a manner that allowed all people experiencing forms of homelessness to participate, including those who had prior military service.

There are inherent difficulties in conducting research involving people experiencing forms of homelessness, as noted above. The research team worked closely with local service providers in order to create an accurate snapshot of the homeless population. It must be recognized that any count will produce an under-estimate of the total homeless population. However, the participation of a large majority of service providers offering services to poor and homeless people made it possible to obtain a reasonable estimate of the homeless population and provided baseline data for ongoing homelessness initiatives. The PPC in 2018 was the first study of homelessness conducted in the Manitoulin-Sudbury District. There was generally a good response to the study and many organizations agreed to participate and to assist with data collection.

A preliminary list of providers was developed from existing lists of programs and services and it was expanded early in 2018 to ensure that all organizations serving this population, within the designated communities, were invited to participate. Searches were conducted to identify and locate additional services, notably food banks. Using the internet, telephone directories and the networks of identified service providers, a list of services was produced. Every provider known to serve extremely poor and homeless people was contacted by telephone in order to explain the study and to set a date and time for a meeting or teleconference. The purpose of the meeting was to review the information to be collected in the study and to determine how the data could be collected from that agency.

Following the telephone contact, a letter explaining the objectives of the study and the need for participation from all providers was delivered to the agencies along with a copy of the data collection instrument to be used for the count. By involving service providers in discussions about the data collection, strategies were developed to reduce the level of intrusiveness of the data collection and to maximize confidentiality. A few service providers decided not to participate due to limited resources or to a reluctance to allow research assistants to collect data on the agency premises. However, those that did not participate stated that they informed people accessing their services about the survey and locations where they could complete the questionnaire. Cards specifying the locations for the PPC data collection were sent to all recipients of Ontario Works.

Given the service pressures and limited staff resources to collect the data, research assistants were made available to administer the questionnaire in most agencies. A job advertisement was posted online to recruit and hire a team of research assistants; they included bilingual and Indigenous people. In total, more than 20 research assistants collected data in agencies, services or programs that agreed to participate. The research team members were trained and closely supervised to ensure that the study protocols were followed. Nineteen agencies, programs or services participated in the study. Data collection stations were located in services within each town, such as the District Services Board offices. A substantial proportion of the participants completed the survey at locations such as hospitals and other services; teams also conducted door-to-door surveys in low income areas where homelessness has been identified as most likely to be concentrated. Data was also collected at magnet events such as community dinners provided to low income people. One or more surveys were completed at all service locations. The staff were trained to give attention to the goal of limiting participation to a single completed survey from each individual as the honorarium of \$5.00 was an incentive for participation.

4.6 Timeframe for the Study

The PPC was conducted at agencies or services located in the Manitoulin-Sudbury District on April 12th in Markstay and from April 16th to 22nd in all other locations.

4.7 Unduplicated Count

The data collection instrument allowed for the identification of duplicate cases. De-duplication procedures were conducted by examining the first, middle, and last initials as well as the date of birth, gender and sociocultural/linguistic background. Individuals with identical information were considered to be the same person and the duplicated case was eliminated from further analysis. As in prior studies, most individuals provided the information required to identify duplicate cases. In 2018, approval was sought to require the provision of the de-duplication information as part of the consent process. The de-duplication procedures showed that participants completed the survey only once, as there were no duplicate cases in the Manitoulin-Sudbury District database.

5.0 RESULTS

5.1 Number of Participants

The number of questionnaires completed by adults or youth in the PPC study was 122. The questionnaire asked participants to indicate the age and gender of dependents.

Number of participants and dependent children in custody

As shown in Table 1, the unduplicated results are based on 122 adult and youth participants, in addition to their 49 dependent children under the age of 18 who were in the custody of a participant for a total count of 171. Included are two mothers who were pregnant. The age range for dependent children was 0 to 17 as one or more children were in all age groups. The number of participants and children who were absolutely homeless (n=30), living with hidden homelessness (n=88) as well as those who were at risk of homelessness (n=53) is shown in Table 1. It should be noted that parents/guardians identified 62 dependent children but 13 of these children were not accompanying them or not in the custody of their parents.

Table 1: Number of unduplicated individuals in the period prevalence count

	Absolutely homeless Number	Hidden homelessness Number	At risk of homelessness Number	Total Number
Number of participants	22	59	41	122
Dependent children under 18	8	29	12	49
Total	30	88	53	171

Table 2 shows the overall numbers in Sudbury East, Espanola, Manitoulin Island and Sudbury North. The results indicate that over half of the surveys were completed on Manitoulin Island (51%), followed by Espanola (25%), Sudbury North (20%) and Sudbury East (4%). The small number of participants in Sudbury East likely undercounts the extent of homelessness. The weather was unseasonably cold and local service providers stated that it was unusually quiet during the seven days of the PPC. A snowstorm on the day of data collection in the Markstay food bank resulted in a small number of participants. Furthermore, service providers in Sudbury East commented that from May to September, a transient population moves into the

region. However, the data collection was conducted during April, consistent with the timelines set by the province of Ontario; it is possible that people who become homeless were not staying in Sudbury East in April.

Table 2: Number of participants in regions of the Manitoulin-Sudbury District

Region	Number of Participants	Percentage
Manitoulin Island	62	50.8
Espanola	30	24.6
Sudbury North	25	20.4
Sudbury East	5	4.1
Total	122	100

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

5.2 Results for Specified Data Points

The Province of Ontario specified the requirement to gather information only about absolutely homeless people. However this report provides information about absolutely homeless persons as well as those living with hidden homelessness or the risk of homelessness. It is important to include all categories of people living with forms of homelessness because prior studies and the published literature show that there is a strong interrelationship between these categories. For example, in a 2015 study of homelessness in the City of Greater Sudbury, 45 percent of persons at risk of homelessness previously had been absolutely homeless. In the Manitoulin-Sudbury enumeration, 35 percent of those at risk of homelessness had been absolutely homeless in the past, while 39 percent had been couch surfers. They were living with the risk of homelessness in April 2018.

The results on the history of homelessness indicates that categories of homelessness are not distinct from each other as people who are at risk of homelessness are vulnerable to hidden homelessness or to becoming absolutely homelessness. Moreover, some who state that they are at-risk fit accepted definitions of absolute homelessness, yet they may not self-define and self-report as homeless due to the stigma.

Table 3 shows the results for data points required by the Province of Ontario.

Dependent children are not included in these results. As typically occurs with surveys, some people choose not to answer certain questions. The number of “missing values” is within accepted parameters and therefore appear not to have impacted on basic trends in the data. As the total sample of participants (n=122) is relatively small, it is not feasible to provide breakdowns for each town.

Table 3: Age, cultural background, sexual orientation and military service by type of homelessness

	Absolutely homeless Number n	Hidden homeless Number n	At risk Number n	Total Number	%
<i>Cultural background</i>					
Indigenous identity (including Inuit)	15	28	17	60	52.6
Racialized identity (e.g., Asian, Arab, Black, Filipino, Hispanic)	–	--	5	5	12.2
<i>Age, gender and sexual orientation</i>					
Youth under age 18 not connected to a family unit	–	2	–	2	3.5
Youth aged 16 to 24	3	9	4	16	13.4
Female/Women	15	26	19	60	50.8
Male/Men	5	27	21	53	44.9
LGBTQ (Trans, two-spirit, genderqueer, don't know, not listed)	1	4	--	5	4.3
<i>Chronic and episodic homelessness</i>					
Chronic	10	22	2	34	27.9
Episodic	3	5	3	11	9.0
<i>History with child welfare</i>					
Was in foster care or group home	4	17	10	31	29.0
<i>Military service</i>					
Veterans	2	2	4	8	6.7

Note: Missing values are within acceptable parameters. Percentages are calculated using the number of respondents for each variable.

Note: Type of current housing/lodging, reasons for homelessness/housing loss, family homelessness, health and income sources are reported below.

5.3 Demographic Results

As we have consistently found in prior studies in northeastern Ontario, Indigenous people (including First Nations and Métis) were present within the study samples in proportions greater than their numbers in the total population according to 2016 census data (Statistics Canada, 2017). Indigenous people were reportedly 41 percent of the Manitoulin District population and 18 percent of the Sudbury District population but they comprised 52.6 percent (n=60, excluding children) of the participants who provided information about Indigenous identity (n=114 or 93.4% of participants) in the study.

