

RESEARCH REPORT



Exits and Returns:
An Exploratory Longitudinal Study of
Homeless People in Windsor-Essex County



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**EXITS AND RETURNS:
AN EXPLORATORY LONGITUDINAL STUDY OF HOMELESS PEOPLE
IN WINDSOR-ESSEX COUNTY**

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ABSTRACT

This study, an exploratory longitudinal study, attempted to understand the dynamics that underlie exits and returns to homelessness among homeless people in Windsor, Ontario over a one year period. The study methodology included a longitudinal survey of 120 participants who were homeless at baseline; and in-depth qualitative interviews with 22 participants who were purposively chosen from the sample of 120 participants. After one year, 71 participants from the original sample of 120 participants were tracked and successfully interviewed for the second time. A significantly higher proportion of those not tracked were male (81.3%, $p \leq .05$) and were born outside of Windsor (69.4%, $p \leq .01$). Also, a significantly lower proportion of respondents who were not tracked reported, at baseline, that their main source of income was wages, salaries or self-employment (4%) compared to respondents who were tracked (16.9%, $p \leq .05$). Findings from the longitudinal survey indicated that at baseline, participants had been homeless (without regular housing) in their lifetime an average of 3 times. They also reported being homeless a further 2 times on average between the baseline and follow-up interviews. A significantly larger proportion of youth cited trouble with the family (70%) and trouble with the law or being arrested (25%) compared to their adult counterparts (32.5% $p \leq .001$, 10% $p \leq .05$ respectively) as the reason for their homelessness. Findings from the in-depth interviews helped illuminate the dynamics that link homelessness and other circumstances in a person's life (such as abuse) as well as larger macro-level issues (such as the closing down of an employment site). Findings from the survey and in-depth interviews were integrated in four areas – homelessness dynamics, youth homelessness, multiple vulnerabilities and homelessness, and systems failures and homelessness.

ACKNOWLEDGEMENTS

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The research team wishes to acknowledge the contributions of the following people who generously gave their time to this research.

We are thankful to the 120 women and men who participated in the survey interviews. We are particularly grateful to the 22 participants who in addition to the survey interviews, participated in the in-depth interviews.

We acknowledge the assistance of the seven agencies that assisted us with recruiting participants for the study and provided us with space for the research assistants to conduct the interviews: The Salvation Army Shelter; The Welcome Centre; The INN; The Downtown Mission; Unit 7; YMCA's emergency housing units; and St. Leonard's House. We also acknowledge the assistance of Mary Ellen Bernard at the City of Windsor's Social Services in providing us with addresses and phone numbers of participants.

We are grateful to members of our Community Resource Group for collaborating with us in this study. The extensive knowledge they brought to the study from their work with people who are homeless was useful in refining the methodology. The members were: Marina Clemens of Central Housing Registry; Liz Esposito of The Inn of Windsor; Shelley Gilbert of Legal Assistance of Windsor; Colleen Mitchell of Community Resources Consultants; and Marcel Trepanier formerly of Youth & Family Resource Network who is now with the Legal Assistance of Windsor.

EXECUTIVE SUMMARY

Research indicates that a significant number of homeless people have experienced multiple episodes of homelessness. The ‘homeless career’ of an episodically homeless person is characterized by a recurring pattern of exits and returns to homelessness interspersed with periods of housing. Thus, for episodically homeless people, the issue is not only getting housing and exiting homelessness but staying housed or if there is a need to move, making a transition to new housing without returning to homelessness. The theoretical and research literature on homelessness suggests that a complex interaction of multiple factors determine exits and returns to homelessness.

This study, an exploratory longitudinal study, attempted to understand the dynamics that underlie such exits and returns. The study set out to accomplish the following four interrelated research objectives:

- 1) examine exits and returns to homelessness among homeless people in Windsor over a one year period;
- 2) examine the relationship between various factors and exits and returns to homelessness;
- 3) using a qualitative research methodology, illuminate the nature and dynamics underlying exits and returns to homelessness over time in order to better understand factors that facilitate exits from homelessness and inhibit a return to homelessness; and
- 4) map and document a longitudinal research strategy that can be used to explore and understand the ‘homeless careers’ of people who have experienced multiple episodes of homelessness.

Using a Community Dialogue Approach – a research strategy that emphasizes extensive engagement of community stakeholders, this study conducted a longitudinal survey of 120 participants who were homeless at baseline; and in-depth qualitative interviews with 22 participants who were purposively chosen from the sample of 120 participants. After one year, 71 participants from the original sample of 120 participants were successfully tracked and interviewed for the second time. A significantly higher proportion of those not tracked were male (81.3%) and were born outside of Windsor (69.4%). Also, a significantly lower proportion of respondents who were not tracked reported, at baseline, that their main source of income was wages, salaries or self-employment (4%) compared to respondents who were tracked (16.9%).

The longitudinal survey found that the majority of the sample had left home in their teenage years though on average, the respondents were not homeless for the first time until their mid-twenties. At baseline, participants had been homeless (without regular housing) in their lifetime an average of 3 times. They also reported being homeless a further 2 times on average between the baseline and follow-up interviews. While almost three-quarters of the sample (74.2%) reported being aware of social housing in Windsor at baseline, only 22.5% at baseline and 16.7% at follow-up were on the social housing waiting list in Windsor. Over half of the literally homeless reported needing health care and not receiving it in the 12 months prior to baseline, while 18.5% of those in shelters and one-third of those in each of doubled-up housing and their own housing reported this problem. A significantly larger proportion of females reported having been physically/sexually abused or having witnessed abuse (74.3%) compared to males at baseline

(53.6%). A significantly larger proportion of youth cited trouble with the family (70%) and trouble with the law or being arrested (25%) compared to their adult counterparts (32.5% and 10% respectively). Youth under 22 years of age were significantly associated with having left home at a younger age and being younger at first homelessness. A significantly larger proportion of youth at baseline reported experiencing childhood stressors including having been sent away because they did something wrong (52.5%) and having spent time in a foster home (42.5%) than adults in the sample (32.5% and 25% respectively).

Findings from the in-depth interviews helped illuminate the dynamics that link homelessness and other circumstances in a person's life (such as abuse) as well as larger macro-level issues (such as the closing down of an employment site). The findings also provide details on participants' experiences during periods in housing. Findings from the survey and in-depth interviews were integrated in four areas – homelessness dynamics, youth homelessness, multiple vulnerabilities and homelessness, and systems failures and homelessness.

RÉSUMÉ

La recherche indique qu'un nombre important de sans-abri vivent de multiples épisodes d'itinérance. La « carrière » d'un sans-abri occasionnel se caractérise par un modèle récurrent dans lequel cette personne passe par des périodes d'itinérance interrompues par des périodes où elle a un logement. Donc, pour les sans-abri occasionnels, le problème ne se limite pas à obtenir un logement pour quitter la rue, mais également à garder leur logement ou, s'ils doivent déménager, à faire la transition vers le nouveau logement sans retomber dans l'itinérance. Des documents théoriques et empiriques sur l'itinérance donnent à penser que de nombreux facteurs en interaction complexe ont une incidence sur les chassés-croisés entre l'itinérance et l'occupation d'un logement.

Cette enquête longitudinale exploratoire visait à comprendre la dynamique sous-jacente à de tels cycles d'itinérance. Les quatre objectifs interdépendants devant être atteints dans le cadre de cette enquête étaient les suivants :

- 1) examiner, sur une période d'une année, les cycles d'itinérance chez les sans-abri de Windsor;
- 2) examiner la relation entre divers facteurs et les cycles d'itinérance;
- 3) en se servant d'une méthode de recherche qualitative, faire la lumière sur la nature et la dynamique sous-jacentes aux cycles de l'itinérance au fil du temps afin de mieux comprendre les facteurs qui incitent les gens à sortir de la rue et les empêchent d'y retourner;
- 4) appliquer et documenter une stratégie de recherche longitudinale pouvant être utilisée pour analyser et comprendre la « carrière » des sans-abri qui ont connu de multiples épisodes d'itinérance.

Grâce à une approche axée sur le dialogue avec la collectivité, c.-à-d. une stratégie de recherche qui mise sur un engagement considérable de la part d'intervenants communautaires, les auteurs ont réalisé une enquête longitudinale auprès de 120 participants qui étaient sans-abri au début de l'étude et des entrevues qualitatives approfondies avec 22 sans-abri choisis volontairement parmi les 120 participants. Après une année, on a pu retracer et interroger une deuxième fois 71 des 120 participants qui faisaient partie de l'échantillon de départ. Une large part des personnes dont on a perdu la trace étaient des hommes (81,3 %) et étaient nées à l'extérieur de Windsor (69,4 %). On a aussi constaté qu'un très faible nombre des participants qui n'avaient pu être retrouvés avaient déclaré, au début, que leur revenu provenait principalement de traitements, de salaires ou d'un travail autonome (4 %) comparativement aux participants qui avaient été retracés (16,9 %).

L'enquête longitudinale a permis de découvrir que la majorité des personnes faisant partie de l'échantillon avaient quitté le foyer familial à leur adolescence bien que, en moyenne, les participants ne soient pas devenus sans-abri avant la mi-vingtaine. Comme point de départ, on a établi que les participants avaient été sans abri (sans domicile fixe) en moyenne au moins trois fois dans leur vie. Ils ont également déclaré être retournés à l'itinérance en moyenne deux fois entre le début de l'enquête et les entrevues de suivi. Alors que presque les trois-quarts de l'échantillon (74,2 %) indiquaient, au début de l'enquête, savoir qu'il y avait des logements sociaux à Windsor, seulement 22,5 % au début et 16,7 % lors des activités de suivi figuraient sur

la liste d'attente des logements sociaux à Windsor. Plus de la moitié des sans-abri, au sens propre, disaient avoir besoin de soins et ne pas avoir été en mesure d'en recevoir dans les 12 mois précédant l'enquête, alors que 18,5 % de ceux qui vivaient dans des refuges et qu'un tiers de ceux qui partageaient un logement ou vivaient dans leur propre logement affirmaient avoir le même problème. Au début de l'enquête, un nombre beaucoup plus important de femmes ont déclaré avoir été victimes de violences physiques ou sexuelles ou avoir été témoins de telles violences (74,3 %) comparativement aux hommes (53,6 %). Une proportion beaucoup plus grande de jeunes ont indiqué avoir des problèmes avec les membres de leur famille (70 %) et des problèmes avec la justice ou encore avoir été arrêtés (25 %) comparativement à leurs homologues adultes (32,5 % et 10 % respectivement). On a pu établir qu'un nombre assez important de jeunes ayant moins de 22 ans avaient quitté la maison à un âge moins avancé et étaient plus jeunes lorsqu'ils ont été jetés à la rue pour la première fois. Au début de l'enquête, un nombre beaucoup plus important de jeunes ont déclaré avoir été confrontés à des facteurs de stress durant leur enfance, notamment pour avoir été éloignés de leur famille parce qu'ils avaient fait quelque chose de mal (52,5 %) et avoir passé du temps dans un foyer d'accueil (42,5 %), comparativement aux adultes faisant partie de l'échantillon (32,5 % et 25 % respectivement).

Les résultats des entrevues approfondies ont aidé à faire la lumière sur la dynamique qui lie l'itinérance à d'autres circonstances dans la vie d'une personne (telles que la violence) ainsi qu'à des problèmes macroéconomiques plus importants (telle la fermeture d'un lieu de travail). Les résultats ont aussi permis d'obtenir des détails sur les expériences des participants durant les périodes où ils étaient logés. Les résultats obtenus de l'enquête et des entrevues approfondies ont été regroupés dans quatre domaines : la dynamique de l'itinérance; l'itinérance chez les jeunes; les vulnérabilités multiples et l'itinérance; et les lacunes des systèmes et l'itinérance.



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1 – INTRODUCTION AND OVERVIEW OF THE LITERATURE

Research indicates that a significant number of homeless people have experienced multiple episodes of homelessness (Piliavin et. al., 1993; Sosin, Piliavin & Westerfelt, 1990; Wong & Piliavin, 1997). The ‘homeless career’ of an episodically homeless person is characterized by a recurring pattern of exits and returns to homelessness interspersed with periods of housing. Thus, for episodically homeless people, the issue is not only getting housing and exiting homelessness but staying housed or if there is a need to move, making a transition to housing without returning to homelessness. This episodic and dynamic nature of homelessness is well described by Peressini & McDonald (2000) who point out that: “homelessness is not a finite or static process, but a fluid and dynamic one, characterized by multiple transitions, role exits and role entries” (p. 526).

In a Canadian study that examined the relationship of housing stability and individual variables associated with the homeless careers of episodically homeless people, Anucha & Hulchanski (2003) found that in a sample of 106 ‘hard to house’ tenants in Toronto, about 82 percent had experienced previous homelessness with an average of almost four episodes of homelessness. Wright, Rubin and Devine (1998) point out that the high rate of episodic homelessness has important policy implications: “By definition, episodically homeless people find themselves acceptably housed at least from time to time. An important goal of policy should therefore be to extend the periods during which this is the case” (p.15).

The theoretical and research literature on homelessness suggests that a complex interaction of multiple factors determine exits and returns to homelessness. Anucha (2005) proposed a multidimensional model that identifies four dimensions with multi-layered factors that impacts on the homeless careers of episodically homeless persons. The study reported here, an exploratory longitudinal study, examined the relationship between various factors from the four dimensions and exits and returns to homelessness. Such factors are potential and possible “leverage” points in the fight against reoccurring homelessness.

Research Objectives

1. Examine exits and returns to homelessness among homeless people in Windsor over a one year period.
2. Examine the relationship between various factors and exits and returns to homelessness.
3. Using a qualitative research methodology, illuminate the nature and dynamics underlying exits and returns to homelessness over time in order to better understand factors that facilitate exits from homelessness and inhibit a return to homelessness.
4. Map and document a longitudinal research strategy that can be used to explore and understand the ‘homeless careers’ of people who have experienced multiple episodes of homelessness.

Organization of the Report

This report is organized into six sections. Section one – The Introduction and Overview of Literature, outlines the research objectives that the study set out to accomplish. This section also provides an overview of previous work on homelessness particularly literature that is related to homelessness and youth, homelessness and gender and conceptual issues in homelessness. Section two – Methodology, describes the study methodology that is centered on a Community Dialogue Approach. Section three – Homelessness and Housing Dynamics in Windsor-Essex County, describes the housing and homelessness dynamics in Windsor and Essex County. The findings are presented in sections four and five according to the two study methods. Section six integrates the findings from the survey and in-depth interviews into four areas – homelessness dynamics; youth homelessness; multiple vulnerabilities and homelessness; and systems failures and homelessness.

The Dynamics of Homelessness

An extensive research literature exists on individual and structural factors that increase the vulnerability of people to homelessness. Employing a biographical approach, May (2000) constructed a series of triple biographies tracing a person's housing and homeless history and the person's personal and employment circumstances along the same timelines allowing an 'unpacking' of how a person's experiences in the different sectors places them in a position of multiple disadvantage. Analysis identified key dynamics of participants' homeless careers that suggested that homelessness is neither singular nor long term but episodic with each homeless episode interspersed with often extended periods in their own accommodation. Findings suggest that for the majority of homeless people, their homelessness can be understood by looking at their position of "multiple structural disadvantage" which the author explains as "a coming together of a legislative framework that restricts poorer single people's access to more secure forms of housing, a housing market that restricts poorer people's access to accommodation found almost at the lower end of the private rented sector; and long-term unemployment".

In a synthesis of research findings on factors associated with homelessness, Hartman (2000) identified the primary cause of homelessness as a lack of affordable housing due in part to high rental prices and a decline in construction, some cases, abandonment of government subsidized housing. The author also identified unemployment and low wages, mental illness and/or substance abuse and domestic abuse as additional causes of homelessness. However, the higher rates of mental illness and/or addictions among homeless people compared to the general population that Hartman noted and several studies have also reported have been critiqued primarily because the prevalence rate varies from study to study raising questions about their accuracy. Secondly, these studies do not clearly delineate whether homelessness leads to a higher prevalence of mental illness or having a mental illness predisposes people to homelessness (Cohen & Thompson, 1992).

Third (2000) provides a comprehensive and insightful overview of issues associated with homelessness in the Scottish context, emphasizing the difficulty of defining who is homeless based on government policies, given that these policies are often deliberately restrictive to limit and ration the need for housing. Such restrictive eligibility criteria for shelters and housing leads

to over-representation in the shelter system of homeless people with individual vulnerabilities such as mental health problems, disability, and poor physical health. This over-representation then reinforces the public's association of homelessness with individual and personal events rather than a series of external, uncontrollable factors, effectively limiting the ability of the homeless to become part of their communities or neighbourhoods.

Based on prevailing literature and acts passed in the United Kingdom, Pleace (1998) argues that single homelessness and "sleeping rough" cannot be viewed as a discrete social problem with unique characteristics and causes, but rather needs to be reconceptualized as a by-product generated by the process of social exclusion. Pleace explains that homelessness is mainly characterized by the inability of a section of the socially excluded population to get access to welfare services and social housing owing to the state's reluctance to take any responsibility for those unable to compete in the labour market.

Kennedy and Fitzpatrick (2001) provide some support for Pleace's argument from their study that examined socio-economic forces that lead people to begging and rough sleeping in the cities of Glasgow and Edinburgh, and the impact of an empowerment project called the "Big Issue" (a newspaper selling project by the homeless). The authors found that rough sleeping and begging is often associated with the broader category of homelessness and its other predictors such as eviction, unemployment, ineligibility of being housed, and absence of social security benefits, among others. The authors suggest that beggars and rough sleepers includes not only rough sleepers, but also people staying with friends and relatives on a temporary basis and those living in hostels and bed-and-breakfast hotels.

Metraux and Culhane's (1999) study examined various factors – both structural and individual that facilitate successful exits from homelessness or increase the risk of shelter stays. It drew from administrative data of two sets of women who stayed in New York City Homeless shelters in 1992—one set as part of a family and the other set as single individuals. Findings suggest that family dynamics and the availability of affordable housing are two important areas that efforts to reduce the incidence of homelessness among women should focus on.

Lee et al (2003) examined homelessness in the context of urban areas by considering the rates across major metropolitan cities in the United States. The authors take the approach that homelessness occurs as a result of a combination of structural and individual factors. Their research focused on the following variables: 1) problems in housing (availability, affordability, price inflation); 2) economic conditions (low returns on human capital); 3) demographic composition (are some groups more apt to be discriminated against and therefore their higher presence in a city would impact); 4) presence of social safety net (eligibility criteria for social housing and social assistance); 5) climate (warmer climates tend to have higher rates of homelessness); and, 6) mobility (cities with high mobility tend to attract more homeless). In analyzing these variables, the study hypothesized that cities provide more opportunities for employment and therefore a greater chance of exiting from homelessness. The implication is that individuals that are homeless do want to work and change their living situation. A limitation of this study was that it employed "homeless count data" on a specific night. Thus the subjects in the study were only those that were housed in a shelter on that night. This study would have been strengthened had it used a multi-method design to capture all the potential homeless populations,

including in-depth interviewing or a longitudinal study that followed individuals over an extended period of time.

