FINAL REPORT

HOMELESSNESS IN NORTH HASTINGS

FINDINGS FROM A QUALITATIVE STUDY ON HOUSING PRECARITY AND FACTORS THAT LEAD TO RURAL HOMELESSNESS

JULY 2021

DR. ELLEN BUCK-MCFADYEN, RN, PHD
TRENT/FLEMING SCHOOL OF NURSING
TRENT UNIVERSITY, PETERBOROUGH, ON
ellenbuckmcfadyen@trentu.ca

HOMELESSNESS IN NORTH HASTINGS

TABLE OF CONTENTS

EXECUTIVE SUMMARY

North Hastings is experiencing a housing crisis. This report sheds light on the experience of homelessness and factors leading to homelessness from the perspective of 27 study participants with intimate knowledge of the crisis.

Findings regarding the profound impact of homelessness on physical and mental health demonstrate the urgent need for action, while the barriers encountered in the participants' attempts to secure housing provide opportunities to tailor action to this unique rural context.

Participants shared their own ideas for solutions to the housing crisis, which are expanded on with literature to develop a set of recommendations for preventing and addressing homelessness in North Hastings.

KEY FINDINGS

- Looking for housing in a tight market left participants feeling hopeless. People moving from the city and transition of long-term rentals to Airbnbs reduced housing stock and drove up rental prices, allowing landlords to create criteria that felt impossible to meet.

- Participants experiencing homelessness felt rejected by family, friends, and the broader community who were perceived not to care about them and the housing crisis.

- These experiences, combined with the stressors of managing daily life with precarious shelter, led to deteriorating physical and mental health.

- The rural setting meant there were limited services, infrastructure, and transportation.

- Small-town dynamics such as long-lasting rural reputations, lack of privacy, and stigma created additional barriers to accessing housing.

- Competing priorities in the community and varying perspectives on how to manage homelessness and addiction created factions among service providers and reduced collaboration.

RECOMMENDATIONS FOR ACTION

While there is a need for upstream intervention at the structural and system levels to reduce poverty and increase access to affordable housing, there remain several opportunities for action at the community level that consider the unique rural context.

- **Coordination of services:** Improve collaboration among existing service providers and integrate voices of people with lived experience of homelessness in priority-setting and decision-making.

- **Anti-stigma education:** Share individuals' stories of hardship, highlight structural drivers of homelessness, and incorporate education about substance use and harm reduction.

- **Housing First:** Apply the principles of Housing First, including a housing worker who can access subsidies, damage deposits, and act as liaison between landlords and tenants.

- **Expanded transportation system:** Expand existing transit to allow individuals to live outside of town if desired and enable access to essentials like groceries.

- **Co-location of supports:** Improve ease of navigation and coordination of services by having supports and services all located in a central community hub.

BACKGROUND

Bancroft and the surrounding area of North Hastings is a low-income and underserved rural region that is experiencing a housing crisis. With a low-income rate of 25% and one-third of children living in poverty (Statistics Canada, 2017), residents struggle with access to the social determinants of health such as stable housing, food security, and transportation. While it is difficult to calculate the prevalence of rural homelessness because it is often hidden (Kauppi et al., 2017), many service providers and community members in North Hastings are aware of residents who are sleeping outdoors, precariously housed, or at risk of becoming homeless. The **purpose of this report** is to share findings regarding the experiences of residents who are either unsheltered or precariously housed, the barriers to securing safe and affordable housing, and potential solutions to addressing the housing crisis.

Housing is an important social determinant of health and is considered a human right for all Canadians (Government of Canada, 2017). Yet, more than 235,000 Canadians experience homelessness each year, and this number is even greater when accounting for the hidden homeless (Gaetz et al., 2016). There are significant social, economic, and health implications of homelessness, such as higher rates of infectious diseases (Beijer et al., 2012), mental illness, and substance use disorders (Zhang et al., 2018), shorter life expectancies (Hwang et al., 2009), worse self-reported health (Meltzer & Schwartz, 2015), poorer cognitive, behavioural, and emotional development of children (Coley et al., 2013), more visits to primary care (Rivera et al., 2018), and frequent use of psychiatric hospitals, ambulatory clinics, and the criminal justice system (Latimer et al., 2017).

There is a growing body of evidence regarding best practices in addressing homelessness, such as the Housing First approach (Aubry et al., 2020). However, the majority of this research has been conducted in urban areas with little attention to the needs or experiences of rural Canadians who are precariously housed or homeless.