Among those who were **absolutely** homeless, Indigenous people, including First Nation, Métis or Inuit, constituted over two-thirds (70.6 %) of this subsample (i.e., 15 individuals who were absolutely homeless and reported their cultural identity). Indigenous people were also half (50.0%) of the subgroup of people who were living with hidden homelessness. They also made up about half (47.2%) of those who were at risk of homelessness.

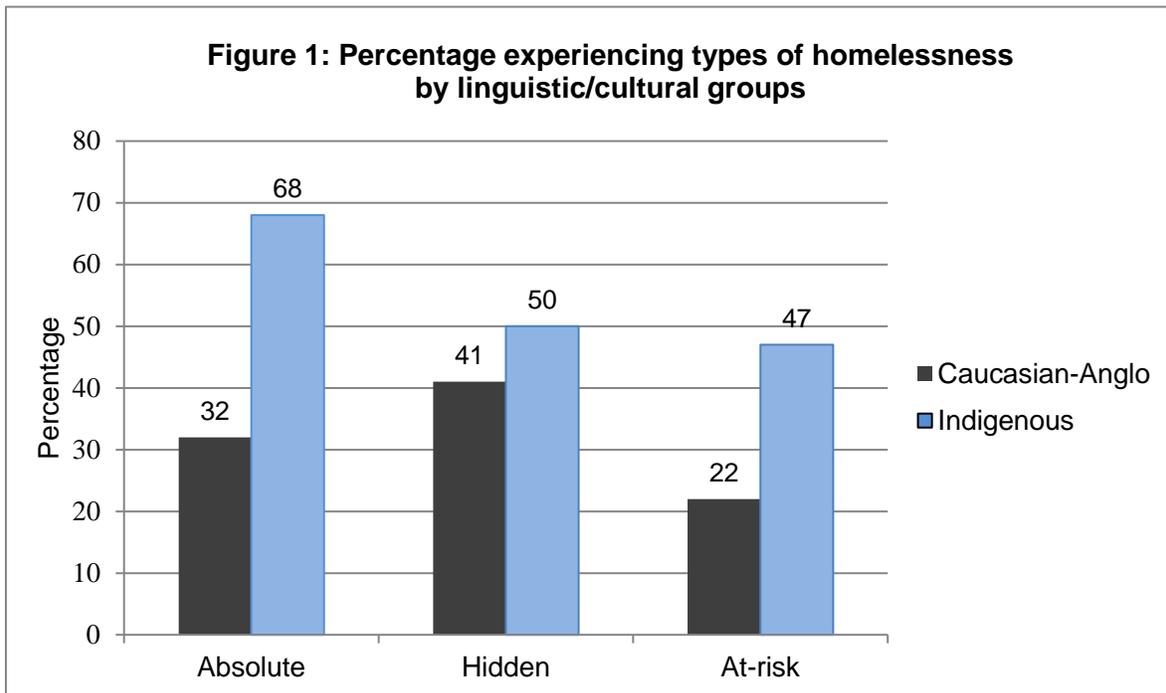
In contrast to Indigenous people, Francophones (n=10) appeared to be greatly under-represented among the study participants (8.3%) compared to their proportion within the total population (24.6%) as reported for the Sudbury District in the 2016 census (Statistics Canada, 2017)². Francophones comprised 5.9% of those who were absolutely homeless, and 6.7% of those who were living with hidden homelessness and 9.4% of those experiencing the risk of homelessness. A very small subgroup of the racialized homeless population in the Manitoulin-Sudbury District (n=5) participated in the enumeration study; they were 4.1 percent of the sample. There were no people living with absolute homelessness and one in the hidden homelessness group who self-identified as being in a racialized group. Overall, Francophones and racialized people were 12.4 percent of those experiencing various forms of homelessness.

Caucasian anglophones constituted a third of those who were homeless (33.1%) but they were a slightly smaller subgroup amongst people living with the risk of homelessness. It is important to note that the analysis was based on the multiple response for racialized identity and for language. Participants gave up to four responses for racialized identity and two for

² These percentages are estimates since Statistics Canada does not provide community profiles for the catchment population of the Manitoulin-Sudbury District Services Board. The data for the Sudbury District, which excludes the City of Greater Sudbury and covers much of the area for which the Manitoulin-Sudbury District Services Board is responsible, nevertheless has a smaller population than the Manitoulin-Sudbury District.

language as cultural and linguistic identity is complex. Some Indigenous people indicated both Indigenous heritage and Caucasian. Those who self-identified as Indigenous were categorized in this group, regardless of their second choice in the question on racialized identity. Figure 1 shows the percentage of Caucasian and Indigenous participants in the categories of absolute homelessness, hidden homelessness and those at risk. The results show that Indigenous people comprise the largest group in each category of homelessness and they were a strong majority amongst those who were living with absolute homelessness.

The age range for people living with homelessness was 16 to 89. Those living with absolute homelessness included a man aged 60 and a woman aged 65. Four men and five women over age 60 were among those experiencing hidden homelessness. Twelve older adults were living with the risk of homelessness.

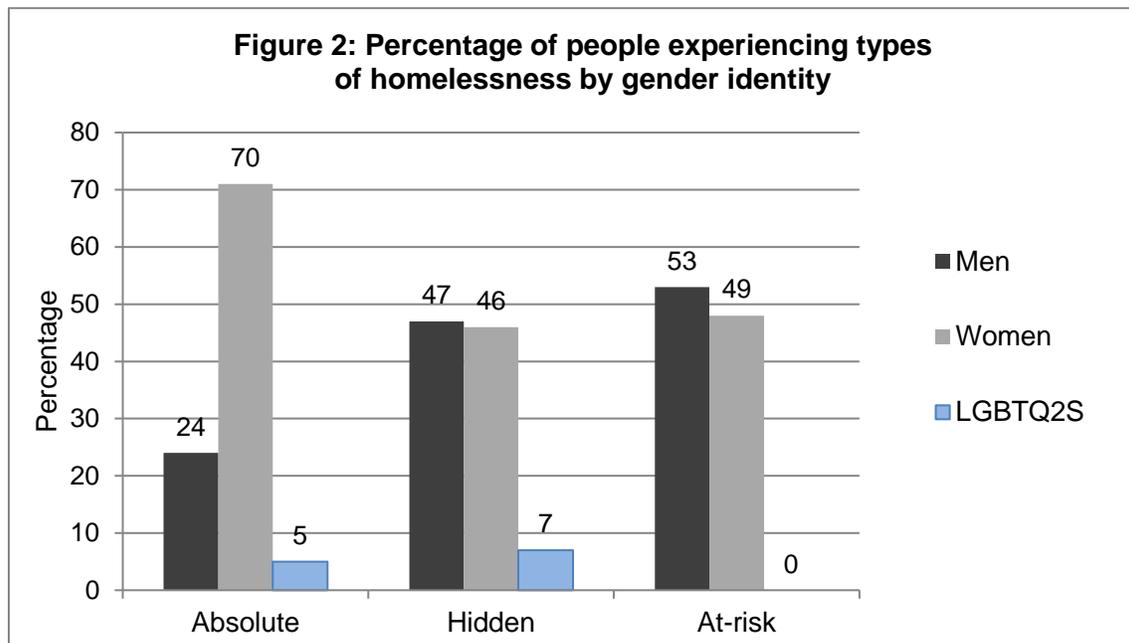


The number of young people up to age 24 was 16. They included individuals who were living with absolute, hidden homelessness and the risk of homelessness. They were not connected to a family unit when they participated in the survey. Of these, three were absolutely homeless, nine were living with hidden homelessness and four were at risk. It is important to note that homeless youth are extremely vulnerable; it is possible that more young people were

present among homeless people, but may not have participated in the survey in order to remain part of the hidden homeless population.