Acosta and Toro (2000) in a probability sample of 301 adults from Buffalo found that homeless people also have other significant needs which they rate as important as affordable housing. These needs include: safety; education; transportation; medical/dental treatment and job training/placement. Interestingly, although participants rated the above needs and affordable housing as very important needs, these were also rated as some of the most difficult needs to meet with the resources provided in the community. In a qualitative study in Vancouver that used Flanagan's critical incident methodology and self-reports, MacKnee and Mervyn (2002) identified 19 facilitating and four hindering categories in the 'permanent' transition of homeless people back to mainstream society. Facilitating categories that helped participants exit homelessness include: having someone reach out to them; going through detox; establishing a stable, legitimate job; achieving educational success; realizing one's self-worth and establishing new relationships with mainstream people.

Gender and Homelessness

Research suggests that a predominant factor related to women entering homelessness is domestic violence (Goodman, 1997; Sev'er, 2002; Stermac, 2000). The cycle of homelessness for women though can be attributed to the interconnectedness between poverty, lack of affordable housing, adequate income and employment opportunity (Sev'er, 2002). In smaller communities, the waiting list is approximately 2 – 3 years. However, in some of the major urban centres, it can be from 5 – 10 years. Also in some communities, special priority applications have increased and therefore many of those housed in those communities are a result of having special priority status (ONPHA, 2006). Immigrant women may be more prone to the cyclical pattern of homelessness due to domestic violence as they often lack established social support systems (Sev'er, 2002). A study of African American women highlighted the importance of formal and informal support networks, in breaking the cycle of homelessness (Baker, Cook, and Norris, 2003). Housing was shown to precipitate homelessness when it was combined with other contextual variables such as economic adversity, domestic violence, need for safety and adequacy of support from formal and informal networks (Baker, Cook and Norris, 2003). Women with more housing problems tended to have less contact with formal supports. The response from the system also impacted the severity of housing problems; women who received a positive response from workers in the system had less housing problems (Baker, Cook and Norris, 2003).

Goodman (1997) examined the impact of early domestic violence incidents on homelessness in later life and found that women who experienced early episodes of domestic violence had diminished coping skills. This low level of coping affected their ability to handle the stresses of homelessness later in life. A comparison study of homeless women and housed women in Toronto, Canada, showed that more homeless women reported physical abuse, childhood sexual abuse, previous sexual assault and history of mental health problems. Characteristics of the sample included: 1) 56.6% were white and English-speaking; 2) 17.6% were visible minority; 3) 5.9% were non-English-speaking white women; and, 4) 5.1% were First Nations women (Stermac, 2000).

A study by Johnson (1999) that compared qualitative interviews of 25 women found that the women tried not to enter a shelter because they felt it meant failure. However once in the shelter they were able to share common experiences related to their homelessness. Entering a shelter also assisted the women with planning for the future, time to deal with emotional difficulties and to navigate the human service system (Johnson, 1999). This study also suggested that there are differences between precipitating events for working women and non-working women. Working women reported their own health problems or health problems of family as the reason they could not continue to work and therefore entered homelessness. This dynamic was exaggerated for immigrant women who also have to deal with other barriers due to their culture (Johnson, 1999). Non-working women reported drugs, prostitution, crime and being an adolescent mother as precipitating factors that led to their homelessness (Johnson, 1999). Some working women used the shelter as a temporary arrangement that provided support needed to find better employment and different housing (Johnson, 1999). Baker, Cook and Norris (2003) also identified the need for transitional type housing for women. Women in this study affirmed the concept that homelessness is not an isolated event but rather a series of events that eventually led to them entering a shelter.

Styron, Janoff-Bulman and Davidson (2000) focused on understanding family homelessness through qualitative interviews with 24 formerly homeless single mothers in New York City. The interviews sought to illuminate their lives before and after leaving the shelter system. All the women had spent a majority of their time while homeless in Tier-II facilities, or those shelters that are clean, safe, and enable families to live in their own apartments with cooking facilities. Analysis of the in-depth interviews revealed themes that centered on poverty, lack of adequate housing, a history of domestic violence between parents or experience of it by them, childhood abuse, sexual abuse by relatives or strangers, and lack of trust, closeness and integrity in relationships with families and friends.

Youth and Homelessness

The factors that contribute to youth entering homelessness are complex; it is a combination of factors that have accumulated over time (Miller, Donuhue, Este, and Hofer, 2004). However, the primary factors that were found in the literature were related to family conflict and drug/alcohol abuse of the youth or family members (Hyde, 2005; Mallett, Rosenthal, and Keys, 2005; Miller et al., 2004). Mallett et al. (2005) identified four pathways that combined the interaction of family conflict and drug/alcohol use as contributors to homelessness. The pathways are: 1) youth's drug/alcohol use leads to family conflict leads to homelessness; 2) family conflict leads to youth's drug/alcohol use leads to homelessness; 3) family conflict leads to homelessness leads to youth's drug/alcohol use as coping; and, 4) family members' drug/alcohol use leads to family conflict leads to homelessness. A significant element of family conflict was the presence of physical violence (Mallett et al, 2005).

A study of homeless youth in Los Angeles found that 59% of youth reported physical violence as the main reason for leaving home followed by intense family conflict (Hyde, 2005). Another common characteristic is that many youth come from single parent homes and/or homes where the configuration is constantly changing with a series of step-parents and domestic partners (Hyde, 2005; Miller et al. 2004). Homeless youth have also often been in protective care as well

as in and out of temporary situations such as foster care (Hyde, 2005; Miller et al., 2004; Robert, Pauze and Fournier, 2005). Leslie and Hare (2003) found that 45 percent of their sample of Toronto street youth had previous involvement with the child welfare system.

A five stage model of youth homelessness has been developed by Carlson, Suguano, Millstein and Auerswald (2006). The five stages are: 1) first on-the-street (the youth is defined as an immigrant experiencing a new culture); 2) initiation on the street (other youth (mentors) introduce the youth to the culture and economy); 3) stasis (youth is integrated in culture and economy); 4) disequilibrium (crises occur that threaten ability to provide); and, 5) extrication (youth makes attempts to leave the street). This model was applied to a study of how youth utilize services. Findings suggest that although most of the youth in this study used some type of service; rates of utilization were still low (Carlson et al., 2006). For example, only 50% of the youth had accessed medical care. The findings also suggest that shelter use is low and this is consistent with other studies that describe youth as resistant to accessing homeless shelters (Carlson et al., 2006; Dachner and Tarasuk, 2002; Hyde, 2005; Miller et al, 2004). The primary reasons for not accessing shelters was loss of independence and feelings they are not safe (Dachner and Tarasuk, 2002; Hyde, 2005)

Many of these studies also suggest that youth do not perceive themselves as victims of homelessness rather the choice to leave home was seen as taking action against unsafe situations (Hyde, 2005; Miller et al., 2004). Hyde (2005) encourages service providers to view youth as agents of their own change and to see them as resilient. Miller et al. (2004) recommend that providers and policy makers must build on the optimism and determination of youth. In their study, many homeless and at-risk of homeless youth were trying to maintain their education and employment opportunities.

Conceptualizing Homelessness

The research described in this report was guided by the conceptual model developed by Anucha (2005). This model synthesizes findings from an extensive review of both the theoretical and empirical literature on homelessness to explain vulnerability to homelessness. Essentially, this model identifies four dimensions in society within which multi-layered factors that impact on housing outcomes are located. The multidimensional nature of this model underscores the fact that homelessness is frequently a complex interaction of several factors – both individual and structural.

The first dimension – the private market sector includes housing and job market realities. Factors layered within this dimension include vacancy rates, cost of rental units, trends within the economy, availability of skilled and unskilled jobs, etc. The second dimension – the State, includes systemic factors within the social, political and economic realms. This dimension rightly recognizes the differential impact that policies of countries or even regions have on homelessness. Examples of factors layered within this dimension are social welfare and housing policies [and impact on availability of subsidized housing], amount and eligibility criteria of income maintenance programs, health care system and availability of support programs.

The third dimension is civil society and includes social economy, non-profit sector, non-governmental organizations and social service agencies. Layered within this dimension are factors

such as community participation, resources in the community, social inclusion, social capital, etc. The fourth dimension is household or individual characteristics, preferences and resources and includes factors such as socio-economic status, disabilities, ethnicity, race, migrant status, age, etc. These multi-layered factors interact, interweave, and affect the homeless careers of episodically homeless persons. The outcome is a continuum of housing to homeless conditions that include access to and maintenance of stable housing, continuous exits and returns to homelessness or a fall into chronic homelessness. The model draws one's attention to possible advantage points in preventing the reoccurrence of homelessness.

2 – METHODOLOGY

This study used a Community Dialogue Approach (Anucha et al., 2006). The Community Dialogue Approach has two main features: first, it is centred on community engagement. Second, it emphasizes the use of multi-methods to inform an understanding of the issue under study. The emphasis on community engagement recognizes that key stakeholders (who will be impacted and/or who will implement developed policies) must be involved in the research process.

Community Engagement and Recruitment Strategy Development

Cognizant that this exploratory research study was a longitudinal study that would need the support of the community to successfully track participants over the one year research period, we invested considerable time at the start of the project engaging agencies, organizations and individuals that provide services to homeless people in Windsor and Essex County. We compiled a directory of agencies and organizations that provide services to people who are homeless – most of who belong to the *Taking Action Against Homelessness Coalition*.

A community forum was held to officially introduce the research project to the community, obtain their feedback and solicit support in recruiting participants and helping track them. The forum began with a presentation by the research team that outlined the goals of the study, the proposed methodology and different ways for community members to get involved and provide feedback that would shape the research process over the 12-month period of the study. The community forum also provided attendees the opportunity to discuss issues related to the sub-populations that should be included in the sample. The attendees strongly suggested that we not only focus on adult men and women but also include youth, who they were beginning to see more of in their facilities. All attendees were provided with a resource package that included information about the research project.

We held follow-up one-on-one meetings with about 15 agencies and organizations that were potential recruiting sites for participants and in most cases toured their facilities to better understand their client population (please see Appendix 1 for the list of agencies and the various ways they were engaged).

We then short-listed 7 agencies/organizations as most suitable sites to recruit the 120 participants for the longitudinal survey. The selected agencies were those whose client population met our project's sample definition: "*to be included in the baseline survey, an individual would have slept either on the streets (including other unconventional sleeping places like car, abandoned building), shelter, in doubled-up housing where no rent is paid or in a hotel/motel within the last thirty days before the baseline interview*". The agencies chosen as recruiting sites were:

1. The Salvation Army Shelter
2. The Wellcome Centre
3. The INN
4. The Downtown Mission
5. Unit 7

6. YMCA's emergency housing units
7. St. Leonard's House (Homelessness Program)

The number of participants recruited from each of the sites is shown in Table 1. The number of participants recruited from each site is related to the capacity of the agencies as well as the sub-populations that previous research indicates are most affected by homelessness. For example, the majority of the sample was adult males who were recruited from the Salvation Army shelter.

Table 1: Recruitment Sites of Participants

Recruitment Sites	Number of Participants Recruited from Site
Wellcome Shelter	24
Salvation Shelter	52
Downtown Mission	7
Unit 7	12
The Inn	10
The Y Residence	7
St. Leonard's Programme	3
N/A (East end bus stop, referrals from other workers)	5
Total	120

All seven agencies received a package with the draft questionnaire, consent forms and information letters for participants and were asked for feedback which was then used to revise the interview package.

A small Resource Group of service providers who understood both the homelessness situation and the local community context was set up to provide on-going feedback to the research team over the course of the project.

Four research assistants were trained and allocated recruitments sites to cover. Before they began recruiting and interviewing participants, they spent time at these agencies 'hanging out' and learning their organizational cultures.

Longitudinal Survey

The 120 participants in the study completed a baseline questionnaire. The baseline interview period was January 2005 to April 2005. Participants, who were successfully tracked, completed a follow-up questionnaire during the follow-up interview period which was January 2006 to June 2006. The majority of the baseline interviews were completed on site where participants were recruited from. The agencies facilitated the recruitment of participants and provided office space for interviewing clients.

The baseline instrument was an extensive questionnaire with 230 items, an amalgamation of questions from four previous studies:

1. A Study of Housing Stability of Formerly Homeless Tenants in Toronto (Anucha & Hulchanski, 2003).
2. The Panel Study on Homelessness in Ottawa (Aubry, et. al., 2004).
3. The Housing, Education, Income, and Services Timeline (HEIST). This is a method for assessing past and current housing/homelessness, education, employment/income, and contact with social/legal services. The HEIST has been used extensively in studies on youth homelessness in Detroit (Toro, Rabideau, Bellavia, & Daieschler, 1997).
4. The Sexual Behaviors Survey (Lonbardo & Toro, 2003)

To ensure that our draft questionnaire had face validity, the Community Resource Group provided valuable suggestions on word choices and then the draft questionnaire was pilot tested. Both baseline and follow-up questionnaires contained questions about participants' current homeless episode and previous homeless episodes, including their reasons for homelessness, the type of housing, the quality of their housing, their employment during the episodes, as well as their income and income sources during each episode. In addition, the questionnaires contained items pertaining to participants' physical and mental health, their social or community service use, substance use, childhood stressors, as well as demographic and socio-economic characteristics. In order to understand the dynamics of participants' housing from baseline to follow-up, the follow-up instrument was comprised of 130 items that were identical to those of the baseline questionnaire.¹

Administration of the survey was face-to-face and usually took one hour to complete. At the beginning of the survey, the interviewer would explain the purpose of the study, what the participant would be asked to do, would read the letter of information in detail to the participant, paying particular attention to issues of confidentiality and the right to refuse to answer questions, or the right to withdraw from the study at any time without penalty. Participants completed three consent forms – the first giving consent to participate in the research, the second consenting that Social Services could disclose their whereabouts if we needed to find them for wave two interviews and the third providing us with collaterals (friend, family and service providers) and consenting for us to contact these collaterals if we needed to locate participants.

The second and third consent forms were modified versions of the consent forms used by the Ottawa Panel Study on Homelessness (Aubry et al., 2004). The consent forms are attached as Appendix 4. The participants were paid an honorarium of \$20 and provided with a toll-free number to call and report any housing moves. Each time they called and provided a new address, a \$10 food coupon was mailed to them.

Analysis of Survey Data

Data for participants from baseline and follow-up were matched through a unique survey identification number given to each of the participants at baseline. Data analysis took two forms. First, descriptive statistics were used to capture profiles at both baseline and follow-up of those living in various forms of homelessness and types of housing, including literal homelessness

¹ The greater number of questions on the baseline questionnaire is a result of taking a more extensive housing history at this time and from the inclusion of demographic characteristics that would be redundant in the follow-up questionnaire – that is, characteristics that would not change between the two waves.

(unconventional places like streets, abandoned cars or buildings, bus stops etc.), in shelters, in doubled-up housing (with family or friends), and in their own housing (houses, apartments and/or rooms). Second, chi-square tests and contingency tables were used to compare the characteristics of those who were successfully tracked down at follow-up and those who were not, as well as to create profiles of youth (under 22 years of age), and female participants.

In-Depth Interviews

Twenty-two participants – a subset from the 120 participants that took part in the baseline survey were selected for in-depth interviews. The 22 participants were selected using qualitative sampling techniques that ensured that they were those whose rich experiences could provide a “thick” description. Individualized interview guides were developed for each of the 22 participants. The guides were informed by participants’ baseline questionnaires (two samples are attached as Appendix 3). The interviews lasted for about one and half hours on the average and were taped with the consent of the participants.

The interviews were taped with the consent of the participant, transcribed verbatim and analyzed using the process outlined by McCracken (1988). All necessary precautions were taken to ensure the trustworthiness and credibility (Lincoln, 1995; Seale, 1999) of the data such as detailed notes, audit trails and thick descriptions to ensure transferability. Quotes and descriptions to guarantee conformability and dependability are used to support all findings (Lincoln, 1995). The Community Dialogue Approach that guided this research is based on extensive collaboration of community stakeholders as partners in the research process ensuring prolonged engagement with the community and addressing issues of trust and credibility. The interviewees also had multiple contacts with the research project before the in-depth interviews – they all participated in the baseline longitudinal survey and the interviewers spoke with each participant before they met them to conduct the interviews.

Tracking of Baseline Longitudinal Survey Participants

As has been extensively documented by previous research (for example: Audrey, et. al., 2004; Hough et al., 1996; Martin, 1995), following a cohort of homeless participants over time is a challenging task. The risk of high rates of participant attrition can also pose a threat to validity (Ribisl et. al., 1996). To minimize such participant attrition over the one year study period, this study built on the strategies that Anucha & Hulchanski (2003) found successful in tracking their sample of 12 ‘hard to house’ participants over a six-month period. This study also incorporated various strategies that Aubry et. al. (2004) used in their Panel Study on Homelessness, the first Canadian study to attempt to follow a cohort of homeless participants over time. Some of these strategies as well as new ones that this research study developed and piloted are summarized below.

While the baseline survey was in the process of being developed, we set-up an Access Database to help us manage participants’ contact information including the collateral contacts they provided. This database was also used to log the attempts that were made to contact participants. Once the baseline survey interviews were completed in April 2005, we called all collateral contacts that participants had provided to inform them that we have been given

permission to contact them if we need to. In contacting collateral, we coded the responses from them - whether or not that person wanted to be a collateral, whether the collateral knew where the participant was at the time and also noted wrong numbers, changed numbers and messages left or no answer. We used the Canada 411 on-line directory to try and locate current numbers. On the average, we made about 3 calls for each of the 120 participant. We also called participants who had provided cell numbers. Most of the numbers given were “pay as you go” plans and were frequently not in use or not in service.

During the baseline interview, each participant was provided with a ‘Call Sam’ sticker card that contained a 1-800 number and a local phone number for them to call and report moves. The name ‘Sam’ was also an indication to the research team that any caller asking for ‘Sam’ had to be taken very seriously even if the research assistants that work on this project were not around. Twelve participants called this number in 2005. We noted the new addresses and mailed a \$10 coupon for a grocery store or restaurant of their choice to the new addresses they provided. Three of the 12 mailed coupons were returned as the participant had moved on again between the time they called and the two week or less it took for us arrange to mail them the coupon! Immediately the baseline interviews were completed, we emailed all participants who provided email addresses. We received three replies through email giving us their current addresses and one person replied through a message from their service provider.

In September 2005, the City of Windsor’s Department of Social Services provided us with the contact information of participants who were in their financial database. They provided us with an updated list in February 2006. During the baseline interview, participants provided informed consented to the release of their information by the City. The list the City provided was very useful in updating our database with participants’ current addresses and phone numbers. We were successful in using the updated telephone numbers to locate some participants. However, several telephone numbers had changed or were no longer in service. Research assistants conducted home visits for all participants that could not be reached by telephone. Home visits were successful in locating some participants but the addresses had also changed for some participants. A “Call Sam” card was left for participants that were not home. The research assistants also “hang out” at agencies we recruited participants from to see if they will run into participants that we couldn’t contact. A few participants were located this way and their current addresses updated.

By the end of July, 2006 we had located 83 of our 120 participants using a combination of the above strategies. One participant refused to be interviewed for the second time; 11 participants for various reasons (had left town; repeatedly did not show up for interviews; difficulty setting up an appointment time; etc) and could not be interviewed for the second time; while 71 participants were interviewed successfully for the second time. The findings from the baseline interviews with the 120 participants and follow-up interviews with the 71 participants are reported in section 4 of this report.