There are several features of rural communities that create unique challenges in securing stable and appropriate housing. Limited subsidized housing units, few formal services and supports, and lack of homeless shelters have led many rural residents to feel they had few options other than to relocate to cities when they lost their accommodation (Forchuk et al., 2010; Karabanow et al., 2014). Rural residents often rely on their social networks of family and friends to fill the gap in services, and while these tight networks can be supportive in some situations, they may also invoke intense social scrutiny and rejection (Jones, 2014; Karabanow et al., 2014). Additionally, people experiencing homelessness in rural communities are often hidden; they may sleep on couches, live in trailers or sheds, or on back roads in substandard houses that are hidden from view (Kauppi et al., 2017). This leads to their underrepresentation on point-in-time counts and contributes to systematic disadvantage if funding for housing initiatives, shelters, or services is tied to enumeration data (Kauppi et al., 2017).

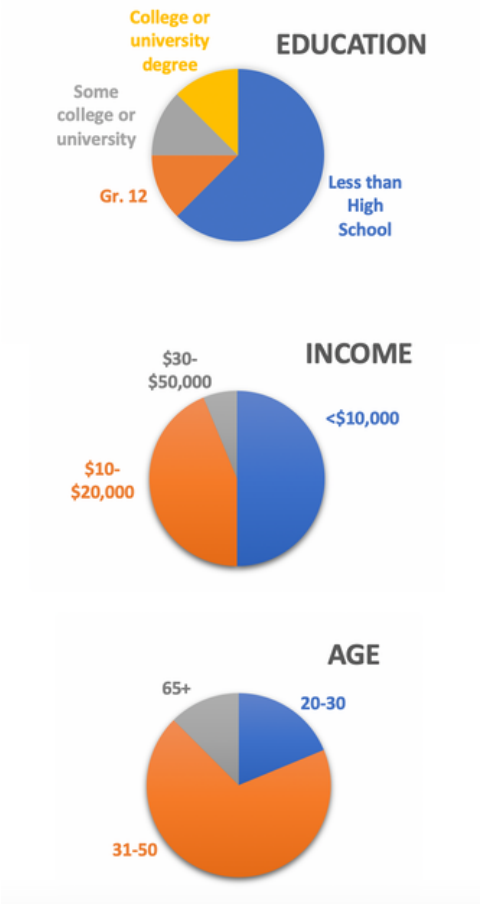
While it is increasingly recognized that rural homelessness exists, the limited academic literature regarding rural homelessness and its regional nuances leads to a gap in evidence-based policy and program solutions to address this complex issue (Waegemakers Schiff et al., 2015). The aims of this study were to help fill a gap in knowledge regarding rural homelessness to inform policy and contribute to evidence-based solutions both within North Hastings and more broadly.

RESEARCH FINDINGS

DEMOGRAPHICS

Interviews were conducted with 16 individuals experiencing homelessness and 11 key informants. Among participants who were homeless, most were between the ages of 31 and 50, Caucasian, had low levels of education and income, and had lived in the area for most of their lives. Males and females were equally represented. Using the common definition of homelessness (Gaetz et al., 2012), eight participants were considered unsheltered (U) and eight were provisionally accommodated (PA). Key informants (KI) included health and social service providers, community volunteers, members of faith-based organizations, and community leaders (few details about their positions in the community are provided to protect participants' identities).

	Unsheltered (U) Participants (N=8)	**Provisionally Accommodated (PA) Participants** (N=8)	**Key Informants** (N=11)
Gender			
Male	5	3	2
Female	3	5	9
Age			
20-30	1	2	1
31-50	7	4	5
51-70	0	2	5
Education			
Less than high school diploma	5	5	0
Grade 12 diploma	1	1	1
Some post-secondary education	1	1	2
College or university degree	1	1	8
Income			
<$10,000/yr.	4	4	
$10,000-$19,999/yr.	4	3	N/A
$20,000-29,999/yr.	0	0	
$30,000-$49,999/yr.	0	1	
Ethnicity			
Caucasian	7	6	3
Indigenous	1	2	8
Years Lived in Community			
0-4 years	0	1	0
5-9 years	2	0	3
10-15 years	1	1	2
16+ years	5	6	5
N/A (lived outside of area)			1



DEMOGRAPHICS OF PARTICIPANTS EXPERIENCING HOMELESSNESS (N=16)

EXPERIENCE OF HOMELESSNESS

LOOKING FOR HOUSING WHERE LITTLE EXISTS

Participants experiencing homelessness were using a variety of strategies to find a place to sleep at night, including moving from place to place, staying with friends or relatives, and sleeping in unsuitable shelters such as vehicles, sheds, unwinterized trailers, and tents. They perceived the housing situation to be “**bleak and hopeless**” (#4PA), which “makes you give up. You feel like there’s nothing you can do to get anything” (#13U). A recent influx of people moving to the area from the city and the transition of long-term rentals into Airbnbs had reduced the local housing stock and driven up rental prices. Several participants had been evicted when their landlords put their rental units up for sale, and rents had increased significantly over time leading to a crisis for many participants who had been looking for housing for many months without success: “...almost everywhere is $1000 plus. There's a few that are cheap, but the lucky people that do get a place, it goes quick. ... So, **by the time you hear about it, it's already gone**.” (#6PA). This high demand for housing also meant landlords could create criteria for prospective tenants, such as credit checks, damage deposits, references, and no pet policies, that excluded people experiencing homelessness from accessing the rental market.