Women (n=60) comprised 50.8 percent of those who self-identified their gender; men (n=53) comprised 44.9 percent of this sample. Persons who self-identified their gender as two-spirit (n=1), transwoman (n=2), transman (n=1), or not listed/don't know (n=1) comprised 4.3 percent of the participants based on self-reports of gender identity (n=118 self-identified as male, female or gender fluid/non-binary).³

Figure 2 shows the percentage of people experiencing forms of homelessness by gender identity. A strong majority of the participants were women in the category of absolute homelessness while men and women made up similar proportions of people who were experiencing hidden homelessness and the risk of homelessness. The proportion of those who identified as gender fluid, gender queer or transgender was similar for absolute and hidden homelessness (i.e., at or above 5% of those in these categories).



Regarding sexual orientation, 92 percent of participants self-reported that they identified as heterosexual while 8 percent indicated that they identified as LGBTQ2S. These numbers may under-report the experience of homosexual identity due to concerns about the stigma in

³ May not sum to 100 due to rounding error.

small and rural communities. It should be noted that gender appears to be an issue in the Manitoulin-Sudbury District, especially for persons who are absolutely homeless, as most enumeration studies have shown that men outnumber women among those who are absolutely homeless but the trend is reversed in Manitoulin-Sudbury.

The number of people with backgrounds involving military service who participated in the survey was 8. Two of them were absolutely homeless while two were living with hidden homelessness and the remainder (n=4) were at risk of homelessness.

5.4 Chronic and Episodic Homelessness

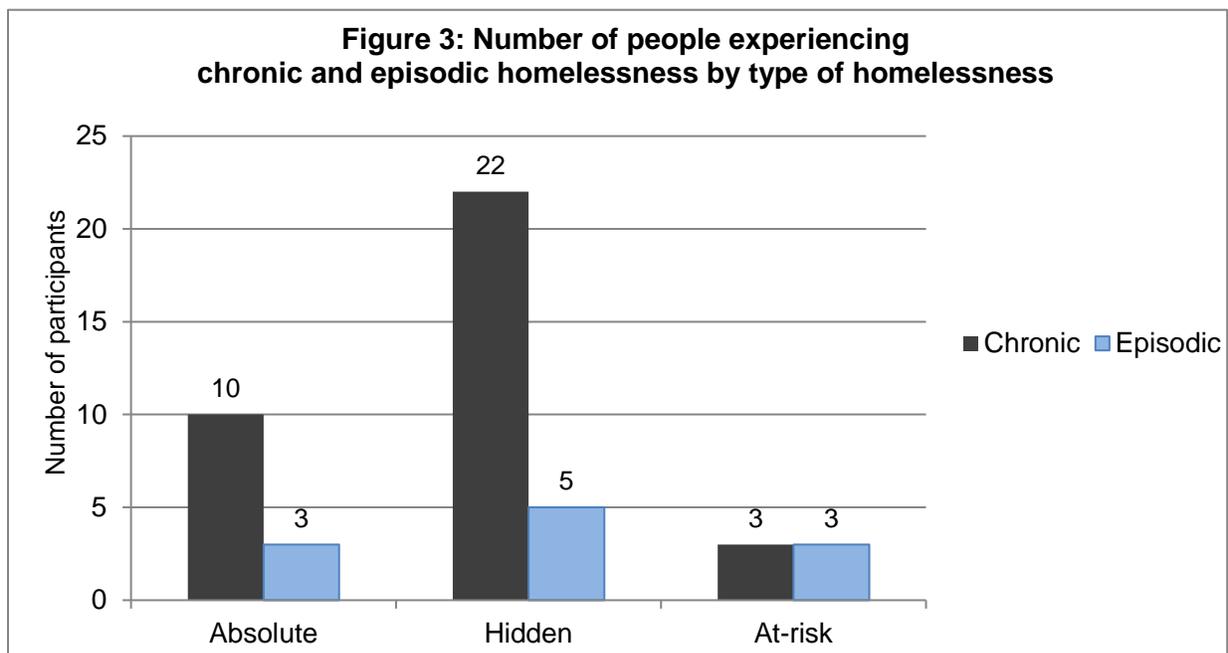
Employment and Social Development Canada (2017) and the Ontario Ministry of Housing (2017) define chronic and episodic homelessness the same way: chronic homelessness is a form of homelessness that lasts six months or more within a year, while episodic homelessness is when an individual is homeless during three or more episodes within a year. Using a more stringent definition of chronic homelessness (homeless for a year or more), the Canadian Observatory on Homelessness (2014: 40) stated that “episodically and chronically homeless individuals and families account for less than 15% of the homeless population”. As the guideline of 15% is for a more restrictive definition, it excludes those who were homeless for six months to a year. It is possible that the COH guideline may not be useful in comparing rates of chronic homelessness in northern Ontario.

With regard to the Manitoulin-Sudbury data, an examination of the length of time during which participants had been homeless and the number of episodes of homelessness experienced shows that a substantial proportion of the participants who were living with absolute homelessness or hidden homelessness had experienced long periods (six months or more) without housing. Figure 3 shows the number of participants experiencing chronic and episodic homelessness. Of the 120 individuals giving information about these forms of homelessness, 35 (29%) reported that they were chronically homeless while 11 (9%) were episodically homeless. Therefore, fewer people had experienced three or more episodes of homelessness compared to the number living with an extended period of homelessness—for six months or more—within the previous year. The indication that these individuals are a minority of those in the sample (i.e., less than a third) reflects the prevailing view regarding the severity of chronic and episodic homelessness: as these are severe forms of homelessness, a smaller number of people typically go through this experience and the federal government has taken the

view that “persons who are chronically and episodically homeless [should] receive the supports they need at the right moment and by the appropriate service.” (ESDC, 2017).

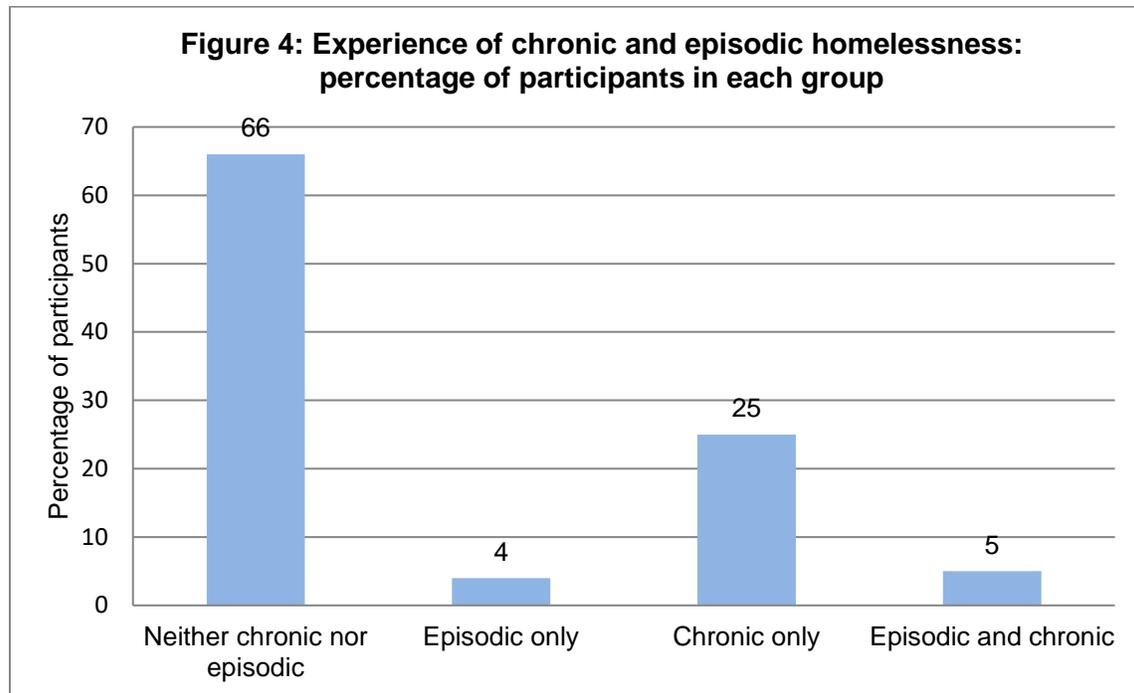
As shown in Figure 3, chronic homelessness was highest among the hidden homeless group, followed by the absolutely homeless group. In contrast, the rate of episodic homelessness was about the same amongst those who were absolutely homeless, hidden homeless or at risk. It is possible that people who were at risk of homelessness had experienced chronic or episodic homelessness prior to becoming housed or that their living circumstances in housing constituted a form of hidden homelessness.