3 – HOUSING & HOMELESSNESS DYNAMICS IN WINDSOR-ESSEX COUNTY

Windsor is the southernmost point in the Province of Ontario and is the major municipality among eight that comprise the region of Essex County. The total population of the region is 374,795 with 208,402 or 55.6% residing in the municipality of Windsor. The overall economy in Windsor-Essex County relies heavily on three sectors including automotive, agriculture and manufacturing. Recent layoff announcements of some of the major employers in Windsor, including Ford and Casino Windsor, will impact on the future housing conditions in the region.

The Essex County region itself experienced significant population growth (7%) from 1996 – 2001, while the municipality of Windsor's growth was only 5.4%. Therefore although the region's growth was higher than Ontario's, Windsor's population growth was below that experienced by the province. Household growth also continued to increase in the region of Essex County; Windsor's household growth from 1996 -2001 was 6.0% and was one of the lower rates among all the municipalities in the region of Essex County that experienced growth. At the same time although its household growth was lower than in other municipalities, Windsor had the highest proportion of households at 59.3%. The proportion of households exceeds the proportion of the population (City of Windsor, Housing Analysis Report, 2004).

Socio-demographic Information

The following socio-demographic characteristics are described in this section, 1) unemployment rate, 2) average median household incomes, 3) low income rates, and, 4) the proportion of tenant households paying more than 30% on their rent.

Unemployment rate: Unemployment rates are an indication of how stable the economy is and whether there is available employment especially for those who are first entering the employment market. At the end of 2005, Windsor's unemployment rate was 7.9% which was the highest rate among major census metropolitan areas in Ontario. For the first quarter of 2006 ending in March, Windsor's unemployment rate has increased to 10.2% compared to 6.8% in Ontario and 6.3% across Canada. It should be noted that these recent statistics do not take in to effect the changes to smoking policies. Since the ban came in to effect in May 2006, the impact of the new policies on employment will not be evident until the third quarter (Service Canada, Labour Market report, 1st quarter, 2006).

Median household income: The median household income is the point at which half of the households are below the median and the other half are above the median. It provides a sense of how stable the community is with respect to income. The median household incomes for Windsor and Leamington are much lower than most of the other county municipalities and this is consistent with some of the other dynamics including more available rental housing and lower average rental payments. However when the median income for a one person household is reviewed, Kingsville Essex, Amherstburg and Leamington have lower median incomes than Windsor. In some of these county municipalities, this figure combined with less available rental units indicates the difficulty a single person could have in securing/maintaining rental housing.

Table 2: Median income levels (total households and singles) for Essex County municipalities

	Median income- All households	Median monthly income – all	Median income- One person	Median monthly income – One person
Windsor	46949	3912	24478	2040
Amherstburg	65594	5466	23670	1973
Essex	57364	4780	23350	1946
Kingsville	61191	5099	21894	1825
Lakeshore	72228	6019	28784	2399
LaSalle	81022	6752	38325	3194
Leamington	48467	4039	23688	1974
Tecumseh	80991	6749	34023	2835

(Statistics Canada, Census data, Community profiles, 2001)

Low income rates: The low income rates are based on Census 2001 data. Although the number of low income families decreased since the previous Census, the number of low income singles is significant; just over one-third of singles in Windsor and almost one-third in Amherstburg and Kingsville are living in low income situations.

Table 3: Comparison of low income rates (%) by type of household

	Low income families	Low income singles	Total low income Households
Windsor	13.2	34.9	16.8
Leamington	10.0	26.3	11.4
Amherstburg	6.1	26.7	7.4
Essex	5.6	21.2	6.5
Kingsville	4.5	28.3	5.7
Lakeshore	6.1	22.3	7.1
LaSalle	2.8	19.8	3.6
Tecumseh	4.2	22.5	4.9
Windsor-Essex	9.7	31.9	12.3

(City of Windsor, Housing Analysis Report, 2004)

Households paying > 30% of income on rent: A final indicator that assists the community in measuring the at-risk of homelessness population is to understand how many households pay greater than 30% of their monthly income on rent. A total of 51% of rental households are paying more than 30% on rent with almost one-quarter paying greater than 50% on rent. Since many individuals and families are spending greater proportions on rent they are relying on supports such as food banks, rent banks and clothing banks.

Table 4: Percentage of tenant households paying > than 30% of income on rent

Paying between 30 – 50% of income on rent	29%
Paying more than 50% of income on rent	22%
Total households paying more than 30% on rent	51%

(City of Windsor, Housing Analysis Report, 2004)

Trends in the Rental Market: The rental market includes trends related to private rental units as well as units provided through rent-geared-to-income arrangements. There has been no new construction of rent-geared-to income housing over the last several years. However recently there has been the introduction of rent subsidy programs that when fully implemented could have a positive impact on the rental market particularly for those with low incomes. This section described the following trends in the rental market, 1) number of private rental units, 2) average gross monthly rent payments, 3) vacancy rates, 4) average rent per bedroom unit, and, 5) waiting list for rent-geared to income housing. Vacancy rate and average rent per number of bedrooms are available for the Windsor Census Metropolitan Area (CMA) only. This area is larger than Windsor and includes municipalities adjacent to Windsor including LaSalle and Tecumseh.

Number of private rental units per municipality: The number of rental units and the average monthly rental payment in each municipality provides a sense of how difficult it can be to rent in some areas and therefore why many people/families on low income would seek out rental housing in the municipality of Windsor. Windsor has the highest amount of rental housing at 35% of all dwellings followed by Leamington at 28%. A group of county municipalities have 12 – 17% of their dwellings available as rentals and the last two municipalities (Tecumseh and LaSalle) have only 9% and 6% as rental dwellings.

Table 5: Comparison of rental dwellings per municipality

	Total dwellings	# rental dwellings	%
Windsor	83825	29480	35
Amherstburg	7230	1245	17
Essex	7420	1235	17
Kingsville	6805	1150	17
Lakeshore	9895	1150	12
LaSalle	8375	495	6
Leamington	9260	2615	28
Tecumseh	8385	790	9

(Statistics Canada, Census data, Community Profiles, 2001)

Average gross monthly rent: When the average gross monthly rent is examined by municipality, Kingsville has the lowest monthly payment although they do not have a high percentage of rental dwellings. There are a variety of dynamics at play across the county municipalities. There is little rental housing stock combined with higher average rental payments for most areas and therefore it would be difficult for people/families that have low incomes or require rental housing to stay in many county municipalities. Leamington approximates the amount of rental dwellings as Windsor and also has the lowest average monthly rental payment of \$620/month. The highest average gross monthly rent payments are in the two communities that have the least rental dwellings and this would be consistent with supply and demand theory.

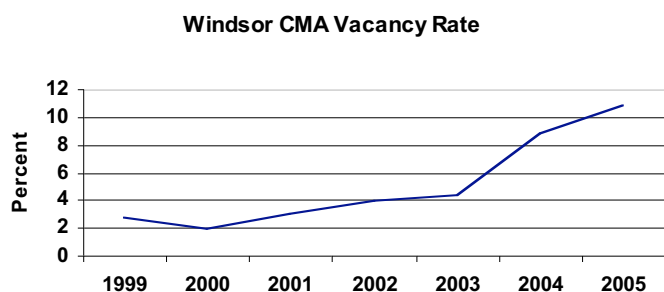
Table 6: Comparison of gross monthly rent payments per municipality

Municipality	Average gross monthly rent payment
Windsor	650
Amherstburg	692
Essex	646
Kingsville	617
Lakeshore	727
LaSalle	734
Leamington	620
Tecumseh	773

(Statistics Canada, Census data, Community Profiles, 2001)

Vacancy rate: The vacancy rate for Windsor CMA has been increasing since the low of 2% in year 2000. The most rapid increase occurred between 2003 and 2004. The national vacancy rate was 2.7 in 2005; Windsor had the highest vacancy rate among major centres across Canada at 10.7. However, although the vacancy rate would seem to indicate the availability of rental housing it has not resulted in significant decreases in the rent-gear-to-income waiting list. Private market rental units are not an affordable resource for people/families with low incomes.

Figure 1: Vacancy rates for Windsor CMA, 1999 - 2005



(CMHC Rental Market Report, 1999 – 2005)

Average rental rates per bedroom unit: A review of the average rental rates for the Windsor CMA show that there have been some slight increases most notably in the average rent of a 3 bedroom apartment from \$903 to \$959 per month in 2005. Bachelor apartments also rose slightly by \$10 from \$488 to \$498 per month. For larger families that have a low income there would be a strain on their income to rent a 3 bedroom apartment. For individuals that require rental housing and are relying on Ontario Works, the average rent for a bachelor apartment would require them to pay almost 91% of their income on rent. The fact that rents have not changed for 1 bedroom and 2 bedroom apartments is consistent with the high vacancy rates and the choice that renters have in the market.

Table 7: Comparison of rental rates by type of unit, 2004-2005

Average rent	2004	2005
Bachelor	488	498
1 bed	650	650
2 bed	776	780
3 + bed	903	959

(CMHC Rental Market Report, 1999 – 2005)

Waiting list – Rent -Geared-to Income Housing (social housing): Rent geared to income housing is an important feature of the housing continuum as it ensures people will not pay more than 30% of their income on rent. Rental rates are set based upon the household income of the person or family. The number of households waiting for social housing has continued to increase.

Table 8: Active households on waiting list, 2004 – 2006

Year	Total Number of household waiting for units
2004	1747
2005	2007
2006	2168

(Waiting list survey, Ontario Non-Profit Housing Association, 2006)

Trends in the Housing Market

From 1996 -2001 there was an increase in the number of households that own their home in Windsor; prior to 1996 this number had been declining slightly. Shifts to homeownership have contributed to the higher vacancy rates in the Windsor CMA; this shift was marked by the high level of home resale and also new home construction over the last couple of years (2003-2004). The future homeownership outlook will definitely be affected by the downturn in the economy of the community. For example recent layoff announcements at major employers in the Windsor area could have a dramatic effect.

Homeownership by municipality: In 2001, 64.8% of households in Windsor owned their own home. This compares to the much higher proportions across Windsor-Essex County. For most of the county municipalities home ownership is predominant and the availability of rental units is low. The lack of rental housing across the county makes it difficult for families in situations where their household income changes and they may require more affordable rents. In these situations an individual/family would most likely have to move to Windsor to access housing.

Table 9: Comparison of home ownership statistics per municipality

Municipality	Number of owned households	Number of owned households versus total households	Average owner monthly payment (mortgage)
Windsor	54345	65	814
Amherstburg	5990	83	917
Essex	6185	83	803
Kingsville	5650	83	833
Lakeshore	8745	88	973
LaSalle	7880	94	1016
Leamington	6650	72	757
Tecumseh	7600	91	945

(Statistics Canada, Census data, Community profiles, 2001)

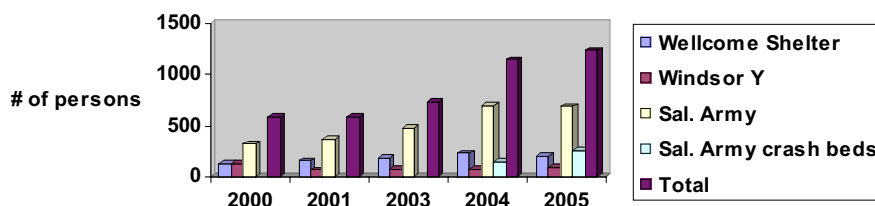
A review of the average owner monthly payment for each municipality indicates that Leamington has the lowest payment at \$757 followed by Essex. Windsor has the third lowest monthly payment. However unless you have a steady household income for many individuals/families homeownership is not a possibility. Habitat for Humanity is a not-for-profit organization that builds affordable homes for families with low incomes.

Housing Resources for People who are Homeless and at-risk of Homelessness

The resources that are described below include specific housing geared to the homeless in addition to supports that assist those at risk of homelessness to maintain their housing. These supports are often identified as “prevention supports” and include food banks, meal programs and financial assistance programs such as energy and rent banks. Although there are other supports available in the community the supports described in this section are the core supports for the homeless and those at-risk.

Emergency Housing: Overall, access to emergency housing continues to increase and for 2004 this can be mainly attributed to increases in usage at the Salvation Army although the Wellcome Shelter also experienced a slight increase in 2004. Salvation Army Crash beds are for those individuals who do not want to stay in the hostel beds generally because they are not able to comply with the rules attached to staying in the men’s hostel. Data collection for the crash bed program only began in 2004.

Figure 2: Comparison of emergency shelter utilization – 2000 – 2004



(University of Windsor, 5 year analysis- Inventory of Resources, 2005)

The only youth shelter in Windsor-Essex is the SALT program offered by The Inn. It is a combined emergency/transitional housing program that services females 16 – 24 years for whom it provides both types of housing. It also provides emergency housing only for males 16 – 18 years. Over the last few years the number of females accessing the service has remained steady while the number of males has decreased. Youth are staying longer while they search for permanent housing.

Transitional Housing Programs: There are four programs within this category: 1) Iris Residential Inns, 2) Can-Am Native Urban Homes, 3) THRIVE, and 4) Housing Information Services. The THRIVE transitional housing units are just beginning to be built. Can-Am Native Urban Homes and Housing Information Services only began to provide transitional housing in 2005 and therefore do not have statistics for a full year of operation.

Supportive Housing: By definition, supportive housing is public or non-profit owned housing of a permanent nature with some form of care/support component, intended for people who cannot live independently. We have one supportive housing program in Windsor-Essex designated for people who are homeless and also have a serious mental illness. This program is provided through the Canadian Mental Health Association (CMHA). Given the nature of this program (permanent

housing) it is not expected to have movement in and out of the program. Generally, new units would be based upon new funding. There is also an outreach component of the program. Outreach statistics decreased because of a change in record-keeping policies.

Figure 3: Youth emergency/transitional housing utilization, 2000 - 2004

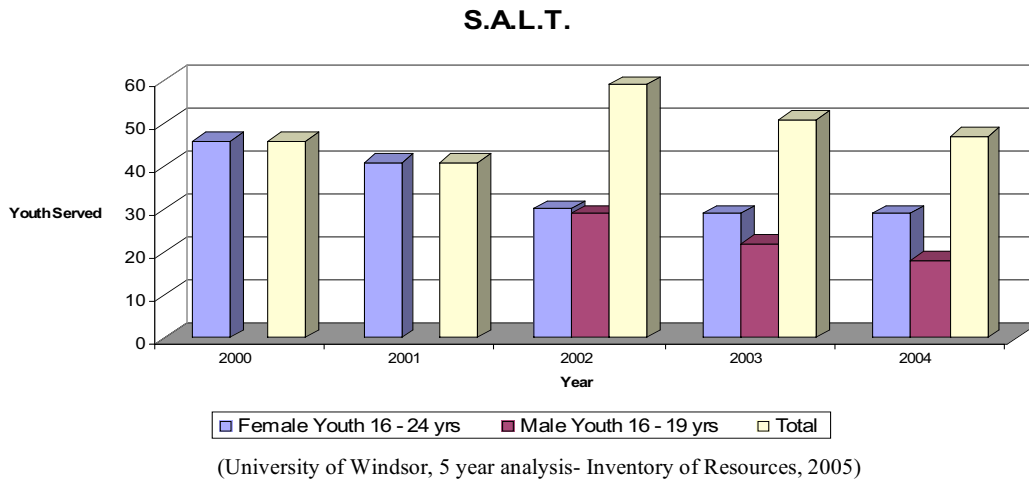
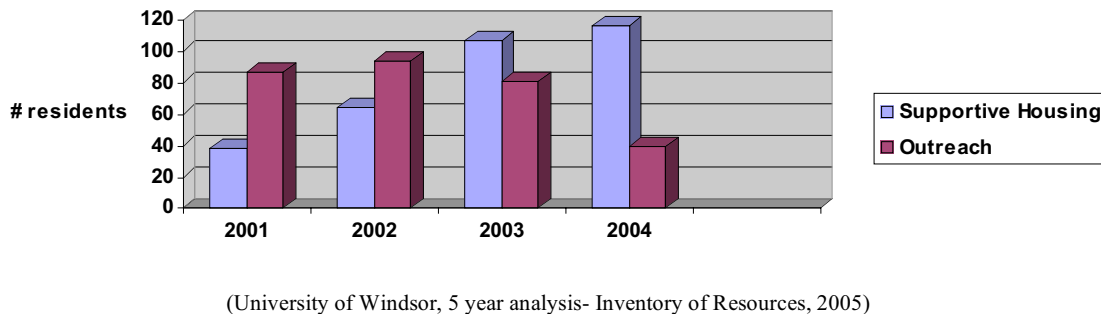


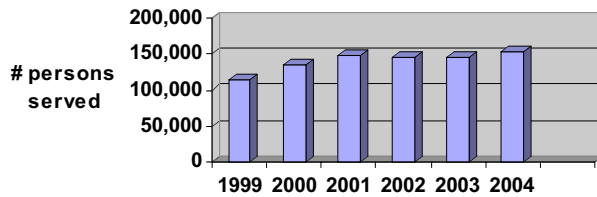
Figure 4: Number of residents in Canadian Mental Health Assoc. Supportive Housing (2001-2004)



Prevention Resources for Housing and Homelessness

Food banks: Since 2003, food bank usage has been increasing. Food banks are a major support for individuals and families that are spending a majority of their monthly income on rent.

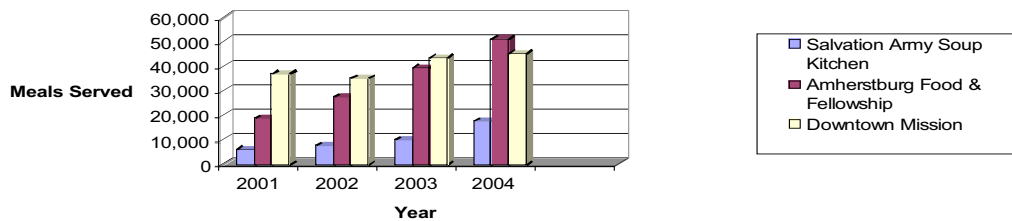
Figure 5: Number of persons served through food banks, 1999 - 2004



(University of Windsor, 5-year analysis -Inventory of Resources, 2005)

Meal Programs: Meal programs continue to be a major resource for individuals and families who are trying to maintain their housing. Meals provided through the Salvation Army and Amherstburg Food and Fellowship have continued to increase while the number of meals provided at the Downtown Mission has remained steady.

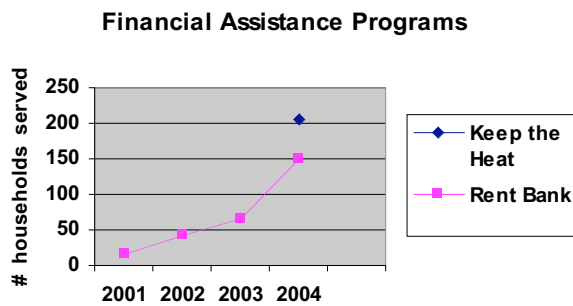
Figure 6: Number of meals served across 3 programs, 2000 – 2004



(University of Windsor, 5 year analysis- Inventory of Resources, 2005)

Financial Assistance: The other key support for individuals and families to maintain their housing is the availability of energy and rent assistance programs. Since 2000, applications to the rent bank have continually increased. The first year of operation for the Keep the Heat program was in 2004.