FEELING REJECTED BY FAMILY, FRIENDS, AND THE COMMUNITY

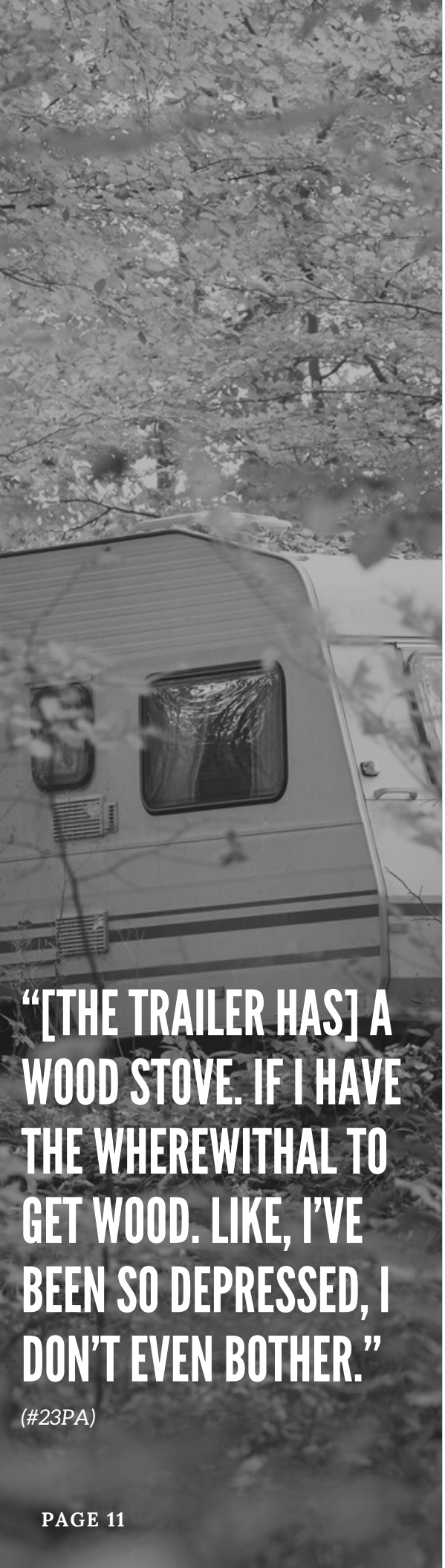
While some participants had families that were able to intervene to pull them out of homelessness, many participants’ families were either not in a position to help, were estranged, or had contributed to the crises that left them homeless. One young participant described calling up her parents to ask if she could come home, and “**they told me I need to fix myself first**” (#15U). Others noted that being homeless makes it clear who your friends are, when “there's nobody there like saying, ‘oh, come over, you can stay here’” (#5PA). These experiences led to a sense of rejection that was also perceived to come from the broader community: “they want to just **shove the homeless people outta here**...they’ll just take you to Belleville...because they don't want the tourists to drive through town and see a homeless person sleeping on the bench because they think that might give the town a bad name, right?” (#7U)

DETERIORATING MENTAL HEALTH

The feelings of rejection and that finding housing was hopeless contributed to deteriorating mental health for most participants. They described constant stress that was "devastating for mental health" (#4U), and while several participants had existing mental illness that was worsened by their homelessness, others had only recently sought medication for anxiety due to the stress around their housing situations: "because **I felt like I was losing my mind**...Like, I couldn't eat, I can't sleep." (#22PA) One participant described life in a trailer while struggling with depression: "All I do is sleep all day now. I'm so depressed, so that's pretty much **all I do is sleep**. Don't do anything literally cramped up in a trailer. And I don't want to do anything anymore really. Pretty much have lost hope." (#5PA) For some, their deteriorating mental health and chronic stress also increased their substance use. One participant explained the connection between mental health and substance use, in which "**You just want to stay numb**, because you don't want to deal with life, because life is so stressful...for some of us women that have children, you know, that aren't with us...it keeps people in addictions." (#10U)

"HE WANTS TO DO A SUICIDE PACT. BUT I REALLY DON'T WANT TO. IT'S HARD TO TALK SOMEONE OUT OF IT THOUGH. LIKE WHAT, WHAT CAN YOU TELL THEM? LIKE, HEY, IT'LL GET BETTER... AND HE'LL SAY THAT TO ME, HOW? HOW WILL IT GET BETTER? AND THEN I HAVE TO LIE TO HIM, LIKE, OH, WE'LL FIND A PLACE! HOW?"

(#6PA)



"[THE TRAILER HAS] A WOOD STOVE. IF I HAVE THE WHEREWITHAL TO GET WOOD. LIKE, I'VE BEEN SO DEPRESSED, I DON'T EVEN BOTHER."