Figure 4 shows the results of a cross tabulation of the responses regarding chronic and episodic homelessness for *episodic* (defined as three or more episodes in a one-year period) and *chronic* (continuously homeless for six months or more) homelessness among the total sample of participants. The results show that the largest subgroup was people who had not experienced either chronic or episodic homelessness. Those who were *not* chronically homeless tended *not* to have experienced episodic homelessness.



There was an overlap between chronic and episodic homelessness in that a small group—18 percent (n=6)—of the participants who had experienced chronic homelessness indicated that they had also been through three or more episodes of homelessness (not shown).

Further examination indicates that, by far, the largest number of people who reported that they were not chronically homeless were those at risk of homelessness, as 95% were not chronically homeless. In addition, Indigenous people were a majority of those who were chronically homeless (55%) as well as episodically homeless (90%). There were no significant differences in chronic or episodic homelessness between the absolute and hidden homelessness groups, as the number of participants is small in these categories.



5.5 Experiences of Housing or Shelter

Table 4 provides information about experiences of housing or shelter among those who participated in the survey. The responses to the mandatory question about current lodging suggested that many people did not know where they would stay at night. The dominant responses of people who were absolutely homeless were that they intended to stay in an emergency or domestic violence shelter, or a transitional shelter. Amongst those living with hidden homelessness, the dominant response was that they would stay at someone else's place (i.e., couch surfing) while people who were at risk of homelessness typically had their own place to stay. It is worth noting, however, that many people pay rent to stay in accommodation that is severely substandard and not appropriate for human habitation. Alternatively, their existing home does not meet basic standards or requires major repairs. Some of those who

were categorized as at risk appeared to be living with hidden homelessness as their responses on the survey indicated that their home was not safe for them. The definitions of homelessness reflect the view that having an unsafe home is a form of homelessness.

Table 4: Current lodging/homelessness

	Absolute		Hidden		At risk	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Own apartment or house	1	4.5	–	–	39	95.1
Someone else's place	3	13.6	30	50.8	–	–
Motel/hotel	0	–	5	8.5	–	–
Hospital, jail, prison, remand	1	4.5	3	5.1	–	–
Emergency or DV shelter	9	40.9	–	–	–	–
Transitional shelter	5	22.7	--	--	–	–
Public space	2	9.1	–	–	1	2.3
Vehicle	2	9.1	–	–	1	2.3
Makeshift shelter, tent, shack	–	–	–	–	–	–
Abandoned/vacant building	1	4.5	–	–	–	–
Other unsheltered location	3	13.6	–	–	–	–
Do not know/decline	1	4.5	22	37.3	2	4.8

Note: Data are based on the number of multiple responses. Some participants did not answer all questions while others gave multiple responses.

Note: Percentages do not sum to 100 due to the multiple responses provided, indicating that participants reported on the various locations where they were staying. People living with Absolute homelessness reported the largest number of lodgings.

Table 4 shows that the 3 individuals who were absolutely homeless reported that they would stay at someone else's place; these individuals also indicated that they stayed in conditions of absolute homelessness such as in a public space, a vehicle, abandoned building, other unsheltered location or they did not know where they would stay. It is notable that eight responses were from people who were absolutely homeless who indicated that the location where they would sleep was a public space, vehicle, abandoned building or other unsheltered location even in the cold weather that persisted in April 2018. During the PPC from April 16th to 22nd, the minimum temperature ranged between 0° C and -3° C in Espanola, Little Current and

Noëlville, but it was colder by a few degrees in Chapleau.⁴ Moreover, on April 12th, when data collection took place in Markstay, a snowstorm and cold, blustery weather combined with a gas leak at the organization was a barrier to participation.

5.6 Reasons for Homelessness

Table 5 shows the reasons given for homelessness or the loss of housing. The reasons have been sorted based on the most frequent responses given by people living with absolute homelessness. As indicated, the top six reasons were inability to pay rent or mortgage, unsafe housing conditions, addictions, abuse by a spouse or partner, illness or a medical condition and conflict with a spouse or partner. The top five reasons given most frequently by people living with hidden homelessness were only slightly different from absolutely homeless people, but the inability to pay rent or mortgage was a primary reason, as was conflict by spouse/partner and addiction or substance use. Conflict with a parent or guardian, job loss and abuse by a parent or guardian were other reasons cited most often by people experiencing hidden homelessness. Amongst those living with the risk of homelessness, a small number (two or three participants) identified several factors linked to homelessness but the top five reasons were similar to those given by participants living with hidden homelessness. These reasons were addiction or substance use, inability to pay rent or mortgage, job loss, illness and abuse by spouse or partner. If the responses about conflict and abuse listed as four separate reasons are combined (i.e., (i) conflict with spouse/partner, (ii) abuse by spouse/partner, (iii) conflict with parent/guardian and (iv) abuse by parent/guardian), this issue becomes the primary reason for homelessness amongst people in all three categories of homelessness.

The reasons given for homelessness provide for a better understanding of the overlap between categories of homelessness. Within all three categories (at risk, hidden or absolute homelessness), all the reasons listed in Table 5 were selected by one or more participants living with absolute or hidden homelessness. The reasons listed in Table 5 are rank-ordered according to the total responses. It is noteworthy that the inability to pay rent or mortgage was a top reason given by people living with absolute and hidden homelessness. Addiction was one of the top reasons given by all three groups. Conflict with spouse or partner was amongst the top three reasons for people living with hidden homelessness. Unsafe housing was also an important factor in homelessness for people living with all three forms of homelessness

⁴ Temperatures are from records available at www.accuweather.com

(absolute, hidden and at risk of homelessness). The remaining reasons listed in Table 5, except for hospitalization or treatment program, were all selected by approximately ten percent or more of the total sample of participants. Finally, many people indicated that they did not know why they were homeless or checked a category “other”. In addition, some people did not answer the question, indicating that they did not know why they were homeless.

Table 5: Reasons for homelessness

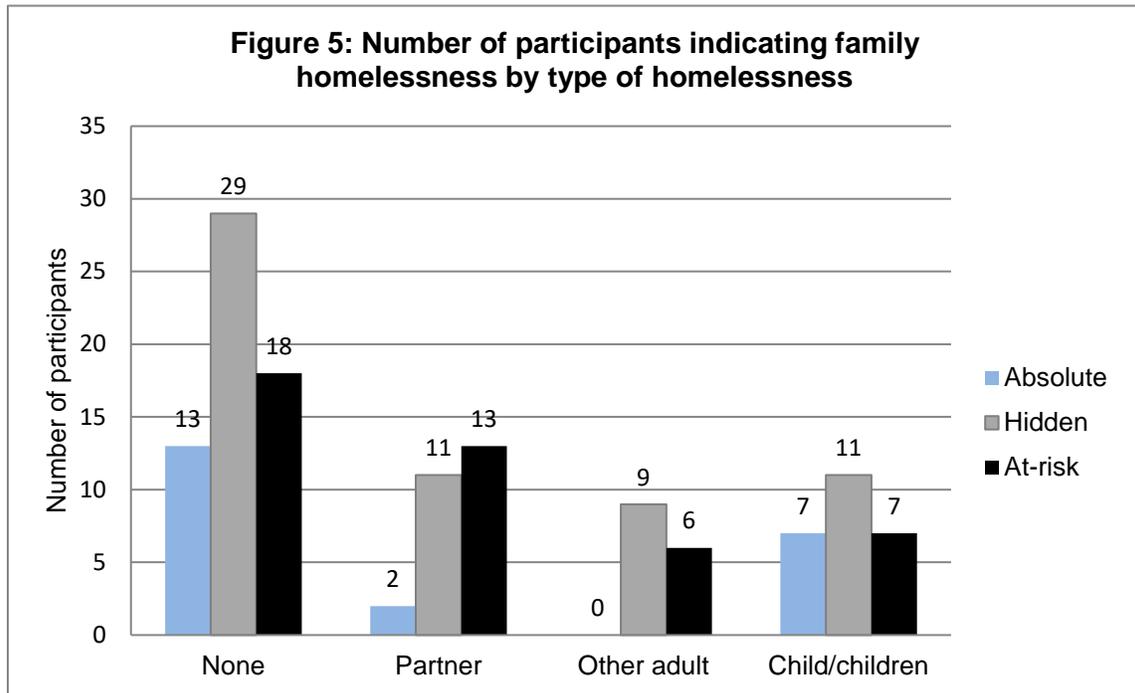
Reasons	At risk	Hidden homeless	Absolutely homeless	Total N	Total %
Unable to pay rent or mortgage	2	13	8	23	24.7
Unsafe housing conditions	1	6	8	15	16.1
Addiction/substance use	3	10	5	18	19.4
Experienced abuse by spouse/partner	2	5	4	11	11.8
Illness/medical condition	2	6	3	11	11.8
Conflict with spouse/partner	0	13	2	15	16.1
Job loss	2	8	2	12	12.9
Conflict with parent/guardian	1	9	2	12	12.9
Incarcerated	1	6	2	9	9.7
Hospitalization or treatment program	1	3	2	6	6.5
Experienced abuse by parent/guardian	1	7	1	9	9.7
Don't know/other/decline	12	20	8	40	43.0