Figure 7: Number of households served by the rent bank and Keep the Heat programs



(University of Windsor, 5 year analysis- Inventory of Resources, 2005)

4 – FINDINGS FROM THE LONGITUDINAL SURVEY

Sample Characteristics

Individuals receiving services from the various agencies in Windsor which provide services to homeless people were considered eligible for participation in the study at baseline if they had either slept on the streets (including unconventional places like abandoned cars or buildings), in shelters, in doubled-up housing where no rent is paid, and/or in a hotel or motel in the 30 days prior to the baseline interview. In total, 120 respondents completed the baseline survey, 71 of who also completed the follow-up survey. The distribution of demographic and other characteristics of interest within these samples at baseline and at follow-up are presented in Tables 10 and 11.

Demographic Characteristics: At both baseline and follow-up, the sample was comprised mostly of male, Caucasian, single, heterosexual, and Canadian-born individuals with a mean age of 32.5 years at baseline. Differences were found between baseline and follow-up, however, on all other demographic characteristics. While at baseline, 45.8% of the sample were natives to Windsor (Windsor born), at follow-up this proportion changed to 56.3%. Similarly, while at baseline, the majority of respondents had not completed high school (52.5%), at follow-up, the majority of the sample had at least completed high school (52.1%). Moreover, at baseline the largest proportion of respondents cited wages and salaries as their main source of income (23.3%), however, at follow-up the most frequently cited main source of income was welfare, Ontario Works or Ontario Disability Support Plan (25%). Though the majority of the baseline sample reported having at least one child (53.3%), the majority of the follow-up sample had no children (53.5%). Finally, at baseline, 25% of the sample reported having done any paid work in the 30 days prior to the interview, while at follow-up this proportion increased slightly to 30%. Nevertheless, common to both baseline and follow-up samples is the report that only a minority have had the job or their employer for more than three months or had the job for less than three months and expected to stay for three months more. For the remainder of the sample, these jobs are temporary, day jobs, pick-up jobs, or peddling.

Housing History: While almost three-quarters of the sample (74.2%) reported being aware of social housing in Windsor at baseline, only 22.5% at baseline and 16.7% at follow-up were on the social housing waiting list in Windsor. Among those on the social housing list at baseline, 43% had been on the list for less than six months, and a further 43% had been on the list from six months to less than a year. Among those on the social housing list at follow-up, 50% had been on the list for less than six months, and a further 28% had been on the list from six months to less than a year. Some of the respondents (6.7% at baseline and 4.2% at follow-up) were also on the social housing waiting list in another city. Finally, at baseline, 22.5% of the sample had ever lived in social housing anywhere.

Table 10. Sample characteristics at baseline and at follow-up.

<i>Characteristics</i>	Baseline n = 120	Follow-up n= 71
Demographics		
Gender		
<i>Male</i>	84 (70.0%)	45 (63.4%)
<i>Female</i>	35 (29.2%)	26 (36.6%)
<i>Trans-gendered</i>	1 (0.8%)	0 (0%)
Race		
<i>White</i>	80 (66.7%)	52 (73.2%)
<i>Black/African Canadian</i>	8 (6.7%)	4 (5.6%)
<i>Aboriginal/native</i>	12 (10.0%)	4 (5.6%)
<i>Hispanic</i>	1 (0.8%)	1 (1.4%)
<i>Middle Eastern</i>	1 (0.8%)	1 (1.4%)
<i>Other</i>	18 (15.0%)	9 (12.7%)
Marital status		
<i>Single</i>	77 (64.2%)	43 (61.4%)
<i>Co-habiting with a romantic partner</i>	4 (3.3%)	2 (2.9%)
<i>Married</i>	4 (3.3%)	1 (1.4%)
<i>Common-law</i>	8 (6.7%)	4 (5.7%)
<i>Separated</i>	11 (9.2%)	10 (14.3%)
<i>Divorced</i>	14 (11.7%)	9 (12.9%)
<i>Widowed</i>	1 (0.8%)	1 (1.4%)
Sexual orientation		
<i>Heterosexual</i>	116 (96.7%)	68 (95.8%)
<i>Homosexual</i>	2 (1.7%)	1 (1.4%)
<i>Bisexual</i>	2 (1.7%)	2 (2.8%)

Table 10 (cont'd): Sample characteristics at baseline and at follow-up.

<i>Characteristics</i>	Baseline n = 120	Follow-up n= 71
Demographics		
Country of Birth		
<i>Canada</i>	112 (93.3%)	68 (95.8%)
<i>United States</i>	2 (1.7%)	0 (0%)
<i>Europe</i>	1 (0.8%)	1 (1.4%)
<i>Iraq</i>	1 (0.8%)	1 (1.4%)
<i>Trinidad</i>	1 (0.8%)	1 (1.4%)
City of Birth		
<i>Windsor</i>	55 (45.8%)	40 (56.3%)
<i>Other</i>	65 (54.2%)	31 (43.7%)
Highest level of education completed		
<i>Less than high school</i>	63 (52.5%)	33 (46.4%)
<i>High school graduate</i>	26 (21.7%)	17 (23.9%)
<i>Some post-secondary, but no degree/diploma</i>	15 (12.5%)	13 (18.3%)
<i>Completed post-secondary/graduate studies</i>	16 (13.3%)	7 (9.9%)
Main source of income		
<i>Wages/salaries, self-employment, employment insurance, and/or worker's compensation</i>	28 (23.3%)	16 (13.3%)
<i>Welfare/Ontario Works, Ontario Disability Support Plan</i>	24 (20.0%)	30 (25.0%)
<i>CPP, Old Age Security, CPP Disability</i>	2 (1.7%)	3 (2.5%)
<i>Begging/Peddling and other sources</i>	10 (8.3%)	5 (4.2%)
Number of children		
<i>None</i>	56 (46.7%)	38 (53.5%)
<i>One to two</i>	40 (33.3%)	23 (32.4%)
<i>Three or more</i>	24 (20%)	10 (14.1%)
Did any paid work in the past 30 days	31 (25.8%)	36 (30.0%)
<i>Had job for 3 months or more, or same employer</i>	9 (7.5%)	16 (13.3%)
<i>Had job for less than 3 months, expects to stay for 3 more months</i>	4 (3.3%)	4 (3.3%)
<i>Job is a temporary job</i>	18 (15.0%)	14 (11.7%)
<i>Job is a day job/pick up job</i>	12 (10.0%)	6 (5.0%)
<i>Job is peddling</i>	3 (2.5%)	0 (0%)

Table 10 (cont'd): Sample characteristics at baseline and at follow-up.

<i>Characteristics</i>	Baseline n = 120	Follow-up n= 71
Housing history		
Aware of social housing in Windsor	89 (74.2%)	(n/a*)
On the social housing waiting list in Windsor	27 (22.5%)	20 (16.7%)
Length of time on social housing waiting list in Windsor		
<i>Less than 6 months</i>	12 (42.9 %)	10 (45.5%)
<i>6 months to less than 1 year</i>	12 (42.9%)	6 (27.3 %)
<i>1 year to less than 3 years</i>	2 (7.1%)	3 (13.6%)
<i>3 years or more</i>	2 (7.1%)	3 (13.6%)
On the social housing waiting list for another city	8 (6.7%)	5 (4.2%)
Has ever lived in social housing anywhere	27 (22.5%)	n/a*
Age first left home		
<i>Under 16 years</i>	48 (40.0%)	n/a
<i>16 to under 18 years</i>	45 (37.5%)	n/a
<i>18 to under 20 years</i>	16 (13.3%)	n/a
<i>20 years or older</i>	11 (9.2%)	n/a
Type of current housing		
<i>Literal Homelessness</i>	14 (11.7%)	0 (0%)
<i>Shelters</i>	83 (69.2%)	9 (7.5%)
<i>Doubled-up housing</i>	16 (13.3%)	13 (10.8%)
<i>Own housing</i>	6 (5.0%)	47 (39.2%)
<i>Other</i>	1 (0.8%)	3 (2.5%)

Note. *This question was not repeated in the follow-up interview.

Table 11. Mean value of respondents' age, age of first homelessness, and number of times homeless at baseline and follow-up.

<i>Characteristics</i>	Baseline n=120	Follow-up n=71
Age (in years)	32.52	n/a *
Age at first homelessness	25.17	25.17
Number of times homeless	3.02	2.26 **

Note. *This question was not repeated in the follow-up interview.

**This value refers to the number of times homeless since the baseline interview the previous year.

The majority of the sample indicated that they had left home in their teenage years. Specifically, at baseline, 40% reported having left home before the age of 16 years, and a further 37.5% of the sample left home between 16 and 18 years of age. It appears, however, that on average the respondents were not homeless for the first time until their mid-twenties (with a mean of 25.17 at both baseline and follow-up). When asked at baseline about the number of times they had been homeless (without regular housing) in their lifetime, the average (mean) response was 3.0 times. Respondents reported being homeless on average (mean) a further 2.2 times between the baseline and follow-up interviews.

At the time of the baseline survey, 11.7% of the sample reported being literally homeless (living in cars, abandoned buses and other unconventional places). At follow-up, none of the respondents were literally homeless. Over two-thirds of the respondents at baseline (69.2%) were living in shelters, while at follow-up this proportion had decreased to only 7.5%. The proportion of respondents in doubled-up housing (living with family or friends) remained relatively stable from baseline (13.3%) to follow-up (10.8%), while the proportion of respondents who lived in their own housing (houses, apartments or rooms) increased dramatically from baseline (5%) to follow-up (39.2%). Over two-thirds of the respondents at baseline (69.2%) were living in shelters, while at follow-up this proportion had decreased to only 7.5%. The proportion of respondents in doubled-up housing (living with family or friends) remained relatively stable from baseline (13.3%) to follow-up (10.8%), while the proportion of respondents who lived in their own housing (houses, apartments or rooms) increased dramatically from baseline (5%) to follow-up (39.2%).

Homelessness and Housing Situation of Participants at Baseline and Follow-up

Table 12 presents descriptive data for participants at baseline, according to their homelessness or housing situation – those were literally homeless (living on the streets or unconventional places); in a shelter; in doubled-up housing (with family or friends without paying rent); and in their own housing (house, apartment or room).

Profiles at Baseline: At baseline, the majority of participants living in literal homelessness, in shelters and in doubled-up housing were male. There was an even distribution of males and females, however, among those living in their own housing at baseline. Further, the majority of those living in any of the housing types were Canadian-born, while the majority of those living in literal homelessness, in shelters, and in their own housing were born outside of Windsor.

Not surprisingly, the majority of those who were literally homeless (78.6%) and those living in shelters (67.6%) considered themselves homeless, while only 31.3% of those in doubled-up housing considered themselves homeless. Interestingly, however, 40% of those in their own housing considered themselves homeless. While the majority of those in all housing situations were aware of social housing in Windsor at baseline, only a minority in each were on the social housing waiting list in Windsor.

The table demonstrates that mental health problems were prevalent throughout the entire sample at baseline. In particular, over one third of those in literal homelessness, in shelters or in their own housing, and half of those in doubled-up housing at baseline reported having been

diagnosed with a mental health problem by a mental health professional. Interestingly, however, a much larger proportion of respondents felt that a mental health problem contributed to their homelessness. Specifically, over 80% of those literally homeless, and about half of those in shelters, in doubled-up housing or in their own housing report feeling that a mental health problem contributed to their homelessness. An even larger proportion reported having been given medication for mental health problems. Over 80% of the literally homeless and those in shelters, as well as 75% of those in doubled-up housing had been given medication for mental health problems. None of the respondents living in their own housing had been given medication for mental health problems, however.

We also examined patterns of social or community service use among the different housing types. Among the literally homeless, food banks or food cupboards (64.3%), drop-ins (71.4%), and shelters (92.9%) were most frequently used. This pattern is almost identical for those in doubled-up housing (50%, 75%, and 81.3% respectively). A similar pattern is found among those in shelters; however, housing services are used equally as frequently among this group (46.3%).

Among those in their own housing, the pattern of use of social or community services changes dramatically. Among this group, shelters (50%) and self-help addiction programs (50%) are most frequently cited. Among respondents in each housing situation, these services are received most of the time when needed. Further, the majority of respondents in literal homelessness (50%) and in shelters (61.4%), are generally pleased, delighted or mostly satisfied with the services they receive. Among those in doubled-up housing, the majority are either pleased, delighted or mostly satisfied (43.8%) with these services, or have mixed feelings about the services they received (43.8%). Those in their own housing report feeling terrible, displeased or mostly dissatisfied with the services they received (50%). Finally, while one third of those in each housing situation reported having been an overnight patient in a hospital, nursing home or convalescent home in the 12 months prior to baseline, they also indicate that there were times that they needed health care but didn't receive it. In particular, over half of the literally homeless reporting needing health care and not receiving it in the 12 months prior to baseline, while 18.5% of those in shelters and one-third of those in each of doubled-up housing and their own housing report this problem.

Regardless of their housing status, social support appears to be in abundance among respondents in our sample. While 50% of the literally homeless report having family or friends that make them feel safe, secure and happy, as well as having someone to count on in case of an emergency, well over two-thirds of those in either shelters, doubled-up housing or their own housing report having these forms of social support. Similarly, at least half of respondents, regardless of housing situation, report providing support to their family or friends. Interestingly, however, over half of the sample, regardless of housing situation, also report having many serious disagreements or arguments with their family.

When we examined reported experience of stressors in childhood among those in various forms of housing, unexpected patterns emerged. The majority of those living in literal homelessness reported that either of their parents drank or used drugs that caused problems in the family (85.7%), that they were physically or sexually abused or had witnessed abuse (85.7%), and/or that they had spent any time in a prison, detention centre or correction centre (71.4%). The

remainder of the childhood stressors were experienced by only a minority (about one quarter) of this population. Experience of childhood stressors was less prevalent among those in shelters at baseline. Among this subgroup, only a minority of the respondents reported childhood stressors except for having had either parent drink or use drugs which caused problems in the family (48.2%) or having been physically or sexually abused or having witnessed abuse (54.2%). Childhood stressors were much more prevalent among those in doubled-up housing or in their own housing than for respondents in shelters or literal homelessness. Among those living in either doubled-up housing or their own housing, spending any time in a foster home was reported by at approximately half of respondents.

Profiles at Follow-up: A similar profile to that outlined at baseline above was created for the sample at follow-up (see Table 13). Since there were no respondents at follow-up in literal homelessness, descriptive data is presented only for those in shelters, in doubled-up housing and in their own housing at follow-up. The gender composition of those in doubled-up housing and in their own housing changed from baseline. At follow-up, a larger proportion of those in doubled-up housing are female (53.8%), while a larger proportion of those in their own housing were male (63.8%). Conversely, the majority of the sample at follow-up remained mainly Canadian-born. While at baseline, the majority of those in literal homelessness or in their own housing were born outside of Windsor, at follow-up the majority of the sample, regardless of housing situation, were native to Windsor (Windsor-born).

Interestingly, the proportions who consider themselves homeless have also changed since baseline, though the results are not surprising. At follow-up, 100% of those in shelters considered themselves homeless, while only 20% of those in doubled-up housing and 2.4% of those in their own housing consider themselves homeless. Among those in shelters, 44.4% were on the social housing list for Windsor at follow-up (up from one-quarter at baseline), while none of those in doubled-up housing were on the list. The proportion of respondents in their own housing who were on the social housing list for Windsor remained consistent from baseline to follow-up (approximately one-third).

Mental health histories of respondents changed dramatically from baseline to follow-up. While at baseline, at least half felt that mental health problems contributed to their homelessness, this was far less prevalent at follow-up. At follow-up, less than one quarter of those in each of the housing types reported that a mental health problem contributed to their homelessness. Less than a quarter of those in each of the housing types reported having been diagnosed with a mental health problem and/or having been given medication for a mental health problem since the baseline interview.

The patterns of social or community service use became more stable across housing situations at follow-up. While at baseline the most frequently used services varied by housing type, at follow-up, food banks or food cupboards, drop-ins and shelters were the most frequently used by respondents in each housing type. In addition, at follow-up over three-quarters of the respondents, regardless of housing situation, reported receiving the services they need at least half the time. Among those in doubled-up housing or in their own housing, over three-quarters reported receiving these services most or all of time they are needed. At follow-up, the sample seems generally more satisfied with the services they received. The majority of respondents at

follow-up, regardless of housing type, report being most satisfied, pleased or delighted with the services they receive. Finally, use of health services in the 12 months prior to the follow-up interview was reported only by a minority of respondents in each housing type. Further, only a minority report needing services that they did not receive within this time period.

Again at follow-up, social support is extremely prevalent in the sample. Over half of respondents, regardless of housing type, report having family or friends who make them feel safe, secure, and happy; having someone to count on in case of emergency; providing support to family and friends; and yet, having many serious disagreements with family.

Patterns of experience of childhood stressors have not changed dramatically from baseline to follow-up. As was the case at baseline, for respondents in shelters, the most commonly experienced childhood stressors were having had either parent drink or use drugs which caused problems in the family (66.7%); having been physically or sexually abused or having witnessed abuse (66.7%); and having spent any time in prison, a detention centre or a correction centre (44.4%). Among those in doubled-up housing at follow-up, as was found at baseline, all childhood stressors were fairly prevalent. Specifically, over three-quarters of respondents in doubled-up housing at follow-up reported that either parent drank or used drugs which caused problems in the family (76.9%) and/or that they were physically or sexually abused or had witnessed abuse (92.3%). Approximately half of respondents in this group (46.2%) reported having been sent away from home because they did something wrong, spending any time in a foster home, and/or spending any time in a prison, detention centre or correction centre. Finally, these childhood stressors were less prevalent at follow-up for those in their own housing than was found at baseline. At baseline, the majority of respondents with their own housing reported experiencing each of four the childhood stressors. At follow-up, however, a majority of this group (57.4) only reported having been physically or sexually abused and having witnessed abuse.