(#23PA)

DETERIORATING PHYSICAL HEALTH

Participants experienced many stressors that contributed to deteriorating physical health. Access to a bathroom, a bed to sleep in, ability to store and cook food, cold weather, and exposure to mould and woodstove smoke were some of the risks to physical health. Chronic health conditions were often exacerbated by unsuitable living environments or exposure to the elements and recovering from an acute illness was difficult without a physical space of one's own: "**I was like really sick a couple weeks ago, and I couldn't even like go lay down in a bed**" (#15U). A senior who was living in a trailer with no bathroom or running water talked about his experience of waking up cold each day and trying to keep clean using a face cloth in the bathroom of a local restaurant, which he considered "one of the worst things...being dirty." (#23PA) Staying with friends or couch surfing increased exposure to substance use and created a power imbalance due to lack of autonomy: "It's hard living in somebody else's environment... you're at their mercy" (#4PA). This power imbalance between people who had housing and those who were in need also increased the risk of staying in unhealthy relationships and vulnerability to violence.

HOW THE RURAL CONTEXT SHAPED HOMELESSNESS

The rural context influenced risk of becoming homeless due to the shortage of affordable housing that increased demand and left the most vulnerable residents unable to compete in the tight market. Participants had been on the waiting list for low-income housing for as many as six years, and while there were two recent attempts at creating a shelter, both were shut down due to concerns about substance use, leaving the community without a shelter or warming centre. These challenges were compounded by small-town dynamics, limited services and supports, and competing priorities in the community, which contributed to an inadequate response to homelessness prevention and management.

LIMITED SERVICES, INFRASTRUCTURE, AND TRANSPORTATION

Many participants felt that existing services were insufficient and underfunded. This view was particularly common among key informants, who felt that there was a need for a fuller range of existing services and new services that included a "drop-in, outreach workers, homeless workers, health clinics that are walk-in, transitional housing or supportive housing..." (#24KI). Among the services that did exist, they were perceived as difficult to navigate, particularly for individuals in crisis. In reference to not knowing where to turn for services and attending the methadone clinic, one participant noted "**you can't go there and say 'ok, I'm a drug addict, I'm homeless' and get help**" (#3U).

In addition to having access to fewer services, several participants didn't have cars or driver's licenses, which impacted where they could live or find work in the rural area. While a volunteer-run transit system provided rides to medical appointments and some participants considered the service adequate to meet their needs, it didn't allow them to look for housing outside of town as "sometimes you can find a place but (you have) no way to get out to be able to look at it or talk to the landlord." (#5PA). One participant recently moved into an apartment outside of town to avoid becoming unsheltered but stated: "**I've walked to town before and it takes me an hour** by myself, so I could not imagine doing it with kids to get a bag of milk" (#22PA). Several participants also preferred to live outside of town to distance themselves from their social networks because "...everywhere you go, there's people getting high, right?" (#13U). One service provider discussed the difficult circumstances of clients negotiating transportation without an adequate transit system, in which she helped them problem solve: "**How can we help you avoid sex work and still get to town?**" (#25KI).

"WHEN WE WERE LOOKING FOR PLACES IN BANCROFT, I COULDN'T USE (PARTNER)'S NAME BECAUSE HE'S NOT WELL LIKED HERE, AND STILL ... WE LOOKED FOR A PLACE FOR A YEAR HERE, AND WE COULDN'T FIND NOTHING."

(#1U)

SMALL-TOWN DYNAMICS: RURAL REPUTATIONS, LACK OF PRIVACY, AND STIGMA

Participants described challenges with small-town living where lack of privacy and long-lasting community memory led to reputations that were hard to shake. If an individual had a prior criminal record, a well-known last name, or was labelled a substance user, it was felt this impacted their opportunities within the community for years to come. "I was a bit of a rebel when I was younger, and it just seems like **they never forget anything**. Like, I haven't been criminally charged now in 11 years, but still ... some of the people that own buildings around here don't look at it that way." (#7U) Another participant described barriers to gaining employment that impacted her ability to generate the income required for housing: "After I lost my two jobs, shortly after, I tried getting a job, but **it had already gone around town that I was a crack head**" (#10U).

Participants felt they were "all classified as druggies" (#6PA), even though several participants did not use substances and instead had lost their housing due to a relationship ending or being evicted. This perception was supported by a key informant who stated the feeling within the community was that "the absolute vast majority of (homelessness is) related to drug and mental health issues" (#11KI). Among participants who did use substances, they reported feeling judged and excluded: "I don't think the majority of this town really cares. Because **they're all judgemental**, they're pointing fingers, and they say 'well, get off the drugs. They're only addicts, they chose that...'" (#10U). When funding from the county became available for a shelter and no location could be agreed upon, it was believed that resistance to having it located in the downtown core was due in part to stigma. In response to the lack of shelter and perceived attempt to shift the homelessness problem elsewhere, participants were often encouraged to move elsewhere: "it's so disheartening hearing folks say well, I could go get help here, but **they're just gonna get me a cab to (the city)**" (#17KI).