Note: Results are based on multiple responses as participants were invited to check all reasons that applied to them. Therefore, number of responses exceeds the number of participants. Total does not sum to 100 due to multiple responses.

5.7 Family Homelessness

The analysis of responses regarding family homelessness indicates that many people living with forms of homelessness, including those living with the risk of homelessness, are on their own. The question asked: “What family members are staying with you tonight?” The dominant response was “none” and only one person living with absolute homelessness was staying with a partner. As shown in Figure 5, few of those who are absolutely homeless have a partner, other adults or children with them. Most of those who had partners, other adults or children were experiencing hidden homelessness or the risk of homelessness. Very few of

those living with absolute homelessness share the experience with partners, other adults or children compared with people who experience hidden homelessness or the risk of homelessness. This may reflect the social isolation and marginalization of people who are absolutely homeless.



5.8 Health Issues

As shown in Figure 6, a substantial number of people indicated that they have health issues. It is evident that addiction was the issue identified least often by people in all three homeless categories. Nevertheless, over a third of those who were absolutely homeless, over a quarter of those in hidden homeless and a fifth of those at risk reported that they had addictions or were using substances.

A key finding is that, amongst those absolutely homeless, a majority reported mental illness but less than half of those experiencing hidden homelessness or the risk of homelessness reported mental health challenges. It is also important to note that, among those living with absolute homelessness, half reported that they had chronic medical conditions and close to half reported a physical disability. Amongst people living with hidden homelessness,

nearly half had chronic medical issues, a third had a physical disability and over a quarter reported addictions. The findings for people at risk of homelessness were fairly consistent with regard to chronic medical issues, physical disability and mental health: between 44 and 50 percent reported these health issues but fewer than a quarter reported addictions issues.

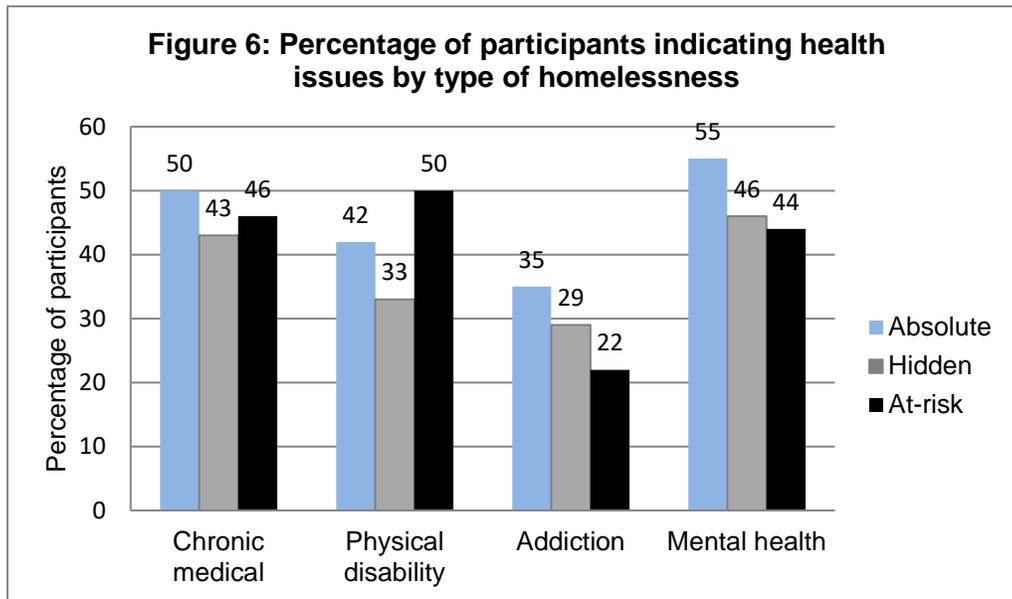
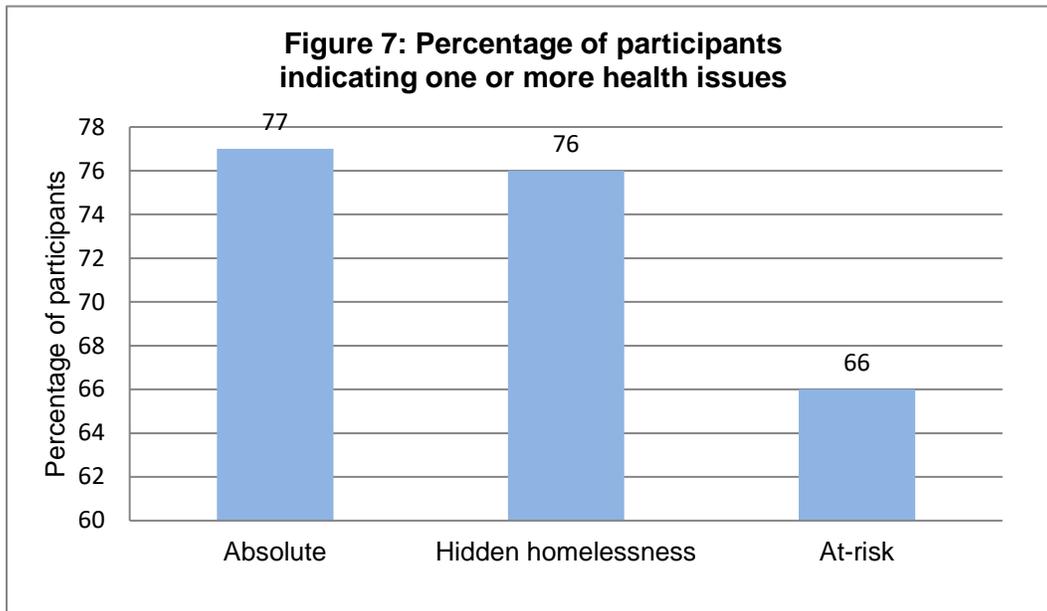


Figure 7 shows the percentage of participants reporting one or more of the four types of health issues shown in Figure 6. The results indicate that a majority of participants (approximately two-thirds or more) were experiencing addictions/substance use issues, chronic medical issues, physical disability and/or mental health challenges. In particular, all but six of those living with absolute homelessness (n=16) reported one or more of these types of health challenges, all but 14 individuals who were experiencing hidden homelessness (n=45, 76%), and all but 14 of those at risk of homelessness (n=27, 66%). The findings shown in Figure 7 indicate the interconnectedness of the three categories of homelessness as a majority of people in the three categories were experiencing health challenges. However, those who were living with absolute homelessness and hidden homelessness reported more health problems.



5.9 Experiences of Child Welfare or Foster Care

As shown in Figure 8, between approximately a fifth and over a quarter of the participants in each subcategory of homelessness had been in the child welfare system, including foster care, a group home or the “Sixties Scoop”⁵ (i.e., apprehension of Indigenous children by child welfare authorities). Those absolutely homeless less often reported child welfare involvement compared to those experiencing hidden homelessness or the risk of homelessness, but the differences were not substantial. The proportion of those who had been in the child welfare system was highest amongst those living with the risk of homelessness, at 28 percent of these participants.