Table 12. Profile of respondents living in literal homelessness, in shelters, in doubled-up housing or in their own housing at Baseline.

n=120

<i>Characteristics</i>	Literal homelessness n=14	In shelters n=83	In doubled-up housing n=16	In own housing n=6
Demographics				
Gender				
<i>Male</i>	100%	62.7%	93.8%	50%
<i>Female</i>	0%	37.3%	6.3%	50%
Country of Birth				
<i>Canada</i>	92.9%	92.8%	93.8%	100.0%
<i>Other</i>	7.1%	7.2%	6.3%	0%
City of Birth				
<i>Windsor</i>	28.6%	47%	62.5%	33.3%
<i>Other</i>	71.4%	53%	37.5%	66.7%
Homelessness Career				
Considers themselves homeless				
<i>Yes</i>	78.6%	67.6%	31.3%	40%
Aware of social housing in Windsor				
<i>Yes</i>	64.3%	71.1%	87.5%	100%
On Windsor's social housing list				
<i>Yes</i>	27.3%	38.1%	6.3%	33.3%
Mental Health History				
<i>Has been told by a mental health professional that they have a mental health problem</i>	42.9%	31.3%	50%	33.3%
<i>Feels that their mental health problems contributed to their becoming homeless</i>	83.3%	46.4%	50%	50.0%
<i>Has been given medication for their mental health problem</i>	83.3%	85.2%	75%	0%
Social/Community Service Use				
Use of social/community support services				
<i>Food banks/cupboards</i>	64.3%	56.1%	50%	16.7%
<i>Drop-ins</i>	71.4%	40.2%	75%	33.3%
<i>Housing services</i>	7.1%	46.3%	25%	33.3%
<i>Organized addiction programs</i>	28.6%	19.5%	31.3%	33.3%
<i>Self-help addiction programs</i>	35.7%	29.3%	37.5%	50%
<i>Shelters</i>	92.9%	86.6%	81.3%	50%
Frequency of receiving social/community services needed				
<i>Almost never</i>	14.3%	14.5%	12.5%	33.3%
<i>Half the time</i>	35.7%	32.5%	43.8%	16.7%
<i>Most/all the time</i>	50%	53%	43.8%	50%
Satisfaction with social/community services received				
<i>Terrible/unhappy/mostly dissatisfied</i>	42.9%	9.6%	12.5%	50%
<i>Mixed</i>	7.1%	28.9%	43.8%	16.7%
<i>Delighted/pleased/mostly satisfied</i>	50.0%	61.4%	43.8%	33.3%
Health service utilization				
<i>Has been an overnight patient in hospital, nursing home, convalescent home in past 12 months</i>	35.7%	33.7%	31.3%	33.3%
<i>Needed health care in past 12 months but didn't receive it</i>	53.8%	18.5%	31.3%	33.3%

Table 12: (cont'd) Profile of respondents living in literal homelessness, in shelters, in doubled-up housing or in their own housing at Baseline.

<i>Characteristics</i>	Literal homelessness n=14	In shelters n=83	In doubled-up housing n=16	In own housing n=6
Psycho-social Factors				
Social Support				
<i>Has family/friends who helps them feel safe, secure, happy</i>	50.0%	68.3%	75%	66.7%
<i>Has people to count on in an emergency</i>	50.0%	78%	62.5%	100.0%
<i>Provides support to their family/friends</i>	71.4%	80.5%	87.5%	83.3%
<i>Has many serious disagreements/arguments with family</i>	58.3%	56.1%	62.5%	50.0%
Childhood stressors				
<i>Were sent away from home because they did something wrong</i>	28.6%	32.5%	75%	66.7%
<i>Either parent drank/used drugs, caused problems in family</i>	85.7%	48.2%	68.8%	83.3%
<i>Was physically/sexually abused or witnessed abuse</i>	85.7%	54.2%	68.8%	66.7%
<i>Spent any time in a foster home</i>	21.4%	26.5%	56.3%	50.0%
<i>Spent any time in a prison/detention centre/correction centre</i>	71.4%	37.3%	81.3%	66.7%

Table 13: Profile of respondents living in literal homelessness, in shelters, in doubled-up housing or in their own housing at Follow-up (N=71)

<i>Characteristics</i>	In shelters n=9	In doubled-up housing n=13	In own housing n=47
Demographics			
Gender			
<i>Male</i>	88.9%	46.2%	63.8%
<i>Female</i>	11.1%	53.8%	36.2%
Country of Birth			
<i>Canada</i>	88.9%	100%	95.7%
<i>Other</i>	11.1%	0%	4.3%
City of Birth			
<i>Windsor</i>	66.7%	69.2%	51.1%
<i>Other</i>	33.3%	30.8%	48.9%
Homelessness Career			
Considers themselves homeless			
<i>Yes</i>	100.0%	20%	2.4%
On Windsor's social housing list			
<i>Yes</i>	44.4%	0%	34.8%
Mental Health History			
<i>Has been told by a mental health professional that they have a mental health problem, since last interview</i>	11.1%	25%	21.7%
<i>Feels that their mental health problems contributed to their becoming homeless</i>	11.1%	16.7%	13.3%
<i>Has been given medication for their mental health problem</i>	11.1%	25%	15.6%

Note: None of the respondents in 2005 could be classified as "literally homeless" and, therefore, this category is not included in the table.

Table I3 (cont'd): Profile of respondents living in literal homelessness, in shelters, in doubled-up housing or in their own housing at Follow-up (N=71)

<i>Characteristics</i>	In shelters n=9	In doubled-up housing n=13	In own housing n=47
Social/Community Service Use			
Use of social/community support services			
<i>Food banks/cupboards</i>	66.7%	50%	68.2%
<i>Drop-ins</i>	77.8%	41.7%	45.5%
<i>Housing services</i>	44.4%	8.3%	29.5%
<i>Addiction programs</i>	44.4%	16.7%	25.0%
<i>Shelters</i>	100.0%	41.7%	52.3%
Frequency of receiving social/community services needed			
<i>Almost never</i>	12.5%	16.7%	13.3%
<i>Half the time</i>	50%	8.3%	31.1%
<i>Most/all the time</i>	37.5%	75%	55.6%
Satisfaction with social/community services received			
<i>Terrible/unhappy/mostly dissatisfied</i>	11.1%	16.7%	2.2%
<i>Mixed</i>	33.3%	16.7%	26.1%
<i>Delighted/pleased/mostly satisfied</i>	55.6%	66.7%	71.7%
Health service utilization			
<i>Has been an overnight patient in hospital, nursing home, convalescent home, since last interview</i>	33.3%	16.7%	23.9%
<i>Needed health care in past 12 months but didn't receive it, since last interview</i>	11.1%	8.3%	32.6%
Psycho-social Factors			
Social Support			
<i>Has family/friends who helps them feel safe, secure, happy</i>	55.6%	91.7%	69.6%
<i>Has people to count on in an emergency</i>	66.7%	72.7%	82.6%
<i>Provides support to their family/friends</i>	77.8%	100%	89.1%
<i>Has many serious disagreements/arguments with family</i>	44.4%	50%	55.6%
Childhood stressors			
<i>Were sent away from home because they did something wrong</i>	33.3%	46.2%	38.3%
<i>Either parent drank/used drugs, caused problems in family</i>	66.7%	76.9%	48.9%
<i>Was physically/sexually abused or witnessed abuse</i>	66.7%	92.3%	57.4%
<i>Spent any time in a foster home</i>	33.3%	46.2%	27.7%
<i>Spent any time in a prison/detention centre/correction centre</i>	44.4%	46.2%	42.6%

Characteristics of Respondents Not Successfully Tracked

In the results that follow, those with at least a .05 significance level are noted as statistically significant. This is a 'liberal' level of significance insofar as it favours identifying promising results, but runs the risk of identifying as significant results that may have occurred 'by chance', rather than because of 'real' differences. Nevertheless, given the small sample sizes at both baseline (n=120) and follow-up (n=71), a more conservative significance level would attribute to 'chance' significant results that are in fact because of 'real' differences.

Tables 14 and 15 compare the characteristics of respondents who were and who were not successfully tracked for the follow-up interview. The two groups differ significantly on some key

demographic characteristics. A significantly higher proportion of those not tracked were male (81.3%, $p \leq .05$) and were born outside of Windsor (69.4%, $p \leq .01$). Respondents who were not tracked reported, at baseline, having more children than those who were tracked ($r=0.188$, $p \leq .05$). Finally, a significantly lower proportion of respondents who were not tracked reported, at baseline, that their main source of income was wages, salaries or self-employment (4%) compared to respondents who were tracked (16.9%, $p \leq .05$).

Table 14: Profile of respondents who were not tracked at follow-up.

<u>Characteristics</u>	Not tracked n=49	Tracked n=71
Demographics		
Gender		
<i>Male</i>	81.3%	63.4% *
<i>Female</i>	18.8%	36.6%
Country of Birth		
<i>Canada</i>	89.8%	95.8%
<i>Other</i>	10.2%	4.2%
City of Birth		
<i>Windsor</i>	30.6%	56.3%
<i>Other</i>	69.4%	43.7% **
Any children in the care of Children's Aid		
<i>Yes</i>	32.3%	33.3%
Highest level of education completed		
<i>Less than high school</i>	57.1%	49.3%
<i>High school graduate</i>	18.4%	23.9%
<i>Some post-secondary, but no degree/diploma</i>	12.2%	11.3%
<i>Completed post-secondary</i>	12.2%	14.1%
Homelessness Career/Housing history		
On Windsor's social housing list		
<i>Yes</i>	31.6%	24.2%
On the social housing list for another city		
<i>Yes</i>	10.4%	4.3%
Type of housing at baseline		
<i>Literal Homelessness</i>	10.2%	12.7%
<i>Shelters</i>	73.5%	66.2%
<i>Doubled-up housing</i>	10.2%	15.5%
<i>Own housing</i>	6.1%	4.2%
Mental Health History		
<i>Has been told by a mental health professional that they have a mental health problem</i>	34.7%	35.2%
<i>Feels that their mental health problems contributed to their becoming homeless</i>	72.2%	38.5% *
<i>Has been given medication for their mental health problem</i>	83.3%	76.0%
<i>Has been hospitalized for mental health problems</i>	30.6%	20.0%
Risk Behaviors		
<i>Has used drugs other than those req. for medical reasons</i>	67.3%	62.0%
<i>Has abused prescription drugs</i>	32.7%	16.9% *
<i>Has had sex for housing</i>	4.2%	8.6%

Notes: * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$. Significant results are from chi-square tests of significance and refer to a significant difference between the group of respondents who were tracked for the follow-up interview and the group who were not tracked for the follow-up interview.

Table 14 (cont'd): Profile of respondents who were not tracked at follow-up

<i>Characteristics</i>	Not tracked n=49	Tracked n=71
Employment and Income		
Did any paid work in past 30 days	20.4%	29.6%
Main source of income		
<i>Wages/salaries/self-employment</i>	4.0%	16.9% *
<i>Welfare/Ontario Works</i>	44.9%	33.8%
<i>Ontario Disability support plan</i>	8.2%	12.7%
<i>CPP Disability</i>	4.1%	2.8%
<i>Old Age Pension</i>	0%	2.8%
<i>Employment Insurance</i>	2.0%	1.4%
<i>Begging/Peddling</i>	6.1%	2.8%
<i>Worker Compensation</i>	2.0%	1.4%
Social/Community Service Use		
Use of social/community support services		
<i>Food banks/cupboards</i>	47.9%	57.7%
<i>Drop-ins</i>	50.0%	46.5%
<i>Housing services</i>	35.4%	40.8%
<i>Organized addiction programs</i>	22.9%	22.5%
<i>Self-help addiction programs</i>	37.5%	28.2%
<i>Shelters</i>	87.5%	81.7%
Frequency of receiving social/community services needed		
<i>Almost never</i>	18.4%	12.7%
<i>Half the time</i>	24.5%	39.4%
<i>Most/all the time</i>	57.2%	47.9%
Health service utilization		
<i>Has been an overnight patient in hospital, nursing home, convalescent home in past 12 months</i>	38.8%	29.6%
<i>Needed health care in past 12 months but didn't receive it</i>		
<i>Has had difficulty getting a health card</i>	25.0%	12.9%
Psycho-social Factors		
Social Support		
<i>Has family/friends who helps them feel safe, secure, happy</i>	65.3%	68.6%
<i>Has people to count on in an emergency</i>	71.4%	75.7%
<i>Provides support to their family/friends</i>	81.6%	80%
<i>Has many serious disagreements/arguments with family</i>	57.1%	55.9%

Respondents who were not tracked also differ significantly from those who were tracked with respect to some physical and mental health indicators. For example, a significantly higher proportion of respondents not tracked had reported at baseline that they felt their mental health problems had contributed to their homelessness (72.2%) compared to those who were tracked (38.5%, $p \leq .05$). Similarly, a significantly higher proportion of respondents who were not tracked reported at baseline that they had abused prescription drugs (32.7%) compared to respondents who were tracked (16.9%).

Table 15: Results of correlations between whether or not a respondent was tracked at follow-up and age, number of children, age at which respondent left home, age at first homelessness, and number of times homeless

N=120

<i>Variables</i>	<i>r</i>
Age	-.083
Number of children	.188 *
Age first left home	-.070
Age first homelessness	-.054
Number of time homeless	.019

Notes: * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$. Significant results are from bivariate correlation analyses between tracking status for the follow-up interview (not tracked coded as 1, tracked coded as 0) and the indicated variables.

The Dynamics of Homelessness

In order to uncover the dynamics of homelessness across three points in the respondents' housing history, we compared the type of housing/homeless situation they were in at the time of the baseline interview to the type of housing/homeless situation they first moved to after their baseline interview. We then compared this latter housing/homeless situation to the type of housing/homeless situation they were in at the time of their second interview at follow-up. The results are presented in Tables 16 and 17. Table 16 compares respondents' housing/homeless situation at baseline compared to the destination of their first move thereafter. Of those who were literally homeless at baseline (sleeping on the streets and other unconventional sleeping places, $n=13$), 33.3% remained in literal homelessness, while 11.1% moved into shelters, 44.4% moved into doubled-up housing, and 11.1% moved into their own housing during their first move thereafter. Of those who were in shelters at baseline ($n=83$), 4.3% became literally homeless, 31.9% remained in shelters, 25.5% moved into doubled-up housing, and 38.3% were able to move into their own housing. Of those in doubled-up housing at baseline ($n=16$), 16.7% became literally homeless and a further 16.7% moved into shelters, while 33.3% remained in doubled-up housing and 25% were able to move into their own housing in their first move after the baseline interview. Finally, among those who were in their own housing at baseline ($n=6$), none either became literally homeless or moved into doubled-up housing, 66.7% moved into shelters, and 33.3% remained in their own housing during the first move since baseline.

Table 17 compares the destination of respondents' first move since baseline with their housing situation at the time of the follow-up interview. Among those who were literally homeless after baseline, none remained literally homeless, 42.9% moved into shelters, none moved to doubled-up housing, and over half (57.1%) were able to move into their own housing. Among those who were in a shelter after baseline, none became literally homeless, 10% remained in shelters, 10% moved to doubled-up housing, and three-quarters (75%) were able to move into their own housing. Among those who were in doubled-up housing after baseline, none became literally homeless, 10% moved into shelters, 30% remained in doubled-up housing, and 55% moved into their own housing. Finally, of those who were in their own housing after baseline, none became literally homeless, 8.7% moved into shelters, 17.4% moved into doubled-up housing, and 73.9% remained in their own housing.

Table 16. Dynamics of housing from baseline to first move after baseline interview

<i>First move since baseline</i>	<i>Baseline</i>			
	Literal Homelessness n=14	Shelter n=83	Doubled-up housing n=16	Own housing n=6
Literal homelessness	33.3%	4.3%	16.7%	0%
Shelter	11.1%	31.9%	16.7%	66.7%
Doubled-up housing	44.4%	25.5%	33.3%	0%
Own housing	11.1%	38.3%	25.0%	33.3%

Table 17: Dynamics of housing from first move after baseline interview to current housing at follow-up interview.

<i>Current housing, 2005</i>	<i>First move since baseline</i>			
	Literal Homelessness n=7	Shelter n=20	Doubled-up housing n=20	Own housing n=23
Literal homelessness	0%	0%	0%	0%
Shelter	42.9%	10.0%	10.0%	8.7%
Doubled-up housing	0%	10.0%	30.0%	17.4%
Own housing	57.1%	75.0%	55.0%	73.9%

Gender and Homelessness

Baseline: Tables 18 and 19 compare female and male respondents at baseline with respect to demographic characteristics, housing history, mental health history, risk behaviours, employment and income, use of social and community services, and psycho-social factors, in order to create a gendered profile of respondents. Respondents at baseline did not differ by gender on any of the demographic characteristics, mental health history, and employment and income indicators.

Female respondents at baseline did differ significantly from their male counterparts on many aspects of their housing history. At baseline, none of the females reported living in literal homelessness (on streets, in cars or abandoned buildings etc.), while 15.7% of males reported being literally homeless ($p \leq .01$). Female respondents also differed from males in terms of the main reasons they were homeless at the time of the baseline interview. A significantly lower proportion of females cited termination of public assistance (0%, $p \leq .05$), drug or alcohol abuse (11.4%, $p \leq .01$), trouble with the law or being arrested (2.9%, $p \leq .05$), or lack of affordable housing (11.4%, $p \leq .01$) as the main reason for the homelessness at baseline than males (14.3%, 33.3%, 20.2%, 33.3% respectively). In addition, females respondents reported a significantly higher age of first homeless ($r=.246$, $p \leq .01$) and a significantly lower number of times homeless in their lifetime ($r= -.390$, $p \leq .001$) than their male counterparts at baseline.

Females also differed from males on sexual risk behaviour, their use of drop-in services, their history of physical/sexual abuse and time spent in correctional facilities. Specifically, a significantly higher proportion of females reported having had sex with someone with AIDS, symptoms of AIDS or a positive test for HIV. While 9.1% of females had engaged in this

behaviour at baseline, none of the male respondents had ($p \leq .01$). Further, a significantly lower proportion of female respondents reported having used the services of drop-ins (25.7%) at baseline than their male counterparts (56.6%, $p \leq .01$). Conversely, a significantly larger proportion of females reported having been physically/sexually abused or having witnessed abuse (74.3%) compared to males at baseline (53.6%, $p \leq .05$). Finally, a significantly smaller proportion of females reported spending any time in a prison, detention centre or correction centre (31.4%) compared to males at baseline (54.8%, $p \leq .05$).

Follow-up: The comparison of female and male respondents at follow-up yielded very different results as demonstrated by Tables 20 and 21. While females did not differ significantly from males with respect to their demographic characteristics at baseline, we did find differences between these two groups at follow-up with respect to the highest level of education attained. Specifically, a significantly lower proportion of female respondents at follow-up reported having completed either college or university (4%) than their male counterparts (13.3%, $p \leq .05$).

In addition, while there were numerous differences between males and females with respect to their housing history taken at baseline, we find very few differences between these two groups at follow-up. In contrast to the findings from the baseline study, females did not differ significantly from their male counterparts with respect to the type of housing they were living in at the time of the follow-up interview. Similarly, while females differed significantly from males on several of the reasons cited for their homelessness at baseline, at follow-up they differed significantly from males only on the proportions citing trouble with family as the reason for their homelessness. In particular, a significantly larger proportion of females (66.7%) cited trouble with family as the main reason for their homelessness at follow-up, than their male counterparts (10%, $p \leq .05$).

As was found at baseline, females at follow-up differed significantly from males on one aspect of sexual risk behaviour, though the specific risk behaviour differed from baseline to follow-up. While at follow-up none of the male respondents reported having ever received money for sex, over 12% of females reported engaging in this sexual risk behaviour ($p \leq .05$).

At baseline we found a significantly lower proportion of females had used the services of drop-ins than their male counterparts. This finding was consistent at follow-up. A significantly lower proportion of females at follow-up reported using the services of drop-ins (28%) than male respondents (58.1%, $p \leq .05$). In addition, a significantly lower proportion of females (36%) than males (69.8%) at follow-up reported having used the services of shelters ($p \leq .01$).