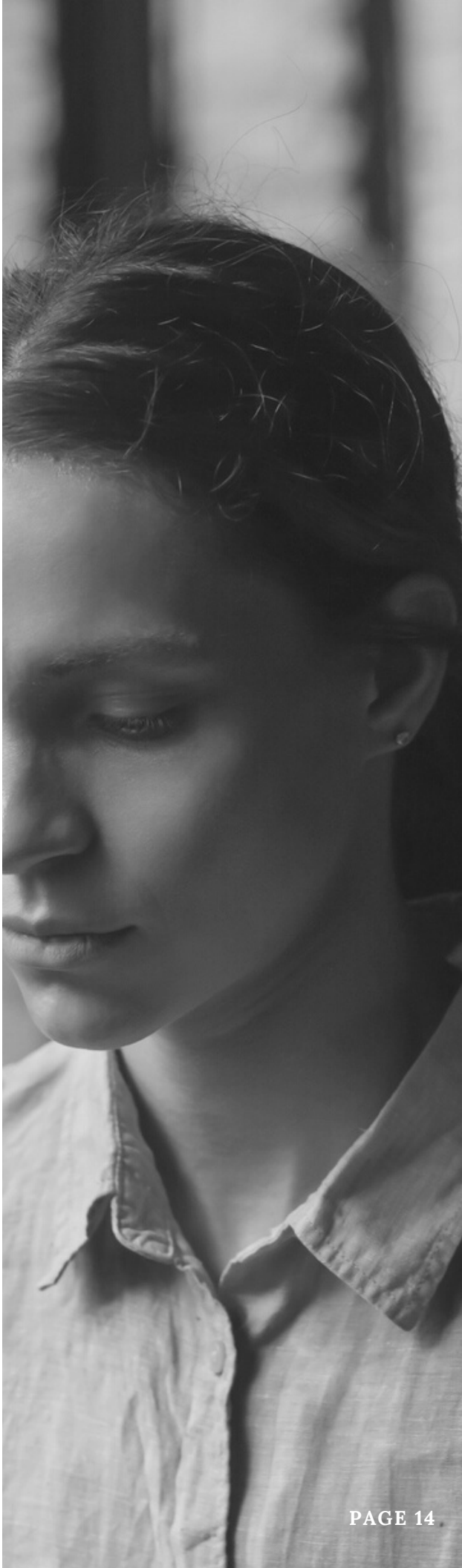
The small population size increased visibility of residents and led to a sense of being under surveillance, particularly for those using substances or accessing the methadone clinic. A participant described her superintendent driving around town and seeing her enter a known drug house, after which she wanted to know why the participant was going there "and then **she just randomly started showing up at my door**, just to say hi." (#15U). Small population size meant it was difficult to avoid encountering people such as this superintendent. Another participant felt he couldn't attend community suppers, despite his food insecurity and loneliness, because he would see his ex-partner there.

"...HE WAS LIKE, 'I WOULDN'T RENT SOMETHING TO YOU IF MY LIFE DEPENDED ON IT'... I DID GET IN TROUBLE A WHILE BACK A FEW TIMES. AND BECAUSE OF THAT, A LOT OF PEOPLE, I THINK, LOOK DOWN ON IT AND THEY DON'T THINK PEOPLE CAN CHANGE. SO THEY JUST KEEP LOOKING DOWN ON YOU."

(#5PA)

COMPETING PRIORITIES IN THE COMMUNITY

There were perceived to be competing perspectives between residents who felt the housing crisis should be the community's top priority and others who were concerned about economic interests and tax paying residents. Several participants and key informants felt that community leadership was too heavily focused on economic development and attracting tourists to the area, which meant they didn't "want the homeless people to be visible" (#8KI). Lack of investment in housing, while prioritizing renovations of the downtown and economic interests, was seen as the community leaders' attempts "to protect the folks that are already established to maintain that capitalist quota" (#12-KI).



Some participants felt that decision making was influenced by greed, and others commented on approaching leaders and the response was: “‘Well, they're not paying taxes, we have a commitment to our tax base.’ They're basically just looking at that one thing, and **the filter is always the economy**” (#21KI).

From the perspective of other key informants, it was important to balance multiple interests while reducing costs of services for low-income residents. “We’ve embarked hard to try to increase our population, our assessment base, etc., attract people here so we can reduce these costs to people. **If you become known as an encampment city...then you’re basically going to lose that**” (#11-KI). Another key informant was concerned about the rise in service calls and associated costs for policing due to a segment of the homeless population involved in criminal activity, which meant “...costs will be that much more on every tax bill in town next year. So, it isn't just the few people that are affected, it creates a snowball effect and affects everyone” (#14-KI).