⁵ Indigenous people (“Indian” and Inuit) who, between 1951 and 1991 were taken into care and placed with non-Indigenous parents, were part of the Sixties Scoop. See Class Action Sixties Scoop Settlement, <https://sixtiesscoopsettlement.info>.

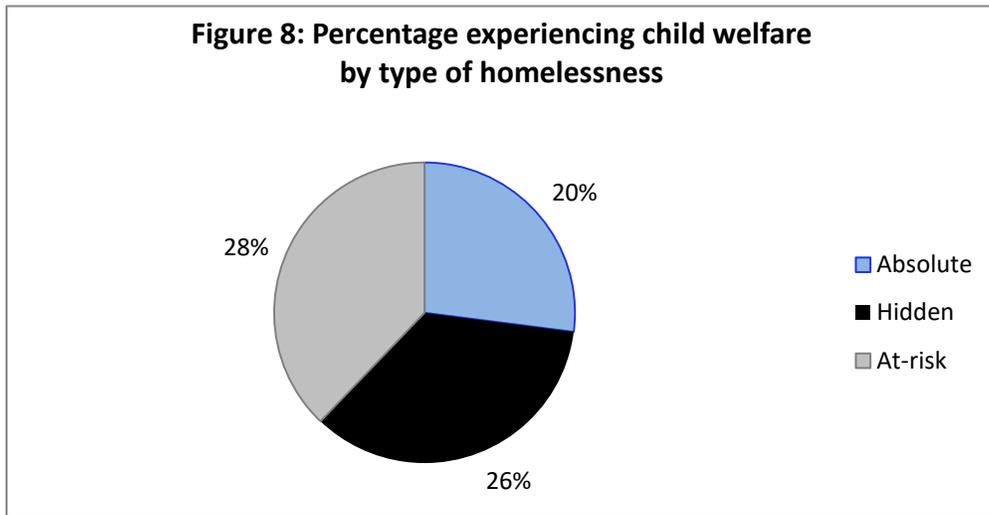
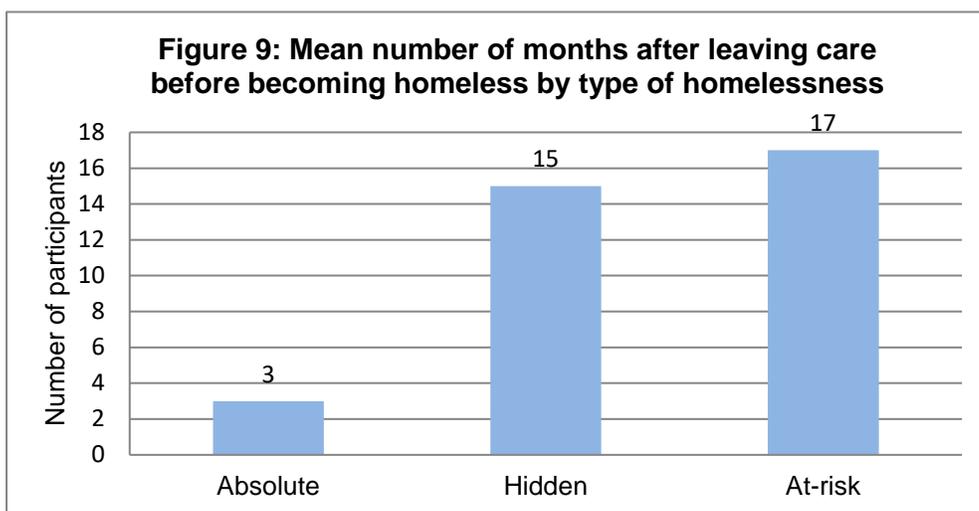


Figure 9 indicates the number of months after exiting care that the participants became homeless. On average, hidden homeless and at risk individuals who had been in the child welfare system became homeless within 1.4 years. Those living with absolute homelessness indicated that they experienced homelessness within the shortest period after leaving foster care compared with those who are hidden homeless or at risk (3 months). However, the differences between groups of homeless people were not statistically significant. Seven individuals stated that they were part of the “Sixties Scoop” and these participants were in the hidden or at risk categories, with the largest number (n=4) being in hidden homelessness.



5.10 Income Sources

Table 6 shows the number of responses for each source of income reported by participants. This mandatory question required by the Government of Ontario simply asked for all sources of income, without any timeframe specified. The analysis is based on multiple responses as it is possible for people to have more than one source of income.

Table 6: Sources of income

Sources	At risk (n)	Hidden (n)	Absolute (n)	Total Number	Percent
Disability benefit	13	17	7	37	31.9
Welfare/social assistance	3	21	4	28	24.1
Employment	12	10	3	25	21.6
Seniors benefits	6	10	3	19	16.4
Other source	4	8	4	16	13.8
GST refund	1	10	1	12	10.3
No income	0	3	4	7	6.0
Money from family/friends	0	4	2	6	5.2
Child and family tax benefits	1	4	1	6	5.2
Informal/self-employment	3	1	1	5	4.3
Employment insurance	1	2	1	4	3.4

Note: Results are based on multiple responses, therefore, the number of responses may be larger than the number of participants.

The responses are ordered from the highest to lowest based on the total response. People who were absolutely homeless collectively were accessing the same range of income supports as the other two groups. The largest number of participants was receiving income supports from disability benefits or social assistance (Ontario Works). These two categories together accounted for more than half of the responses. The third main response of people living with absolute homelessness was that they had no income. Some who were in hidden homelessness also had no income. A few people living with absolute homelessness received some income from GST refunds, seniors' benefits, informal self-employment (e.g., income from panhandling), or from Employment Insurance.

With regard to employment, people at risk of homelessness were most likely to have some income from this source, while ten people living with hidden homelessness also reported that employment provided some income. As no additional questions were asked about income, it is unknown whether any sources of income were received at one point in time or prior to homelessness.

5.11 Participants' Needs

Need for Services

The responses about the need for the services listed in Table 7 are rank-ordered according to the total number of responses. The rank-order for services is slightly different for each subgroup, however. Mental health services were indicated as a primary need by those living at risk or in hidden homelessness. Addiction services were identified by the largest number of those who were in hidden homelessness; it was the type of service identified most often by people who were absolutely homeless. The same number of people who were absolutely homeless (n=8) reported the need for services that support mental health, physical disability and serious medical conditions.

Table 7: Need for services

Sources	At risk	Hidden	Absolute	Total Number	Percent
Mental health	13	22	8	43	40.2
Physical disability	12	15	8	35	32.7
Addiction or substance use	7	19	9	35	32.7
Serious medical condition	8	17	8	33	30.8
Learning disability	11	10	4	25	23.4
Brain injury	–	2	2	4	3.7
Pregnancy	–	2	2	4	3.7

Note: Results are based on multiple responses, therefore, the number of responses may be larger than the number of participants.

Overall, the findings show that the main services needed by the participants are for mental health, physical disabilities, addictions and serious medical conditions. It is significant

also that nearly a quarter of the participants stated that they needed services to help with a learning disability. A few people required supports for brain injury or pregnancy.

General Needs

In an open-ended format, participants were asked to state what they needed, and 79 percent provided this information. The results shown in Table 8 are rank-ordered according to the responses of all participants. The primary area of need was for basic necessities. People stated that they needed support with accessing basics for survival, including food, clothing, shoes, infant necessities, money and access to security, transportation and communication. Secondly, of vital importance was the need for housing, and this was identified by participants who were experiencing hidden and absolute homelessness. Other needs pertained to social networks, health and mental health and employment and education. In combination with the results shown in Table 7, the general needs and the health-related needs indicate the kinds of supports that are required by people living with homelessness in rural and northern communities. The results shown in Tables 7 and 8 are complementary. Participants responded to separate questions about needs. Table 7 pertains to services and Table 8 shows results from an open-ended question about general needs.

Table 8: General needs

Needs	At risk (n)	Hidden (n)	Absolute (n)	Total Number	Percent
Necessities (food, clothing, infant needs, transportation, security, money)	14	34	7	55	50.0
Housing	–	20	8	28	25.5
Employment and education	3	9	–	12	10.9
Social networks (family, partner, friends)	2	3	2	7	6.3
Health and mental health	–	6	–	6	5.5

Note: Results are based on multiple responses, therefore, the number of responses may be larger than the number of participants.