Table 18: Comparison of female and male respondents at baseline N=120

<i>Characteristics</i>	Females n=35	Males n=84
Demographics		
Country of Birth		
<i>Canada</i>	97.1%	91.7%
<i>Other</i>	2.9%	8.3%
City of Birth		
<i>Windsor</i>	42.9%	47.6%
<i>Other</i>	57.1%	52.4%
Any children in the care of Children's Aid		
<i>Yes</i>	47.6%	26.1%
Highest level of education completed		
<i>Less than high school</i>	37.1%	59.5%
<i>High school graduate</i>	22.9%	21.4%
<i>Some post-secondary, but no degree/diploma</i>	17.1%	9.5%
<i>Completed post-secondary</i>	22.9%	9.5%
Housing history		
On Windsor's social housing list		
<i>Yes</i>	20.0%	33.3%
Type of housing at baseline		
<i>Literal Homelessness</i>	0%	15.7% **
<i>Shelters</i>	88.6%	62.7%
<i>Doubled-up housing</i>	2.9%	18.1%
<i>Own housing</i>	8.6%	3.6%
Main reason for current homelessness		
<i>Trouble with family</i>	42.9%	45.2%
<i>Job loss/lack of work</i>	17.1%	33.3%
<i>Eviction</i>	20.0%	19.0%
<i>Termination of Public Assistance</i>	0%	14.3% *
<i>Drug/Alcohol Abuse</i>	11.4%	33.3% **
<i>Trouble with the law/being arrested</i>	2.9%	20.2% *
<i>Lack of affordable housing</i>	11.4%	33.3% **
Mental Health History		
<i>Has been told by a mental health professional that they have a mental health problem</i>	28.6%	36.9%
<i>Feels that their mental health problems contributed to their becoming homeless</i>	54.5%	50.0%
<i>Has been given medication for their mental health problem</i>	90.0%	75.0%
Risk Behaviors		
<i>Has received money for sex</i>	17.1%	10.8%
<i>Has had sex for housing</i>	5.9%	7.2%
<i>Has had sex with someone with AIDS, symptoms of AIDS, or a positive test for HIV</i>	9.1%	0% **

Notes: * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$. Significant results are from chi-square tests of significance and indicate significant differences between female and male respondents at baseline.

Table 18 (cont'd): Comparison of female and male respondents at baseline N=120

<i>Characteristics</i>	Females n=35	Males n=84
Employment and Income		
Main source of income		
<i>Wages/salaries, self-employment, employment insurance, and/or worker's compensation</i>	50.0%	40.4%
<i>Welfare/Ontario Works, Ontario Disability Support Plan</i>	31.3%	40.4%
<i>CPP, Old Age Security, CPP Disability</i>	0%	4.3%
<i>Begging/Peddling and other sources</i>	18.8%	14.9%
Social/Community Service Use		
Use of social/community support services		
<i>Food banks/cupboards</i>	48.6%	56.6%
<i>Drop-ins</i>	25.7%	56.6% **
<i>Housing services</i>	34.3%	41.0%
<i>Organized addiction programs</i>	20.0%	24.1%
<i>Self-help addiction programs</i>	28.6%	33.7%
<i>Shelters</i>	82.9%	84.3%
Frequency of receiving social/community services needed		
<i>Almost never</i>	20.0%	13.1%
<i>Half the time</i>	34.3%	32.1%
<i>Most/all the time</i>	45.7%	54.7%
Satisfaction with services received		
<i>Terrible, unhappy, mostly dissatisfied</i>	20.0%	14.3%
<i>Mixed</i>	25.7%	27.4%
<i>Delighted, pleased, mostly satisfied</i>	54.3%	58.3%
Psycho-social Factors		
Social Support		
<i>Has family/friends who helps them feel safe, secure, happy</i>	61.8%	70.2%
<i>Has people to count on in an emergency</i>	70.6%	76.2%
<i>Provides support to their family/friends</i>	76.5%	82.1%
<i>Has many serious disagreements/arguments with family</i>	61.8%	53.7%
Childhood stressors		
<i>Were sent away from home because they did something wrong</i>	42.9%	38.1%
<i>Either parent drank/used drugs, caused problems in family</i>	48.6%	59.5%
<i>Was physically/sexually abused or witnessed abuse</i>	74.3%	53.6% *
<i>Spent any time in a foster home</i>	28.6%	32.1%
<i>Spent any time in a prison/detention centre/correction centre</i>	31.4%	54.8% *

Table 19: Results of correlations between respondents' gender and age, number of children, age at which respondent left home, age at first homelessness, and number of times homeless

<i>Variables</i>	n=120
	<i>r</i>
Age	-.069
Number of children	.091
Age first left home	-.001
Age first homelessness	.246 **
Number of time homeless	-.390 ***

Notes: * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$. Significant results are from bivariate correlation analyses between gender (female coded as 1, male coded as 0) and the indicated variables.

Table 20. Comparison of female and male respondents at follow-up

<i>Characteristics</i>	Females n=26	Males n=45
Demographics		
Highest level of education completed		
<i>Less than high school</i>	36.0%	53.3%
<i>High school graduate</i>	24.0%	24.4%
<i>Some post-secondary, but no degree/diploma</i>	36.0%	8.9%
<i>Completed post-secondary</i>	4.0%	13.3% *
Homelessness Career/Housing history		
On Windsor's social housing list		
<i>Yes</i>	20.0%	33.3%
Type of housing at baseline		
<i>Literal Homelessness</i>	0%	0%
<i>Shelters</i>	4.0%	18.2%
<i>Doubled-up housing</i>	28.0%	13.6%
<i>Own housing</i>	68.0%	68.2%
Main reason for current homelessness		
<i>Trouble with family</i>	66.7%	10.0% *
<i>Job loss/lack of work</i>	33.3%	25.0%
<i>Eviction</i>	0%	15.0%
<i>Termination of Public Assistance</i>	0%	5.0%
<i>Drug/Alcohol Abuse</i>	33.3%	31.6%
<i>Trouble with the law/being arrested</i>	0%	25.0%
<i>Lack of affordable housing</i>	0%	31.6%
Mental Health History		
<i>Has been told by a mental health professional that they have a mental health problem, since last interview</i>	16.0%	22.2%
<i>Feels that their mental health problems contributed to their becoming homeless</i>	4.0%	18.2%
<i>Has been given medication for their mental health problem</i>	16.0%	15.9%
Risk Behaviors		
<i>Has received money for sex</i>	12.5%	0% *
<i>Has had sex for housing</i>	12.5%	8.9%
<i>Has had sex with someone with AIDS, symptoms of AIDS, or a positive test for HIV</i>	0%	9.1%

Notes: * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$. Significant results are from chi-square tests of significance and indicate significant differences between females and males.

Table 20: Comparison of female and male respondents at follow-up

<i>Characteristics</i>	Females n=26	Males n=45
Employment and Income		
Main source of income		
<i>Wages/salaries, self-employment, employment insurance, and/or worker's compensation</i>	39.1%	22.6%
<i>Welfare/Ontario Works, Ontario Disability Support Plan</i>	52.2%	58.1%
<i>CPP, Old Age Security, CPP Disability</i>	.0%	9.7%
<i>Begging/Peddling and other sources</i>	8.7%	9.7%
Social/Community Service Use		
Use of social/community support services		
<i>Food banks/cupboards</i>	68.0%	58.1%
<i>Drop-ins</i>	28.0%	58.1% *
<i>Housing services</i>	32.0%	23.3%
<i>Addiction programs</i>	20.0%	27.9%
<i>Shelters</i>	36.0%	69.8% **
Frequency of receiving social/community services needed		
<i>Almost never</i>	8.0%	16.3%
<i>Half the time</i>	28.0%	30.2%
<i>Most/all the time</i>	64.0%	53.5%
Satisfaction with services received		
<i>Terrible, unhappy, mostly dissatisfied</i>	8.0%	4.4%
<i>Mixed</i>	24.0%	26.7%
<i>Delighted, pleased, mostly satisfied</i>	68.0%	68.9%
Psycho-social Factors		
Social Support		
<i>Has family/friends who helps them feel safe, secure, happy</i>	72.0%	71.1%
<i>Has people to count on in an emergency</i>	80.0%	79.5%
<i>Provides support to their family/friends</i>	88.0%	91.1%
<i>Has many serious disagreements/arguments with family</i>	66.7%	44.4%

Table 21. Results of correlations between respondents' gender and number of times homeless since baseline interview**N=71**

	<i>r</i>
Number of time homeless	-.260

Notes: * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$. Significant results are from bivariate correlation analyses between gender (female coded as 1, male coded as 0) and the number of times the respondent has been without regular housing since the baseline interview.

Youth and Homelessness

Baseline: Tables 22 and 23 compare youth 22 years of age and younger with adult respondents 23 years or older, at baseline with respect to demographic characteristics, housing history, mental health history, risk behaviours, employment and income, use of social and community services, and psycho-social factors, in order to create a profile of young respondents. While the youth did not differ significantly from adults with respect to mental health history, risk behaviours, or employment and income, they did differ significantly on several demographic characteristics and

housing history measures. A significantly larger proportion of youth were natives to Windsor, that is, were born in Windsor (65%) compared to adult respondents (36.3%, $p \leq .01$). Youth also differed significantly from their adult counterparts with respect to the highest level of school they attained. A larger proportion of youth reported having less than high school education at baseline (80%) than adult respondents (38.8%, $p \leq .001$).² Not surprising, youth reported significantly fewer children than adults in the sample ($r = -.435$, $p \leq .001$). As indicated in the table, youth differed from adults in the sample with respect to the main reasons reported for the homelessness at baseline. A significantly larger proportion of youth cited trouble with the family (70%) and trouble with the law or being arrested (25%) compared to their adult counterparts (32.5% $p \leq .001$, 10% $p \leq .05$ respectively). Finally, youth under 22 years of age were significantly associated with having left home at a younger age ($r = -.256$, $p \leq .01$) and being younger at first homelessness ($r = -.489$, $p \leq .001$).

At baseline, youth also differed from adults on their use of social or community services. In particular, a significantly lower proportion of youth reported using the services of food banks or food cupboards (32.5%) than adults (64.6%, $p \leq .001$). Similarly, a significantly smaller proportion of youth at baseline reported using either organized addiction programs (12.5%) or self-help addiction programs (20%) than adults in the sample (27.8% $p \leq .05$, 38% $p \leq .05$ respectively).

Finally, at baseline youth differed significantly from adults in the sample with respect to psycho-social factors, including social support and childhood stressors. At baseline, a significantly larger proportion of youth reported having family or friends that make them feel safe, secure and happy (85%), as well as having someone to count on in the case of an emergency (85%) compared to adults (58.2% $p \leq .01$ and 68.4% $p \leq .05$ respectively). Interestingly however, a significantly larger proportion of youth reported having many serious disagreement or arguments with their family (70%) compared to adults at baseline (49.4% $p \leq .05$). Finally, a significantly larger proportion of youth at baseline reported experiencing childhood stressors including having been sent away because they did something wrong (52.5%) and having spent time in a foster home (42.5%) than adults in the sample (32.5% $p \leq .05$ and 25% $p \leq .05$ respectively).

² It should be noted, however that this difference may, in part, be attributable to the age of those included in the youth category. This suspicion is supported by the fact that just over half of the respondents included in this analytic category are younger than 18 or the age by which most youth in Canada complete high school.

Table 22: Comparison of young respondents 22 yrs of age or younger and adult respondents at baseline

<i>Characteristics</i>	Youth ≤22yrs n=40	Adults >22yrs n=80
Demographics		
Country of Birth		
<i>Canada</i>	97.5%	91.3%
<i>Other</i>	2.5%	8.8%
City of Birth		
<i>Windsor</i>	65.0%	36.3% **
<i>Other</i>	35.0%	63.8%
Any children in the care of Children’s Aid		
<i>Yes</i>	18.2%	35.7%
Highest level of education completed		
<i>Less than high school</i>	80.0%	38.8% ***
<i>High school graduate</i>	7.5%	28.8%
<i>Some post-secondary, but no degree/diploma</i>	10.0%	13.8%
<i>Completed post-secondary</i>	2.5%	18.8%
Homelessness Career/Housing history		
On Windsor’s social housing list		
<i>Yes</i>	34.3%	23.1%
Type of housing at baseline		
<i>Literal Homelessness</i>	5.0%	15.2%
<i>Shelters</i>	75.0%	67.1%
<i>Doubled-up housing</i>	15.0%	12.7%
<i>Own housing</i>	5.0%	5.1%
Main reason for current homelessness		
<i>Trouble with family</i>	70.0%	32.5% ***
<i>Job loss/lack of work</i>	25.0%	31.3%
<i>Eviction</i>	15.0%	22.5%
<i>Termination of Public Assistance</i>	7.5%	11.3%
<i>Drug/Alcohol Abuse</i>	22.5%	28.8%
<i>Trouble with the law/being arrested</i>	25.0%	10.0% *
<i>Lack of affordable housing</i>	20.0%	31.3%
Mental Health History		
<i>Has been told by a mental health professional that they have a mental health problem</i>	35.0%	35.0%
<i>Feels that their mental health problems contributed to their becoming homeless</i>	42.9%	56.7%
<i>Has been given medication for their mental health problem</i>	78.6%	79.3%
Risk Behaviors		
<i>Has received money for sex</i>	10.3%	13.8%
<i>Has had sex for housing</i>	5.1%	7.6%
<i>Has had sex with someone with AIDS, symptoms of AIDS, or a positive test for HIV</i>	.0%	3.8%

Notes: * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$. Significant results are from chi-square tests of significance and indicate significant differences between youth and adult respondents.

Table 22 (cont'd): Comparison of young respondents 22 yrs of age or younger and adult respondents at baseline

<i>Characteristics</i>	Youth ≤22yrs n=40	Adults >22yrs n=80
Employment and Income		
Main source of income		
<i>Wages/salaries, self-employment, employment insurance, and/or worker's compensation</i>	62.5%	32.5%
<i>Welfare/Ontario Works, Ontario Disability Support Plan</i>	20.8%	47.5%
<i>CPP, Old Age Security, CPP Disability</i>	.0%	5.0%
<i>Begging/Peddling and other sources</i>	16.7%	15.0%
Social/Community Service Use		
Use of social/community support services		
<i>Food banks/cupboards</i>	32.5%	64.6% ***
<i>Drop-ins</i>	42.5%	50.6%
<i>Housing services</i>	37.5%	39.2%
<i>Organized addiction programs</i>	12.5%	27.8% *
<i>Self-help addiction programs</i>	20.0%	38.0% *
<i>Shelters</i>	75.0%	88.6%
Frequency of receiving social/community services needed		
<i>Almost never</i>	7.5%	18.8%
<i>Half the time</i>	40.0%	30.0%
<i>Most/all the time</i>	52.5%	51.3%
Satisfaction with services received		
<i>Terrible, unhappy, mostly dissatisfied</i>	10.0%	18.8%
<i>Mixed</i>	32.5%	25.0%
<i>Delighted, pleased, mostly satisfied</i>	57.5%	56.3%
Psycho-social Factors		
Social Support		
<i>Has family/friends who helps them feel safe, secure, happy</i>	85.0%	58.2%**
<i>Has people to count on in an emergency</i>	85.0%	68.4% *
<i>Provides support to their family/friends</i>	87.5%	77.2%
<i>Has many serious disagreements/arguments with family</i>	70.0%	49.4% *
Childhood stressors		
<i>Were sent away from home because they did something wrong</i>	52.5%	32.5% *
<i>Either parent drank/used drugs, caused problems in family</i>	57.5%	56.3%
<i>Was physically/sexually abused or witnessed abuse</i>	55.0%	62.5%
<i>Spent any time in a foster home</i>	42.5%	25.0% *
<i>Spent any time in a prison/detention centre/correction centre</i>	42.5%	51.3%

Table 23: Results of correlations between respondents' age, number of children, age at which respondent left home, age at first homelessness, and number of times homeless (n=120)

<i>Variables</i>	<i>r</i>
Number of children	-.435***
Age first left home	-.256**
Age first homelessness	-.489***
Number of time homeless	-.025

*Notes: *p* ≤ .05 ***p* ≤ .01 ****p* ≤ .001. Significant results are from bivariate correlation analyses between age (youth 22 yrs and younger coded as 1, adults 23 yrs and older coded as 0) and the indicated variables.

Follow-up: Tables 24 and 25 present the results from the corresponding comparison of youth and adults at follow-up. Contrary to the findings at baseline, youth did not differ significantly from adults with respect to education. In addition, youth did not differ significantly from adults with respect to mental health history or employment and income. Further, youth differed significantly from adults only on one aspect of housing history, namely whether they were on the social housing list for Windsor. A significantly smaller proportion of youth reported being on the social list at baseline (13%) than their adult counterparts (36.2% $p \leq .05$).

While youth did not differ significantly from adults with respect to risk behaviours at baseline, we did find a significant difference in their behaviour at follow-up. In particular, none of the youth reported having had sex for housing, while 14.9% of their adult counterparts engaged in this behaviour at follow-up ($p \leq .05$).

When we examined their use of social or community services at follow-up, we noted consistent findings with those from baseline. At follow-up, a significantly smaller proportion of youth reported using the services of a food bank or food cupboard (43.5%) or addiction programs (8.7%) than adults (71.1% $p \leq .05$ and 33.3% $p \leq .05$ respectively). Similarly, we noted consistent findings at follow-up and baseline with respect to social support among youth and adults. At follow-up, a significantly larger proportion of youth reported having family or friends who make them feel safe, secure and happy (91.3%) and having someone to count on in case of an emergency (95.7%) compared to their adult counterparts (61.7% $p \leq .01$ and 71.7% $p \leq .05$ respectively). Contrary to our results at baseline, however, we found no significant differences at follow-up between youth and adults in whether they have many serious disagreements or arguments with their family.

Table 24: Comparison of youth aged 22 years or younger and adult respondents older than 22 years at follow-up

<i>Characteristics</i>	Youth ≤22yrs. n=23	Adults >22 yrs. n=48
Demographics		
Highest level of education completed		
<i>Less than high school</i>	56.5%	42.6%
<i>High school graduate</i>	26.1%	23.4%
<i>Some post-secondary, but no degree/diploma</i>	13.0%	21.3%
<i>Completed post-secondary</i>	4.3%	12.8%
Homelessness Career/Housing history		
On Windsor's social housing list		
<i>Yes</i>	13.0%	36.2% *
Type of housing at baseline		
<i>Literal Homelessness</i>	0%	0%
<i>Shelters</i>	4.5%	17.0%
<i>Doubled-up housing</i>	31.8%	12.8%
<i>Own housing</i>	63.6%	70.2%
Main reason for current homelessness		
<i>Trouble with family</i>	16.7%	17.6%
<i>Job loss/lack of work</i>	0%	35.3%
<i>Eviction</i>	0%	17.6%
<i>Termination of Public Assistance</i>	0%	5.9%
<i>Drug/Alcohol Abuse</i>	20.0%	35.3%
<i>Trouble with the law/being arrested</i>	20.0%	22.2%
<i>Lack of affordable housing</i>	0%	35.3%
Mental Health History		
<i>Has been told by a mental health professional that they have a mental health problem, since last interview</i>	30.4%	14.9%
<i>Feels that their mental health problems contributed to their becoming homeless</i>	17.4%	10.9%
<i>Has been given medication for their mental health problem</i>	26.1%	10.9%
Risk Behaviors		
<i>Has received money for sex</i>	0%	6.4%
<i>Has had sex for housing</i>	0%	14.9% *
<i>Has had sex with someone with AIDS, symptoms of AIDS, or a positive test for HIV</i>	4.5%	6.7%

Notes: * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$. Significant results are from chi-square tests of significance and indicate a significant difference between youth 22 years of age or younger and adults older than 22 years.