COMPETING PERSPECTIVES ON HOMELESSNESS AND ADDICTION

There were also competing perspectives regarding the root causes of homelessness and how to support people with addictions. Several participants described feeling judged by community members who felt homelessness and drug use was a choice: “And even if you show the evidence, they like to push it under the rug, or make excuses like, ‘**Oh, they choose to be homeless**.’ Well, we really don’t. We do not choose this.” (#6PA) Some participants experiencing homelessness also believed that people were making poor choices, and that substance use was at the root of homelessness. A key informant agreed and suggested: “We have some people out there that had really good lives and crystal meth took it away. They really thought they can control it.” (#14KI).

Yet this perspective didn't acknowledge the history of trauma, intergenerational poverty, and structural factors that drive homelessness and addiction, which was acknowledged by several key informants who became frustrated by others' lack of understanding, judgement, and punitive policies toward this vulnerable group in society. Fining individuals who were sleeping in tents was deemed particularly irrational: "**How do you penalize somebody for suffering? For having nowhere to go?**" (#4PA).

The differing perspectives on the root causes of homelessness and substance use contributed to what were perceived as factions within the community, with one group said to be alienating another and a key informant reporting that "We are having **harm reduction shoved down our throats** and we do not agree with it" (#14KI). While all community members seemed to have good intentions, their ideas about how to manage the homelessness and substance use crises differed. There was criticism aimed toward those behind the failed attempts to run local shelters and criticism aimed toward leadership. When the county recently offered to use federal funds to take over the administration of the local subsidized housing units with intent to expand the units and provide supports, the offer was turned down by the non-profit board which was met with great concern and frustration. And when funding was available for a warming shelter in the most recent winter, the community wasn't able to successfully implement it.

Overall, there were competing ideas about how best to manage homelessness within the community and challenges executing opportunities when they arose. However, it was also clear that many community members, service providers, and leaders were concerned about homelessness and were willing to act. This suggests that "**a connection in resources and supports**" (#12-KI) is essential to maximize resources and develop creative solutions to address homelessness in the area.

RECOMMENDATIONS

The interventions required to prevent and end homelessness require multisectoral action and policies that address the structural drivers of homelessness, such as increases to income supports to reduce poverty. Recently, the federal government declared housing a human right and increased investments in affordable housing after three decades of policies that left housing to the private sector (Gaetz, 2020). In order to take advantage of this new funding at the local level, collaboration between service providers and individuals in leadership positions at each level of government is key. However, investment in new housing is a long-term strategy and the evidence is clear that there is currently a homelessness crisis in North Hastings with significant health implications that requires more immediate action.

The findings from this study point to characteristics of the rural environment that led to unique challenges and barriers to securing housing. The lack of privacy, stigma, and long-standing reputations impacted opportunities for many rural residents to gain employment or compete with more desirable tenants in a small town where housing was in short supply. Limited services, infrastructure, and transportation led to gaps in supports and the resultant attempt to send people experiencing homelessness to the city. Among the services and supports that did exist, there were perceived to be factions and competing perspectives on how to address the crisis which further exacerbated these challenges with being under resourced. Yet these findings also point to several opportunities for action.

COORDINATION OF SERVICES

Coordination of services is particularly important in a rural setting where fewer resources exist. The Government of Ontario (2021) recently instructed all municipalities to create by-name lists as part of a coordinated access strategy. Coordinated access systems are designed to streamline and coordinate services, and involve collection of real-time data about who is homeless in a community and a standardized approach to assessment, triage, and referral (Canadian Alliance to End Homelessness, 2021). Effective implementation of coordinated services and prioritization of needs will require collaboration and relationship building among service providers where factions and conflicting philosophies had the potential to derail this process.

Community forums and integrating the voices of people with lived experience of homelessness in priority setting and decision-making may help create common understanding of the root causes of homelessness and improve collaboration within the community. Capacity building among local individuals who have already developed trusting relationships within the community is another important strategy to improve collaboration and increase sustainability of supports. Homelessness must be reframed as a shared responsibility across a broader range of services, sectors, and businesses, and collaboration should include partners such as local schools in shifting to homelessness prevention (Malenfant et al., 2020).

"...WE'RE JUST FAILING MISERABLY ON THIS LEVEL AND I THINK EVERYBODY, IT'S NOT FOR A LACK OF TRYING, BUT I JUST THINK THAT THERE NEEDS TO BE MORE STRUCTURE, AND IT NEEDS TO BE MORE COORDINATED."

(#27KI)

ANTI-STIGMA EDUCATION

Participants experiencing homelessness felt judged and excluded by family, friends, and the broader community. Some service providers were also of the opinion that people experiencing homelessness and addiction were making poor choices, putting the blame for these complex issues on the shoulders of the individual without acknowledging the role of community and societal level factors.