5.12 Recommendations arising from the findings

The following recommendations are based on the responses of the participants regarding health needs and general needs, as well as other issues that have been identified through this enumeration project. These recommendations should be reviewed and prioritized by the communities in the Manitoulin-Sudbury DSB catchment area in order to ensure that the pressing needs of homeless people are met and that they are supported effectively in obtaining and retaining housing, employment, education and services.

Emergency services

1. Study how the system of emergency services may be developed to reflect the characteristics of the homeless populations (e.g. more women, children, youth and Indigenous people, etc.) using them.
2. Develop and support programs/services that can address the social exclusion of homeless people. Many homeless people do not have access to family or friends who can assist and support them. People overcoming addictions often need to form new networks of friends in order to avoid relapse. Programs that strengthen ties between homeless people and others in the community must be designed to prevent marginalization and social exclusion.
3. Examine how services can be made more responsive to the needs of adolescents. Homeless youth are among those who are the least well served by community agencies, and most often they do not have access to income support from government programs.
4. Provide enhanced funding for community-based prevention programs for youth with a focus on family violence, abuse, sexual assault, and bullying in order to reduce youth homelessness.

Basic needs

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

Housing

6. Develop new social housing initiatives by taking action to access federal government funds from the National Housing Strategy (i.e. create more subsidized housing).

7. Educate landlords in order to reduce discrimination against key groups (e.g. people with mental illness, women who have experienced domestic violence and Indigenous people). Develop an initiative to consult with landlords to address the requirements for references from previous landlords.
8. Study the local housing market and develop strategies to create more safe, decent, and affordable private housing, including room and board accommodation.
9. Provide more supportive housing services in order to reduce the risk of chronic and episodic homelessness.

Trauma and counselling

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

Domestic violence

11. Provide more funding support for services to address domestic violence as a form of trauma, especially among women and adolescents, given the primacy of domestic violence as a cause of homelessness.
12. Increase funding for outreach and prevention programs to address domestic violence and abuse among all age groups, including adolescents, women and seniors.

Indigenous people

13. Work with Indigenous communities to develop strategies for supporting Indigenous people who move from their First Nations communities into urban centres. Culturally appropriate services must be developed to assist with basic needs, access to housing, education, and employment.
14. Take steps to address racism as a cause of homelessness to ensure that Indigenous people can gain access to services and obtain rental housing, education, and employment.

Mental illness and addictions

15. Provide more community-based services to people with mental illness in order to prevent periodic or chronic homelessness.

16. Develop, support and implement more harm reduction programs for people with addictions.

Physical illness

17. Examine and implement strategies to ensure that people living with homelessness can access health services.

Income supports

18. Identify the barriers to the receipt of social assistance benefits at the local and provincial levels in order to prevent homelessness among people who are denied benefits, disentitled or face other barriers.

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

Food security

20. Develop standards around food security to ensure that people living with homelessness have access to nutritious food supplies. For example, the needs for food security are not met when individuals and families can only access food banks once per month and when homeless people are not permitted to use food banks due to the requirement to produce proof of residence.

Forms of homelessness

21. Adopt a definition of homelessness that takes into account experiences of people in rural and northern Ontario by recognizing the prevalence of hidden homelessness and the risk of homelessness in addition to absolute homelessness.

Public education

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

5.13 Incorporation of the Database into the PPC Database

The data collected for the current study are subject to requirements of the Laurentian University Research Ethics Board (LU REB) and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2010) as ethical review was required for the study. These requirements have implications for the storage and use of data. The data collected for the PPC study allow for comparisons of data collected in the Manitoulin-Sudbury District with other towns and cities in northeastern Ontario (the City of Greater Sudbury, Timmins, Cochrane, Hearst, Kapuskasing, Iroquois Falls, Matheson and Moosonee). The Manitoulin-Sudbury District data will be added to the existing database.

6.0 DISCUSSION AND CONCLUSION

The study procedures and analysis were designed to allow for data collection and an analysis of people living with hidden homelessness. Importantly, the inclusion of key questions within the survey enabled the identification of people living with hidden homelessness. One difference between absolute homelessness and hidden homelessness is that people who are hidden from view and without a home often stay with others who have a place to live. It was important to study this group because it is now recognized that, in northern and rural places, much homelessness is largely invisible as many people cope with homelessness by finding others who allow them to stay temporarily, such as through “couch surfing,” living in bush camps and other strategies to remain hidden (Kauppi, O’Grady and Schiff et al., 2017).

This study shows that the hidden homeless population is larger than the absolutely homeless subgroup in the Manitoulin-Sudbury District. While the former group is very similar, on many measures, to those who are absolutely homeless, nevertheless, in some ways it is more disadvantaged. Compared to individuals who are absolutely homeless, more of those living with hidden homelessness are Indigenous, young, in the LGBTQ2S population and chronically homeless. More individuals report job loss and inability to pay rent or a mortgage. On several measures, they are similar to people living with absolute homelessness. As relatively little has been known about people living with hidden homelessness, the findings of the current enumeration study provide information to better understand the issues and needs of this subgroup of the homeless population within small, northern communities.

The prevalence of conflict and violence in relationships is an important factor linked to homelessness in the current study. In identifying reasons for homelessness, responses to four questions provide evidence about the extent to which homelessness is connected to conflict and violence or abuse from spouses/partners or parents/guardians. Combining the responses regarding reports of conflict and abuse as reasons for homelessness reveals the extent to which homelessness results when people flee from conflict, abuse and violence.

The results of this study indicate that gender issues are central to understanding the nature of homelessness in the Manitoulin-Sudbury District. Women were a majority of the participants in the enumeration study. When the number of children is added to the number of women, these two groups account for 64 percent of the sample. This finding shows that old stereotypes and beliefs about homelessness as primarily a male phenomenon are inaccurate. Policies and practices need to be developed to address the needs of women and children.

The indication that Indigenous people are a majority of those who are homeless in the Manitoulin-Sudbury District underscores the importance of ensuring that policies and procedures are sensitive to the cultural differences between Indigenous and non-Indigenous people in this region. It is vital to work with Indigenous communities to develop policies and procedures that will be effective in supporting Indigenous people throughout the District.

A further issue for consideration pertains to the weather during the April 2018 enumeration in relation to homelessness and decisions about lodging and accessing services. While more moderate weather typically occurs in April, the spring weather in 2018 was unusually cold, with temperatures falling as low as -8° C at night. On the day of data collection at the Sudbury East food bank in Markstay on April 12th, a winter snowstorm occurred, which deterred people from attending the food bank and denied them the opportunity to participate. In general, it has been understood that cold weather is a barrier to participation in enumeration studies (Calgary Homeless Foundation, 2012).

The data provide for insights into the survival strategies of people living with homelessness in the Manitoulin-Sudbury District. The responses to the enumeration question about current lodging should be interpreted as likely places where participants may stay, but they are not definite indications of their accommodations. In the current enumeration, a careful review of each case was possible as the number of participants was relatively small at 122 adult or adolescent participants. The examination of the totality of the questionnaire data provided

insights into the circumstances for people who indicated that they had a place of their own. In several cases, individuals could not stay in these accommodations because they had been evicted or because it was not safe for them to stay there. Some people state that they cannot stay in a housing unit for these reasons; thus, their status may change from at risk to hidden or even absolutely homeless in order to appropriately match their circumstances.

It is important to recognize that participants may not share researcher definitions of homelessness. The data for Manitoulin-Sudbury thus provide information about the complexity of homelessness and the need for policy-makers, service providers and researchers to learn about the true nature of the circumstances experienced. Also affecting the categorization of individuals as absolutely homeless, hidden homeless or at risk is their own perspectives on homelessness. Many people do not want to think of themselves as homeless and respond to survey questions according to these beliefs. For example, a participant in a prior study stated that he had a home—it was the railyard. Others have shared the view that a bush camp was their home. While these participants do not necessarily view themselves as homeless, they fit prevailing definitions of it.