Table 24 (cont'd): Comparison of youth aged 22 years or younger and adult respondents older than 22 years at follow-up

<i>Characteristics</i>	Youth ≤ 22 yrs. n=23	Adults >22 yrs. n=48
Employment and Income		
Main source of income		
<i>Wages/salaries, self-employment, employment insurance, and/or worker's compensation</i>	35.3%	27.0%
<i>Welfare/Ontario Works, Ontario Disability Support Plan</i>	47.1%	59.5%
<i>CPP, Old Age Security, CPP Disability</i>	0%	8.1%
<i>Begging/Peddling and other sources</i>	17.6%	5.4%
Social/Community Service Use		
Use of social/community support services		
<i>Food banks/cupboards</i>	43.5%	71.1% *
<i>Drop-ins</i>	39.1%	51.1%
<i>Housing services</i>	17.4%	31.1%
<i>Addiction programs</i>	8.7%	33.3% *
<i>Shelters</i>	52.2%	60.0%
Frequency of receiving social/community services needed		
<i>Almost never</i>	13.0%	13.3%
<i>Half the time</i>	17.4%	35.6%
<i>Most/all the time</i>	69.6%	51.1%
Satisfaction with services received		
<i>Terrible, unhappy, mostly dissatisfied</i>	8.7%	4.3%
<i>Mixed</i>	34.8%	21.3%
<i>Delighted, pleased, mostly satisfied</i>	56.5%	74.5%
Psycho-social Factors		
Social Support		
<i>Has family/friends who helps them feel safe, secure, happy</i>	91.3%	61.7% **
<i>Has people to count on in an emergency</i>	95.7%	71.7% *
<i>Provides support to their family/friends</i>	100.0%	85.1%
<i>Has many serious disagreements/arguments with family</i>	52.2%	52.2%

Table 25: Results of correlations between respondents' age and number of times homeless since baseline interview (N=71)

	<i>r</i>
Number of time homeless since last interview	-.074

Notes: * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$. Significant results are from bivariate correlation analyses between age (youth 22 years and younger coded as 1, adults older than 22 years coded as 0) and the number of times the respondent has been without regular housing since the baseline interview.

5 – FINDINGS FROM IN-DEPTH INTERVIEWS

This section of the report presents findings from in-depth interviews that were conducted with 22 participants. All of these participants had previously participated in the first wave survey of 120 participants. Eight of the 22 participants were successfully tracked for second wave interviews so their in-depth interview transcripts were updated. The findings from the in-depth interviews illuminate the dynamics that link homelessness and other circumstances in a person’s life (such as abuse) as well as larger macro-level issues (such as the closing down of an employment site). The findings also provide details on participants’ experiences during periods in housing. Table 26 summarizes the socio-demographic characteristics of the participants.

Table 26: Socio-demographic Characteristics of *In-Depth Interview* Participants

Socio-Demographic Characteristic	Total number of participants (n=22)
Gender	
<i>Male</i>	16
<i>Female</i>	6
History of homelessness	
<i>Number of times homeless</i>	
1 or 2	9
3 or 4	7
5 or more	6
<i>Age at first homeless occurrence</i>	
Less than 20 years	14
21 to 30 years	3
31 to 40 years	1
41 to 50 years	3
50 to 60 years	0
60 years and older	1
<i>Youngest age at first homeless occurrence</i>	12
<i>Oldest age at first homeless occurrence</i>	62
<i>Average age at first homeless occurrence</i>	24.64
Reason for Homelessness (Baseline)	
Troubles with family	11
Job loss/ Lack of work	8
Eviction	2
Mental illness/ Personal crisis	7
Termination of public assistance	3
Drug/ Alcohol abuse	7
Troubles with the law or being arrested	4
Physical disability	3
Lack of affordable housing	8
Other	11
Participant Experiences	
<i>Reported abuse in history</i>	15
<i>Reported addictions</i>	16
<i>Reported mental health issue</i>	11

The majority of the participants were male (16 of the 22). As well, the majority of participants experienced their first homeless episode before the age of 20 with the youngest age at 12 years.

The average age that participants said they were first homeless was almost 25 years of age while the oldest was at 62 years. The three most frequent reasons participants gave as primarily responsible for their current homelessness episode at the time of their baseline interview were problems with families (11 participants); job loss/lack of work (8 participants); and lack of affordable housing (8 participants). The majority of participants (15) reported past histories of abuse (15 participants); addictions (16 participants); and mental health issues (11 participants).

Findings from the interviews were categorized into the following main themes:

- Homelessness Dynamics
- Insecure Employment and Homelessness
- The Criminalization of Homelessness
- Housed but Homeless
- Homelessness and Gender
- Homelessness and Health
- Youth Homelessness

Homelessness Dynamics

Participants' stories highlighted the dynamic nature of homelessness or housing situations. Majority of participants described a continuum of homelessness conditions (from doubled-up housing to rough-sleeping to short shelter stays) that they moved in and out of depending on other circumstances in their lives. A participant noted:

³*Nick: I was sort of flopping all over the place like I would sleep behind the library or stay at a friend's place for a few days, doing different things, whatever I could do. I stayed in basements or abandoned buildings to rest my head for a little bit or whatever.*

Theo: I was on the streets from sixteen to the age of twenty-eight, in and out of homes, once in a while I would find a place to stay, lose it, stay on the streets.

Participants' homelessness or housing histories included various periods of doubled-up housing with family and friends. Such periods were described as an intentional survival strategy and were primarily meant to provide participants with a break from the hardship of rough-sleeping.

Participants spoke of frequently having to go back to rough sleeping or the shelter when their doubled-up housing arrangement broke down. Nick explains further:

Nick: Yeah, I was couch surfing and stuff. I would stay at a friend's place for a week; I would meet somebody on the street or in here at the soup kitchen. I come into the soup kitchen and meet someone who would say you could crash at my place if you want because I know it is getting colder on the street. So that is what I did until they got tired of me. You have to go find a place or go back on the street. So sometimes I would find another place or go back on the street.

Phillips: No, no the couch crashing thing is always the interim between situations. If something is working for you and it stops working then you might have to couch crash for like a week or two until you find another situation that will work for you for a little while.

³ All names have been changed to protect the identity of participants.

Discussion: Participants' stories corroborate prior research that suggests that the typical pattern of homelessness involves a pattern of episodic homelessness rather than chronic homelessness (Anucha and Hulchanski, 2003). Participants described a continuum of unstable living situations during the periods they were homeless. Although previous research indicates that doubled-up housing often precedes a homeless episode (Wright, Caspi, Moffit, Silva, 1998), participants' stories show that doubled-up housing not only precedes a homelessness spell but is frequently sandwiched in between homeless episodes or is, as Phillip describes it "the interim between situation". Doubled-up housing for many of these participants was not a form of housing but a respite stop, a type of rest and recuperation strategy that allows them to 'rest their head' and get a much needed break from the hardships of street life.

Insecure Employment and Homelessness

The importance of employment and income was evident in participants' stories about their homelessness and housing experiences. Alongside their descriptions of pathways that led them to homelessness, participants also described the challenges of unemployment, underemployment and insecure employment. Many participants linked their experiences in the labor market to the challenges they have experienced in the housing market. Robert described the beginning of his long journey to homelessness as situated in a year that Chrysler Motors (one of Windsor's big employers) had a bad year:

Robert: Well, I started out pretty good after I got out of high school. I got into siding and roofing and dry wall. A couple years later I started my own business you know, bought a duplex you know. Things were good and then Chrysler was just about to fold, my tenants moved out. It was middle of winter, a foot of snow, no work outside, no roofing, no siding. I couldn't collect unemployment or anything because I was self-employed. So I lost my duplex to the bank you know.

Robert described how his worsening employment situation also meant a worsening of his housing situation:

Robert: I was working for a tool and mold company but then they moved out to Oldcastle. I had a nice apartment and the whole bit so then I had to buy a car and one morning I was ready to go to work and about nine inches of snow fell in '94, January. I was just getting ready around six in the morning and I got a call from the police, could you come downstairs your car has been in an accident. I am going what, so automatically I was thinking a bunch of punks stole it and smashed it out. All night it snowed and first thing in the morning I couldn't pull into my parking spot, it was all full of snow. I had to park it on the road. In the morning the streets were ploughed. This sixteen foot delivery van trying to make it around the corner and he missed the car behind me, missed the car in front of me, and totally wiped out the whole driver's side of the car, no steering wheel, back bumper all twisted. So by then how else am I going to go out to Oldcastle because no buses go out there? All the guys who worked out there with me either lived in Forest Glade or South Windsor and I live downtown on Lincoln. Insurance paid for the car but after two weeks. By the time it got settled and I bought a cheap clunker you know I lost my job you know. All the mold making is out in Oldcastle, it is like a small city, nothing but mold and tool shops. From

there on I lost my apartment, couldn't pay it, things just went downhill you know. I got bounced around doing a bit of construction and all that.

Robert, emphasized that a long-term solution to his problems would be a meaningful job that would not only provide him with the financial means for his housing but also give him a sense of purpose.

Robert: The only thing that would help me, not these programs and all that, but a real job you know, that would keep me alive, you got a purpose in life then you know what I mean, a reason to get out you know because you are needed, people depend on you and it's a good feeling.

Another participant, Andrew, pointed out that people like him who dropped out of school early because of homelessness were in a catch-22 situation. Without any educational qualifications, their chances of employment are limited and without employment, they were less likely to escape homelessness:

Andrew: Actually last year I was roofing and dry walling and making quite a bit of money from that. It is difficult to get a job; it is difficult to find a job because you don't have school experience.

Even when employed, the majority of the participants had jobs that were temporary, insecure, paid very low wages and had no benefits. Such jobs tended to put them at risk of homelessness due to the lack of job security. Patrick's story illustrates this:

Patrick: I got hurt at work and they cut my cheque down to almost nothing and it was almost impossible to get by, that was basically what screwed up everything. I was making like 2400 a month, down to 800, it didn't work too well after that.

When participants were asked what would help them find and keep housing, the majority clearly said that it would be the 'right' job and an apartment:

Interviewer: What do you think would be really beneficial to help you stay housed?

Angela: Housed? A better job. You know what the government could really do for me? I know this is getting to the government, but I'm saying it anyway, why don't you make a program for funding for people who aren't losers? ...I would have been in school right now.

Phillips:an apartment I'd be living at for more then a year and be happy at and the right job. The right job with the right hours where it is not an hour and a half commute each way and thirteen things wrong with it and two right with it you know what I mean. I'd say the right job.

Discussion: Participants stories confirm previous findings that show a link between structural predictors such as unemployment and homelessness. Acosta and Toro (2000) found that homeless people often have other needs such as job training/placement that they rate as important as affordable housing but which they find hard to meet. Hartman (2000) identified unemployment and low wages as predictors of homelessness while Lee et al (2003) hypothesize that urban cities provide more opportunities for employment and therefore a greater chance of exiting from

homelessness. Many of the participants said they wanted to work so they could change their living situation. This finding emphasizes the need for a link between employment and homelessness emphasizes the need to include improving the employability of homeless and under-housed people as part of a multidimensional approach to homelessness. An effective response to homelessness must improve the human capital of low-income people through large-scale efforts to improve health, education, and employability.

The Criminalization of Homelessness

Some of the participants spoke of how their homelessness status was equated with having criminal intentions:

Theo: My rap sheet is so long it probably would take sixteen boxes to carry it all, all assaults, thirty some odd charges for robbery, twenty for grand theft auto, and a whole load of mischief. When you are on the streets they arrest you for everything, anything they could.

Rick: It's a lonely sound, it's a lonely sound, especially if you are on the streets or whatever there are certain places you don't loiter because after that they will think you are doing something illegal. So I ended up getting busted there, put in handcuffs and put in the paddy wagon. It's a lonely sound, especially when you hear that door behind you slam and you get that smell of pepper spray and it's like a lonely sound.....If I had a teenager or whatever who is willing to listen to me or take advice I would turn around and say take it from me, if you are thinking of traveling to the states or anywhere else....You will get into trouble wherever you go because you are homeless, you are a vagrant and they will look down on you.

Some participants felt because they were unemployed, they were stigmatized, seen as dispensable and not worthy of the same consideration as other citizens:

Patrick: Like a bag of shit, that is what they treat you like. If you can't work you are shit, they throw you out that is what it is, the way the system is, stuck in-between the cracks.

Phillips: Thank god for the people who are helpful because there are plenty of jerks and judgmental people and stigmas....Well it's like success and money is celebrated, rewarded, if you have money you get paid. Then there are guys like me who has someone else's shoes on that are too small and hurt and we have all these things going on....

Housed but Homeless?

At the time of the second interview, five of the participants whose transcripts were updated had gotten some form of housing. However, these were described as so physically inadequate that the participants though now housed, still felt they were homeless. These participants described what their 'housing' is like:

Patrick: It's a dump....It's a shack, just a room. It's a sweat box; I don't even stay there if I can find somewhere else that's what I do. I sleep outside lots of times.

Interviewer: So you sleep outside rather than your home?

Patrick: Definitely.

Interviewer: Why?

Patrick: Why not, its cooler.

Interviewer: What type of area is your house in?

Patrick: Run down area.

Theo: It's not bad; it's not the best in the world. It's a roof over my head, a stove I can cook on, oven doesn't work, fridge wakes you up in the middle of the night. Bums knocking on the windows all night, saying can I come in, oh god.

Valerie: Right now it still feels like I am homeless because I got an apartment but nothing in the apartment, nothing to cook off of, no food, no furniture, no pots and pans. So in other words I am still couch crashing at my mom's until the end of this month you know and it burns me because I know I got a place, I got a key for the place but there's nothing to sit on. No furniture, no bed, nothing to sit on, no nothing, just our clothes to sit on.

Angela: I was in the basement, there was no window whatsoever in the basement, and that's where I was. So if there were to be a fire there I'm screwed, I'm dead. It's illegal to rent out that way.

Even participants that were able to get into subsidized housing had complaints about the physical condition of their units. As the social housing stock in Windsor is old, units are often in need of renovations. Participants also complained that units were in high density housing which creates problems as people are in close proximity to each other:

Valerie: When you want something fixed, they take about a month to come out and fix it. You got problems and call them up and say get an exterminator to come clean up these ants. Well, we will be there some time next month. That is why I don't like Windsor Housing. Sure it might be good and everything but they are too cheap to come and fix it and when you fix it yourself they get on your back and say that is what we are here for.

David: It's too close to people and a lot of people who live there have their own problems and I can't be around people like that because I have my problems and I will probably get signaled, moving into a place like that.

Discussion: For many homeless people, there is a blurring of when they can say they are “housed” and no longer homeless because of how inadequate the housing they have access to is. Such inadequate housing offers formerly homeless people very little motivation to maintain housing stability and stay away from the shelter system. This might be why the longitudinal survey found that 40% of participants who were in their own housing considered themselves homeless. The importance of housing adequacy is well-captured by Springer (2000) who points out: “an adequate shelter is not only a human right but the base for human relationships, the free development of the individual and for playing an active role in the social and cultural life of the community” (p. 475 – 484). Considering these findings, a multidimensional response to homelessness must ensure that people are not only able to quickly exit homelessness into subsidized, affordable and permanent housing, but that social housing units are well maintained. Developers that participate in housing subsidy programmes should be encouraged renovate attractive, accessible properties.

Homelessness and Gender

All female participants (six out of 22) had experienced some form of abuse, primarily sexual abuse from family members. The paradox of their situation was that homelessness, rather than being the problem to which housing is a solution, was the solution and housing the problem (or the location of the problem) as the perpetrators of their abuse were often within the home.

Jenny: Well what happened was, I was introduced to my dad when I was twelve, just before I was kicked out. He had come back knocking on my grandparents' house, saying can I please see my daughters, can I please see my daughters, I miss them very much. What happened was my grandparents had a lot of; it was like if my grandparents weren't there I wasn't allowed to visit him for about a year and a half and then we started getting overnights with him. My grandparents would let us go one night, then it became two nights, then a full week and what was it, last year June, July, April, May, June, July, August, September, October, November, all the way until November I was molested by my dad and I had been raped previously before my dad by the same guy and they still haven't caught him to this day, they believe he may be deceased.

Some of the women made the connection between such abuse and the mental health issues and/or addictions they later struggled with

Karen: I got beat by boyfriends and stuff. Like I dated this one guy when I was in Grade 8, and he was 19. And I thought I was cool, older guy...beat me up. I want to charge him but the judge was in disagreement so I didn't have to look at him...

Question: So what happened to you after that?

Answer: I ended up on the psych ward, trying to kill myself...

The women participants emphasized the importance of women-focused services such as women shelters in helping them cope with homelessness.

Angela: They should have more women shelters. I think so. And I really think they should have family shelters.

Discussion: The finding that all six female participants had past histories of abuse confirms previous research on the gendered reasons for homelessness. For example, Styron, Janoff-Bulman and Davidson's (2000) qualitative study that focused on understanding family homelessness revealed themes that include lack of adequate housing, a history of domestic violence between parents or experience of it by them, childhood abuse and sexual abuse by relatives or strangers. Other research suggests that a predominant factor related to women entering homelessness is domestic violence (Goodman, 1997; Sev'er, 2002; Stermac, 2000). Drawing on the literature linking domestic violence and homelessness, the study by Baker, Cook and Norris (2003) found that housing problems and homelessness are not related in a direct causal way but that housing may precipitate homelessness within the context of variables like economic adversity, domestic violence and need for safety. The authors confirm the stories we heard from participants that the need to be safe and securely away from the abuser often leads women to find themselves homeless. The authors point out that the stigma of being a domestic violence victim often lessens the chances of getting housing for women.

Homelessness and Health

Participants reported a number of health problems – both physical and mental that were associated with homelessness. These health problems included frostbite from cold weather, respiratory illnesses, depression or being suicidal, poor nutrition, hunger, and increased vulnerability to hepatitis C, sexually transmitted infections and HIV. A participant who recently moved into the shelter from living in a park noted:

Rick: Well breathing in all that dust is hard on the lungs, especially if you are sleeping in parks and there are industrial trucks going by and you are breathing in diesel you know. I am glad I am not on the streets anymore. Like sure I am still struggling but at least there is a roof over my head, at least it's a bit better then being a park. I upgraded myself from all those years.

A 23-year old male who became homeless as a teenager noted how homelessness compromises one's immune system:

Alfred: Like when I came in here I was really, really skinny, scrawny, and dirty but I don't know. I think when you are homeless your immune system goes down too with being outside and eating out of garbage cans isn't the most healthy thing in the world (laughing).

Despite the fact that many homeless survivors had multiple sex partners, the majority did not perceive themselves to be at risk of STDs and HIV:

Interviewer: When we did the survey you mentioned you had three sexual partners in six months and while you always use birth control you never use protection. Are you concerned about getting STDs?

Andy: I use condom that's the only thing I use. Sometimes I don't have it but I am not concerned about that at all

Interviewer: You aren't concerned about AIDS or anything?

Andy: No, I had gonorrhea a couple times when I was a kid. But I didn't give a shit, you came and got a shot in the ass and come back and it was fixed. Now they have all these new ones you are almost afraid to have sex.