Anti-stigma campaigns can share individuals' stories of hardship, highlight the structural drivers of homelessness, and incorporate education about substance use and harm reduction. Research suggests the public responds favourably to personal stories that humanize the experiences and challenges of people with mental illness, addiction, and homelessness as they evaluate deservingness and whether to invest in policies to support these groups (Doberstein & Smith, 2019; McGinty et al., 2018).

HOUSING FIRST

Housing First is both a philosophy and a program that is considered best practice in supporting people who are homeless with concurrent mental health and substance use disorders (Aubry et al., 2020). This approach involves moving a person into scattered site housing with rent support and wrap-around services without an eligibility requirement for treatment or abstinence. While the challenges with rural housing stock impact the feasibility of this approach, the principles should still apply in which housing is considered a human right and is offered as promptly as possible. A housing worker who can access subsidies, damage deposits, and act as liaison between landlords and people experiencing homelessness is a particularly important component of a Housing First approach in the rural setting given the impact of small-town reputations and multiple barriers encountered by participants trying to access rental apartments.

EXPANDED TRANSPORTATION SYSTEM

While a volunteer-run transit system met the needs of some participants to get to medical appointments or access methadone, there remains a need for expansion of rural transportation systems to support individuals to live outside of Bancroft and be able to access essentials such as groceries or employment. Living outside of town was considered preferable for some participants trying to distance themselves from their substance-using social networks and provides more opportunity to access existing housing stock in a larger geographic area.

CO-LOCATION OF SUPPORTS

Several participants identified concerns about ease of navigation of existing services, which could be improved by having services and supports co-located in a community hub. A “one-stop shop” can also help maximize services offered and promote creative solutions to addressing the housing crisis (Crawley et al., 2013).

I THINK WE NEED TO KIND OF REFRAME HOUSING AS A COMMODITY, TO HOUSING AS A RIGHT, AND THAT, YOU KNOW, HOUSING’S NOT SOMETHING TO SPECULATE ON AND TO KIND OF BUILD OUR ECONOMY AND OUR ECONOMIC FUTURE AROUND, BUT IT'S A HUMAN NECESSITY. AND THAT WE SEE THE HEALTH COSTS AND THE COSTS TO OUR SOCIETY OF NOT PROVIDING HOUSING...”

(#24KI)

SUMMARY

Findings from this study provided a window into the daily lives and challenges experienced by people who were homeless in North Hastings. The rural context created a unique set of challenges associated with small-town dynamics, limited services, and competing perspectives on solutions to homelessness, which were exacerbated by a tight housing market and inflated rental prices.

It is important to note that there are diverse experiences and therefore a range of solutions required to tackle this complex issue, in which the needs of a senior living in a trailer or a young mom and her children living in an unsuitable apartment are different than someone in active addiction sleeping in a tent. In addition, the solutions required to manage and end homelessness require upstream policies and long-term affordable housing development. However, the recommendations arising from this study are intended to focus on short-term solutions to issues present in the local community, be broad enough to benefit a range of individuals struggling with housing insecurity, and occur simultaneous to structural changes initiated at the provincial and federal government levels that are essential to prevent and end homelessness.

With improved understanding of the experiences and challenges of individuals living with housing precarity, better coordination of services, expanded transportation options, and community-wide anti-stigma education, it is my sincere hope that the suffering of people experiencing homelessness will be reduced and the community can come together to address this complex challenge.

REFERENCES

Aubry, T., Bloch, G., Brcic, V., Saad, A., Magwood, O., Abdalla, T., Alkhateeb, Q., Xie, E., Mathew, C., Hannigan, T., Costello, C., Thavorn, K., Stergiopoulos, V., Tugwell, P., & Pottie, K. (2020). Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: A systematic review. Lancet Public Health, 5, e342-360.

Beijer, U., Wolf, A., & Fazel, S. (2012). Prevalence of tuberculosis, hepatitis C virus, and HIV in homeless people: A systematic review and meta-analysis. Lancet Infectious Diseases, 12, 859–70.

Canadian Alliance to End Homelessness. (2018). What is a coordinated access system? Retrieved July 16, 2021 from https://caeh.ca/cas/

Coley, R. L., Leventhal, T., Lynch, A. D., & Kull, M. (2013). Relations between housing characteristics and the well-being of low-income children and adolescents. Developmental Psychology, 49(9), 1775-1789. https://doi.org/10.1037/a0031033

Crawley, J., Kane, D., Atkinson-Plato, L., Hamilton, M., Dobson, K., & Watson, J. (2013). Needs of the hidden homeless - no longer hidden: A pilot study. Public Health, 127(7), 674-680. https://doi.org/10.1016/j.puhe.2013.04.006

Doberstein, C., & Smith, A. (2019). When political values and perceptions of deservingness collide: Evaluating public support for homelessness investments in Canada. International Journal of Social Welfare, 28(3), 282-292. https://doi.org/10.1111/ijsw.12353

Forchuk, C., Montgomery, P., Berman, H., Ward-Griffin, C., Csiernik, R., Gorlick, C., ... Riesterer, P. (2010). Gaining ground, losing ground: The paradoxes of rural homelessness. Canadian Journal of Nursing Research, 42(2), 138-152.