Finally, it is important to put the findings of this enumeration project into context by offering some comparison to prior studies. Calculating the rate of homelessness as a percentage of the local population provides an indication of the extent of the problem. The calculation shows that 171 individuals is just over one percent of the population of 15,692 (the population of the areas studied). This is the same rate of homelessness as was found in our studies of North Bay in 2011 and Sudbury in 2015. If those at risk of homelessness ($171 - 53 = 118$) are removed from the calculation, the rate is .75, a rate higher than all studies reported by Gaetz, Donaldson, Richter and Gulliver (2013) for Vancouver, Kelowna, Red Deer, Lethbridge and Toronto.

The enumeration activities are intended to provide information that leads to the development of strategies to address and end homelessness. The results of the 2018 enumeration provided data about the issues and needs of people living with homelessness in the Manitoulin-Sudbury District. Hidden homelessness is a relatively new aspect of homelessness that has emerged in recent years (Kauppi et al., 2017). Learning how to address the needs of this population can enable the Manitoulin-Sudbury DSB to develop sound strategies for supporting people who are vulnerable and marginalized in small, rural, northern communities. Adopting and pursuing the goal of reducing or eliminating all forms of

homelessness in the future can aid with the development of policies and practices that will enable the Manitoulin-Sudbury DSB to meet the needs of people struggling with homelessness in the region.

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APPENDIX A

HOUSING AND HOMELESSNESS IN NORTHEASTERN ONTARIO 2018
MANDATORY QUESTIONS FOR THE PROVINCE OF ONTARIO

HOUSING AND HOMELESSNESS IN NORTHEASTERN ONTARIO 2018

For the next questions, “homelessness” means any time when you have been without a secure place to live, including sleeping in shelters, on the streets/bush, or living temporarily with others.

3. In total, **how much time** have you been homeless over the PAST YEAR? [Best estimate.]

- LENGTH _____ DAYS | WEEKS | MONTHS DON'T KNOW DECLINE TO ANSWER

4. In total, **how many different times** have you experienced homelessness over the PAST YEAR? [Best estimate.]

- NUMBER OF TIMES ____ [Includes this time] DON'T KNOW DECLINE TO ANSWER

5. Do you identify as Indigenous or do you have Indigenous ancestry? This includes First Nations with or without status, Métis, and Inuit. [If yes, please specify.]

- YES -----> **If YES:** FIRST NATIONS *Specify:* with status non-status
 NO INUIT
 DON'T KNOW MÉTIS
 DECLINE TO ANSWER HAVE INDIGENOUS ANCESTRY

6. People may identify as belonging to a particular racial group. For example, some people may identify as Black or African-Canadian, other people may identify as Asian or South Asian and other people may identify as white. What racialized identity do you identify with? [Do not list categories. Select all that apply]

- | | |
|---|---|
| <input type="checkbox"/> ABORIGINAL/INDIGENOUS/MÉTIS specify _____ | <input type="checkbox"/> WEST ASIAN (E.G., IRANIAN, AFGHAN, ETC.) |
| <input type="checkbox"/> INUIT | <input type="checkbox"/> BLACK OR AFRICAN CANADIAN |
| <input type="checkbox"/> ARAB | <input type="checkbox"/> FILIPINO |
| <input type="checkbox"/> ASIAN (E.G., CHINESE, KOREAN, JAPANESE, ETC.) | <input type="checkbox"/> HISPANIC OR LATIN AMERICAN |
| <input type="checkbox"/> SOUTH-EAST ASIAN (E.G., VIETNAMESE, CAMBODIAN, MALAYSIAN, LAOTIAN, ETC.) | <input type="checkbox"/> WHITE (E.G., EUROPEAN-CANADIAN) |
| <input type="checkbox"/> SOUTH ASIAN (E.G., EAST INDIAN, PAKISTANI, SRI LANKAN, ETC.) | <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____ |
| | <input type="checkbox"/> DON'T KNOW |
| | <input type="checkbox"/> DECLINE TO ANSWER |

7. In what language do you feel best able to express yourself?

- | | | |
|-------------------------------|--|---|
| <input type="radio"/> ENGLISH | <input type="radio"/> NO PREFERENCE | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> FRENCH | <input type="radio"/> NEITHER/OTHER (please specify) _____ | <input type="radio"/> DECLINE TO ANSWER |

8. \Have you ever had any service in the Canadian Military or RCMP or did you serve in a peace keeping mission?

[Military includes Canadian Navy, Army, or Air Force]

- YES, MILITARY YES, RCMP YES, PEACE KEEPING NO DON'T KNOW DECLINE TO ANSWER

9. What gender do you identify with?

- | | | |
|--------------------------------------|---|---|
| <input type="radio"/> MALE / MAN | <input type="radio"/> TRANS FEMALE / TRANS WOMAN | <input type="radio"/> NOT LISTED: _____ |
| <input type="radio"/> FEMALE / WOMAN | <input type="radio"/> TRANS MALE / TRANS MAN | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> TWO-SPIRIT | <input type="radio"/> GENDERQUEER/GENDER NON-CONFORMING | <input type="radio"/> DECLINE TO ANSWER |

10. How do you describe your sexual orientation, for example straight, gay, lesbian?

- | | | | |
|---|-----------------------------------|---|---|
| <input type="radio"/> STRAIGHT/HETEROSEXUAL | <input type="radio"/> BISEXUAL | <input type="radio"/> QUEER | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> GAY | <input type="radio"/> TWO-SPIRIT | <input type="radio"/> NOT LISTED: _____ | <input type="radio"/> DECLINE TO ANSWER |
| <input type="radio"/> LESBIAN | <input type="radio"/> QUESTIONING | | |

11. What are your sources of income? [Read list and check all that apply]

<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> DISABILITY BENEFIT	<input type="checkbox"/> OTHER SOURCE: _____
<input type="checkbox"/> INFORMAL/SELF-EMPLOYMENT (E.G., BOTTLE RETURNS, PANHANDLING)	<input type="checkbox"/> SENIORS BENEFITS (E.G., CPP/OAS/GIS)	<input type="checkbox"/> NO INCOME
<input type="checkbox"/> EMPLOYMENT INSURANCE	<input type="checkbox"/> GST REFUND	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE	<input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS	
	<input type="checkbox"/> MONEY FROM FAMILY/FRIENDS	

12. Have you ever been in foster care and/or a group home?

YES ----- > **IF YES, HOW LONG AGO WAS THAT?** (Refers to the length of time since leaving foster care or a group home)

NO

DON'T KNOW

DECLINE TO ANSWER LENGTH (IN YEARS) _____

12a. Approximately how long after leaving foster care/group home did you become homeless?

LENGTH _____ DAYS / WEEKS / MONTHS / YEARS DON'T KNOW DECLINE TO ANSWER

13. What happened that caused you to lose your housing most recently? [Do not read the options. Check all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays.]

<input type="checkbox"/> ILLNESS OR MEDICAL CONDITION	<input type="checkbox"/> CONFLICT WITH: PARENT / GUARDIAN
<input type="checkbox"/> ADDICTION OR SUBSTANCE USE	<input type="checkbox"/> CONFLICT WITH: SPOUSE / PARTNER
<input type="checkbox"/> JOB LOSS	<input type="checkbox"/> INCARCERATED (JAIL OR PRISON)
<input type="checkbox"/> UNABLE TO PAY RENT OR MORTGAGE	<input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM
<input type="checkbox"/> UNSAFE HOUSING CONDITIONS	<input type="checkbox"/> OTHER REASON _
<input type="checkbox"/> EXPERIENCED ABUSE BY: PARENT / GUARDIAN	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> EXPERIENCED ABUSE BY: SPOUSE / PARTNER	<input type="checkbox"/> DECLINE TO ANSWER

14. Do you identify as having any of the following?

Chronic/Acute Medical Condition	Physical Disability	Addiction	Mental Health Issue
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
<input type="checkbox"/> DON'T KNOW			
<input type="checkbox"/> DECLINE TO ANSWER			

15. What do you need right now? _____

16. Do you want to get into permanent housing?

Yes No DON'T KNOW DECLINE TO ANSWER

17. Do you want to speak to a housing worker?

Yes No DON'T KNOW DECLINE TO ANSWER

Thank you, merci, miigwetch! If you have any questions about the study, please call Dr. Carol Kauppi (705-675-1151, ext. 5058 or 5060) or email us at homeless@laurentian.ca