Gaetz, S. (2020). Making the prevention of homelessness a priority: The role of social innovation. American Journal of Economics and Sociology,79(2), 353-381. https://doi.org/10.1111/ajes.12328

Gaetz, S., Barr, C., Friesen, A., Harris, B., Hill, C., Kovacs-Burns, K., Pauly, B., Pearce, B., Turner, A., & Marsolais, A. (2012). Canadian definition of homelessness. Canadian Observatory on Homelessness. https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf

Gaetz, S., Dej, E., Richter, T., & Redman, M. (2016). The state of homelessness in Canada 2016. Toronto: Canadian Observatory on Homelessness Press. https://homelesshub.ca/sites/default/files/SOHC16_final_20Oct2016.pdf

Government of Canada. (2017). Canada's national housing strategy: A place to call home. https://assets.cmhc-schl.gc.ca/sf/project/placetocallhome/pdfs/canada-national-housing-strategy.pdf?rev=97491935-2a97-405f-bd38-decf72266ee9

Government of Ontario. (2021, March 19). Ontario launches innovative strategy to combat homelessness https://news.ontario.ca/en/release/60823/ontario-launches-innovative-strategy-to-combat-homelessness

Hwang, S. W., Wilkins, R., Tjepkema, M., O'Campo, P. J., & Dunn, R. J. (2009). Mortality among residents of shelters, rooming houses, and hotels in Canada: 11 year follow-up study. British Medical Journal, 339, b4036. https://doi.org/10.1136/bmj.b4036

Jones, R., Reupert, A., Sutton, K., & Maybery, D. (2014). The interplay of rural issues, mental illness, substance use and housing problems. Journal of Mental Health, 23(6), 317-322. https://doi.org/10.3109/09638237.2014.951476

Karabanow, J., Aube, C., & Naylor, T. (2013). From place to space: Exploring youth migration and homelessness in rural Nova Scotia. Journal of Rural and Community Development, 9(2), 112-127.

Kauppi, C., O'Grady, B., Schiff, R., Martin, F., & Ontario Municipal Social Services Association. (2017). Homelessness and hidden homelessness in rural and northern Ontario. Guelph, ON: Rural Ontario Institute.

Latimer, E. A., Rabouin, D., Cao, Z., Ly, A., Powell, G., Aubry, T., Distasio, J., Hwang, S. W., Somers, J. M., Stergiopoulos, V., Veldhuizen, S., Moodie, E., Lesage, A., Goering, P. N., & At Home/Chez Soi Investigators (2017). Costs of services for homeless people with mental illness in 5 Canadian cities: A large prospective follow-up study. Canadian Medical Association Journal Open, 5(3), E576–E585. https://doi.org/10.9778/cmajo.20170018

Malenfant, J., Schwan, K., French, D., Gaetz, S., & Redman, M. (2020). Preventing youth homelessness in the Canadian education system: Young people speak out. Canadian Observatory on Homelessness Press.

Meltzer, R., & Schwartz, A. (2015). Housing affordability and health: Evidence from New York City. Housing Policy Debate, 26(1), 80-104. https://doi.org/10.1080/10511482.2015.1020321

Rivera, L. A., Henschke, M. T., Khoo, E., Ing, S., Bae, S. J., Rice, C. M., Jamal, A., Forseth, M. H. (2018). A modeling study exploring the impact of homelessness on rostered primary care utilization in Calgary, Canada. Canadian Journal of Public Health, 109(4), 451-458. https://doi.org/10.17269/s41997-018-0098-6

Statistics Canada. (2017). Census profile. Statistics Canada Catalogue No. 98-316-X2016001. Ottawa. Retrieved from https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E

Waegemakers Schiff, J, Schiff, R., Turner, A., & Bernard, K. (2015). Rural homelessness in Canada: Directions for planning and research. The Journal of Rural and Community Development, 10(4), 85-106.

Zhang, L., Norena, M., Gadermann, A., Hubley, A., Russell, L., Aubry, T., To, M. J., Farrell, S., Hwang, S. & Palepu, A. (2018) Concurrent disorders and health care utilization among homeless and vulnerably housed persons in Canada. Journal of Dual Diagnosis, 14,1, 21-31. https://doi.org/10.1080/15504263.2017.1392055

For further information, please contact:

Ellen Buck-McFadyen
Trent/Fleming School of Nursing

Trent University
1600 West Bank Drive
Peterborough, Ontario
Canada K9L 0G2
ellenbuckmcfadyen@trentu.ca
705-748-1011 ext. 7029

This research was funded by Social Sciences and Humanities Research Council.

Acknowledgements:

I would like to thank the participants who shared their knowledge and experiences with me and the staff at the North Hastings Community Trust who helped with recruitment and provided a space for several interviews.