Youth Homelessness

Although the same factors that contribute to adult homelessness (poverty, lack of affordable housing, low education levels, unemployment, mental health, and substance abuse) were visible in the stories homeless youth told, they located the primary reason why they were homeless within family dysfunction and breakdown, specifically familial conflict, abuse, and disruption. Jenny, a 16 year old female youth who left home at 14 describes her experience:

Jenny: My grandpa was abusing me; he had been abusing me since I was six, like hitting me, throwing me against walls. I just found out recently why I have so much tension in this arm, because I had the bone here cracked in half because he threw me against a cement wall and my shoulder cracked off the wall really hard and caused breakage in my arm. Other than that he had been abusing me most of my life. I was always going to school with bruises on my arm, bruises on my legs, teachers couldn't figure out why, I said I fell, I fell, my friend and I got into a scrap, I'd

make excuses everyday and they didn't like it so they called CAS, CAS investigated and didn't find anything wrong and the abuse continued until I was about fourteen.

After multiple placements in foster homes, Jenny finally became literally homeless:

Jenny: We managed to go from place to place to place, having a place to live. At the time I was with a guy named ----, when we were living under the bridge. He kept me safe, he kept me fed, he kept me clothed, he kept me warm, this was all during winter and spring.

Many of the youth described their unpleasant experiences within the child welfare system and how the failures of such systems pushed them into homelessness. Some spoke of failures of the mental health system, juvenile corrections and how they 'aged out' of foster care with few resources and numerous challenges.

Arielle: First they took me down the street from where my parents live to a foster home and then my dad started harassing the foster parents so I had to move to Amherstburg. I lived in a foster home in Amherstburg and I got kicked out of there and then I moved to Windsor, east end, got kicked out of there and became homeless. I lived with my boyfriend at the time. It was this year and then we broke up so I had no place to stay. I slept down by the river for three nights.....all I had was a back pack and my purse and I didn't know what to do really. My friend found out I was living on the river and so she took me in and I ended up going back to Children's Aid because they found out. I went to the apartments and then after that I got kicked out of there, became homeless again, moved with my friend for about a week, moved in with my cousin.

Jenny: Actually they moved me every time. I have been in so many foster homes and so many group homes it is unbelievable. It's ridiculous how often they moved you within six months....My experience with CAS, right now we have a petition going around that we are getting people to sign because they keep taking kids away for no reason and making them Crown Wards, away from their families. I will never go back to CAS; I am still on the run today. They bused me down from Oshawa and I ran from them again. CAS is the worst thing I have ever seen; they never helped me at all.

Some of the youth described their struggles with alcohol, drugs, and mental health brought on by their traumatic experiences:

Theo: My dad was bad, not too bad into drugs but more into alcohol, twenty-four, seven. I think that is why I turned to drugs, I don't really drink much. I use that to escape, it's the only way I know how, being on the streets so long, looking at all the junkies.

Nick: I turned to alcohol because my parents passed on ten days apart when I was nineteen. My mom's sister tried to help me the best way she could and I didn't want the help at the time and I wound up at a friend's place and he couldn't put up with me either so he ended up taking me to Salvation Army up on Chatham Street and that was my first time being in a shelter. I went through the rehab program there.

Jenny: The depression hasn't helped my homeless situation at all; it actually made it worse at some points. You think I am never going to do this right, I am never going to get through this, you freak out and you don't know what to do. You put yourself down when you are in depression, I know that very well.

Jenny pointed out how emotions such as anger that are considered problematic by service providers were essential to her surviving on the streets:

Jenny: My anger issues have actually kept me safe because when I get angry I do get violent and when people piss me off it actually kept me safe from getting beat up and having broken bones and having to go to the hospital (laughing). The only one that helped me was my anger and right now I have very good control of my anger.

Although youth were grateful for the adult homeless services in Windsor they could use (they admitted not telling their real ages to some of these places), they identified the lack of youth specific services in Windsor that neighboring cities like London had:

Jenny: In London we've got the YAC, it's a teen drop in centre, we've got Circle of Youth or Crossroads as they call it, which is the Y for females and males on the youth floor at the Salvation Army. There is the youth floor, men's floor; rooms that people can rent on the third floor and on the second floor its women and children. It's really nice there and there are a whole bunch of places. You pay fifty cents for breakfast, fifty cents for lunch, fifty cents for dinner, that's the cheapest meal you can get and it's a fair meal. Last time I ate at the drop in centre down there, for dinner we had steak, potatoes, green beans, and then we had ice cream for dessert, it was really good.

Discussion: Extensive research evidence show that adverse childhood experiences are also strong predictors of homelessness (Hyde, 2005; Mallett, Rosenthal, and Keys, 2005; Miller et al., 2004.) These experiences include physical and/or sexual abuse by family members and removal from one's home to be placed in foster care or other institutions. Many of the youth participants in this study were victims of such childhood physical or sexual abuse or both. Some have had multiple foster placements. The findings from this study therefore confirm that of other studies. For example, Leslie and Hare (2003) found that 45 percent of their sample of Toronto street youth had previous involvement with the child welfare system. Although other factors are associated with youth homelessness, these findings support previous research that indicate that youth homelessness is primarily due to family dysfunction and breakdown, specifically familial conflict, abuse, and disruption.

A multidimensional approach that responds to youth homelessness in Windsor/Essex County would include: a youth housing continuum (including emergency, transitional and supportive housing) for homeless youth and young adults who cannot be unified with their families; youth focused addiction and mental health programs as these vulnerabilities frequently accompany histories of abuse and other trauma that homeless youth have experienced; and support for at risk families in their parenting roles.

6 - SUMMARY OF FINDINGS AND CONCLUSIONS

Using a Community Dialogue Approach – a research strategy that emphasizes extensive engagement of community stakeholders, this study conducted a longitudinal survey of 120 participants who were homeless at baseline; and in-depth qualitative interviews with 22 participants who were purposively chosen from the sample of 120 participants. The study set out to accomplish the following interrelated research objectives:

1. examine exits and returns to homelessness among homeless people in Windsor over a one year period
2. examine the relationship between various factors and exits and returns to homelessness; using a qualitative research methodology
3. illuminate the nature and dynamics underlying exits and returns to homelessness over time in order to better understand factors that facilitate exits from homelessness and inhibit a return to homelessness
4. map and document a longitudinal research strategy that can be used to explore and understand the ‘homeless careers’ of people who have experienced multiple episodes of homelessness.

The key findings and lessons from this study are integrated into four main areas:

- homelessness dynamics,
- youth homelessness,
- multiple vulnerabilities and homelessness, and
- systems failures and homelessness.

Homelessness Dynamics: The findings from both the survey and in-depth interviews confirm previous research findings that indicate that homelessness is very dynamic and episodic – most of the participants did experience about two other episodes of homelessness within the one-year study period. However, by the follow-up interviews, the majority of participants were in their own housing. The largest proportion of those who were in their own housing at the follow-up interviews were those in shelters at baseline. Among those who were literally homeless at baseline, over half (57.1%) were able to move into their own housing at follow-up. Among those who were in a shelter after baseline, three-quarters (75%) were able to move into their own housing. Among those who were in doubled-up housing after baseline, 55% moved into their own housing. Finally, of those who were in their own housing after baseline, 73.9% remained in their own housing. Thus, the homelessness assistance system in Windsor was successful in ending homelessness for a majority of the successfully tracked participants.

Those who were successfully tracked and interviewed at follow-up differed from those who were not on key demographic characteristics. A significantly higher proportion of those not tracked were male (81.3%, $p \leq .05$) and were born outside of Windsor (69.4%, $p \leq .01$). It might have been easier to track participants who reported that they were born in Windsor because they had more ‘roots’ within the community and could provide more collateral information. These participants were also more likely to have stayed in the community rather than moving on to another city. A significantly higher proportion of respondents not tracked reported at baseline that they felt their mental health problems had contributed to their homelessness

(72.2%) compared to those who were tracked (38.5%, $p \leq .05$). This finding is not surprising as mental health issues increase the challenges of tracking people who are homeless and therefore quite transient. For example, one participant that had significant mental health issues was tracked but refused to be interviewed at follow-up because he felt very paranoid that we were able to ‘find’ him although he had provided consent for us to do so at baseline. Finally, a significantly lower proportion of respondents who were not tracked reported at baseline that their main source of income was wages, salaries or self-employment (4%) compared to respondents who were tracked (16.9%, $p \leq .05$). Participants who were on income assistance programme were easier to track as their contact information was on the financial database of the City of Windsor’s Department of Social Services who provided us with that information⁴.

Youth Homelessness: Both the survey and in-depth interviews highlighted the issue of youth homelessness in Windsor. The homeless youth that were interviewed differed from adults in the sample with respect to the main reasons reported for why they were homeless at baseline. A significantly larger proportion of youth cited trouble with the family (70%) and trouble with the law or being arrested (25%) compared to their adult counterparts. Youth under 22 years of age were significantly associated with having left home at a younger age and being younger at first homelessness ($r = -.489$, $p \leq .001$). A significantly larger proportion of youth reported having many serious disagreements or arguments with their family (70%) compared to adults at baseline (49.4% $p \leq .05$). Finally, a significantly larger proportion of youth at baseline reported experiencing childhood stressors including having been sent away because they did something wrong (52.5%) and having spent time in a foster home (42.5%) than adults in the sample (32.5% $p \leq .05$ and 25% $p \leq .05$ respectively). Extensive research findings (Hyde, 2005; Mallett, Rosenthal, and Keys, 2005; Miller et al., 2004) show that adverse childhood experiences are strong predictors of homelessness. These experiences include physical and/or sexual abuse by family members and removal from one’s home to be placed in foster care or other institutions. The in-depth interviews with youth provided a vivid description of abuse in families and multiple foster placements. Youth also noted the lack of youth specific services in Windsor.

Multiple Vulnerabilities and Homelessness: Findings from this study confirm those from previous studies that show that multiple vulnerabilities such as poverty, lack of affordable housing, low education levels, unemployment, family dysfunction, mental health, and substance abuse issues contribute to the occurrence and duration of homelessness. Although efforts at increasing the supply and quality of affordable housing remain central to solving homelessness, these must be located within the context of large scale efforts that improve health, education, and employability of poor people. The findings from both the survey and in-depth interviews reinforced this multidimensional understanding of homelessness that framed this study (Anucha, 2005).

Systems Failures and Homelessness: The findings of this study suggest that public assistance systems of care could be strengthened either to prevent homelessness or to help people quickly exit homelessness. Many of the homeless youth in this study were victims of the failure of mainstream programs like child welfare, juvenile corrections, mental health and

⁴ Participants provided informed consent for the City of Windsor’s Department of Social Services to provide us with their contact information.

addiction services. The majority of these youth had experienced multiple foster home placements while others aged out of care without proper provisions in place to help them successfully transition to independence. Some adult participants spoke of being discharged from jails without having housing in place. For example, Theo, a male participant with addiction issues spoke of his frustration at being unable to get into an addiction program but instead experiencing the circuit of jail-homelessness over and over again. A planning process to deal with homelessness in Windsor needs to bring to the table not just the homeless assistance providers, but the mainstream provincial and local agencies and organizations who frequently come in contact with clients who are at risk of homelessness for example, Children's Aid Society, the School Board, Mental Health and Addiction services.

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APPENDICES

Appendix 1: List of Agencies/Organizations Involved in Study

Agency Representative	Agency/Organization	Participation (Please see Codes Below)
Andy & Pat Gervais	Amherstburg Food & Fellowship	M
Barry Furlonger	Downtown Mission	F, M, RS
Brad Troulouse	Teen Health Centre, Street Health	F
Beverly St. Louis	Ontario Lodging Home Association	F
Chris Vickers	Windsor Y Residence	F, M, RS
Major Clyde Guy	Salvation Army Windsor	F, M, RS
Edward (Skip) Graham	St Leonard's House	M, RS
Elaine Butler	Withdrawal Management Services	M, RS
Elayne Isaacs Margaret Messenger	Can-Am Urban Native Homes	F
Frank Sheehan	IRIS Residential Inns & Services	F
Linda Wilson	Salvation Army Windsor	F, M, RS
Liz Esposito	The Inn of Windsor	F, M, RS, RGM
Lorraine Goddard	Youth & Family Resource Network	F, M, RS
Marcel Trepanier	Youth & Family Resource Network	F, M, RS, RGM
Darlene Simpson	House of Sophrosyne	F, M
Pat Taman	Well-Come Centre for Human Potential	F, M, RS
Radhika Subramanyan	Canadian Mental Health Association	F
Shelley Gilbert	Legal Assistance of Windsor	F, RGM
Shelley Hodare	Housing Information Services	F
Donna Miller	Hiatus House	M
Marina Clemens	Central Housing Registry	F, M, RGM
Jim Steele Sheila Small	Windsor Essex Central Housing Corporation	F, M
Dave Wallingford	Salvation Army Food Bank Leamington	F, M
Colleen Mitchell	United Way/ Centraide	F, RGM
Mary Ellen Bernard	Housing Support Services, City of Windsor	F, M
Cate Johnson	Taking Action Against Homelessness Coalition	F
Christine Walsh	Unit 7	M, RS

Codes:

F – Forum Attendee

M – Meeting/Tour

RS – Recruitment Site

RGM – Resource Group Member

SECTION 1: HOMELESS HISTORY

1.1 How many times in your life have you been homeless (without regular housing)?

- One
- Two
- Three
- Four
- Five
- More then Five

1.2 How old were you the first time you were homeless?

- Age: _____

1.3 What was the main reason(s) why you are homeless at this time?

- Trouble(s) with family
- Job loss/Lack of work
- Eviction
- Mental illness/personal crisis
- Termination of public assistance
- Drug/alcohol abuse
- Trouble with the law or being arrested
- Physical disability
- Lack of affordable housing
- Other- Specify _____

*Now, I'm going to ask you for the specific places that you have stayed along with the dates That you stayed there. We would also like to know what type of financial support or income you received over the last three years. Please follow along and let me know if I've made any mistakes in recording what you have told me. please think about all the different places you have lived in the **last three years.***

2.1

HOUSING FOR THE YEAR - 2002-								INCOME/EMPLOYMENT	
Place #	Address & City	Type of Housing	Quality of Housing	Length of Stay	Reason(s) For Leaving	Home-less (Y/N)	If YES, what would have been helpful to keep you housed?	Income Sources & Amount	Employment (Job & Sector)
1.			Comfort						
			Safety						
			Spaciousness						
			Privacy						
			Friendliness						
			Overall Quality						
2.			Comfort						
			Safety						
			Spaciousness						
			Privacy						
			Friendliness						
			Overall Quality						
3.			Comfort						
			Safety						
			Spaciousness						
			Privacy						
			Friendliness						
			Overall Quality						
4.			Comfort						
			Safety						
			Spaciousness						
			Privacy						
			Friendliness						
			Overall Quality						

HOUSING/INCOME-EMPLOYMENT HISTORY – 2003

2.2

HOUSING FOR THE YEAR – 2003								INCOME/EMPLOYMENT	
Place #	Address & City	Type of Housing	Quality of Housing	Length of Stay	Reason(s) For Leaving	Home-less (Y/N)	If YES, what would have been helpful to keep you housed?	Income Sources & Amount	Employment (Job & Sector)
1.			Comfort						
			Safety						
			Spaciousness						
			Privacy						
			Friendliness						
			Overall Quality						
2.			Comfort						
			Safety						
			Spaciousness						
			Privacy						
			Friendliness						
			Overall Quality						
3.			Comfort						
			Safety						
			Spaciousness						
			Privacy						
			Friendliness						
			Overall Quality						
4.			Comfort						
			Safety						
			Spaciousness						
			Privacy						
			Friendliness						
			Overall Quality						

HOUSING/INCOME-EMPLOYMENT HISTORY – 2004

2.3

HOUSING FOR THE YEAR - 2004								INCOME/EMPLOYMENT	
Place #	Address & City	Type of Housing	Quality of Housing	Length of Stay	Reason(s) For Leaving	Home-less (Y/N)	If YES, what would have been helpful to keep you housed?	Income Sources & Amount	Employment (Job & Sector)
1.			Comfort						
			Safety						
			Spaciousness						
			Privacy						
			Friendliness						
Overall Quality									
2.			Comfort						
			Safety						
			Spaciousness						
			Privacy						
			Friendliness						
Overall Quality									
3.			Comfort						
			Safety						
			Spaciousness						
			Privacy						
			Friendliness						
Overall Quality									
4.			Comfort						
			Safety						
			Spaciousness						
			Privacy						
			Friendliness						
Overall Quality									

SECTION 3: SOCIAL SERVICE SUPPORT

I'm going to ask you about social and community services you might use. By social and community services, I mean people whose job is to help you. For example, these services could include people who come see you where you live and help you with your daily life, as well as places you may go to get help in different areas of your life or to, be with others

3.1 Did you or do you get help from any of the following social or community services?

- Shelters** (such as the Mission, Cornerstone, the Family shelters)
- Community Resource and Health Centres** (such as the CMHA,
- Addiction Programs**
 - self-help (such as Alcoholics Anonymous, Gamblers' Anonymous)
 - Organized (such as - Harvest House, Billy Buffett's, Amethyst)
- Crisis Counselling** (such as Distress Centre)
- Religious Organizations** (such as Jewish Family Services)
- Housing Services** (such as Housing Help)
- Drop-Ins** (such as Downtown Mission, Unit 7)
- First Nations/Inuit/Métis Organizations**
- Supportive Housing Services Society**
- Legal Services** (such as Community Legal Aid/Legal Clinics)
- Disability Organizations** (such as ODSP)
- Food Banks or Food Cupboards**
- Other organizations/services** (specify: _____)

4.4 Were you on a social housing list for any other city?

- Yes
- No

3.2 What services are most important to you? (Probe as to type of services, what is useful to them, etc.)

3.3 How often do you receive the social and community services that you need?

- Almost never
- Half of the time
- Most of the time
- All of the time

3.4 How satisfied are you with these services?

- Terrible
- Unhappy
- Mostly dissatisfied
- Mixed
- Mostly satisfied
- Pleased
- Delighted
- N/A

SECTION 4: SOCIAL HOUSING

4.1 Are you *aware* of social housing in Windsor?

- Yes
- No

If NO, skip to 4.4

4.2 Are you *on* the Social Housing list in Windsor?

- Yes
- No

4.3 How long have you been on the social housing list in Windsor?

- 6 months or less
- 6 months to 1 year
- 1 year to 3 years
- 3 years or more

4.5 Have you ever lived in social housing (Windsor or elsewhere)?

- Yes
- No

SECTION 5: SOCIAL SUPPORT

I'm going to read you some statement about your relationships with others.

For each, could you please tell me whether you strongly disagree, disagree, agree or strongly agree.

5.1 If something went wrong, no one would help me.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

5.2 I have family and friends who help me feel safe, secure and happy.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

5.3 There is someone I trust whom I could turn to for advice if I were having problems

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

5.4 I lack feelings of intimacy with another person

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

5.5 There are people I can count on in an emergency

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

5.6 I provide support to my friends and or my family

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

5.7 I have a lot of serious disagreements and arguments with my family

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

5.8 During the past month, how often have you been in contact with close friends?

- Not at all
- Once or twice
- Once a week
- Several times a week
- No answer

5.9 During the past month, how often have you been in contact with anyone in your family (including spouses/partners)?

- Not at all
- Once or twice
- Once a week
- Several times a week
- No answer

SECTION 6: CHILDHOOD STRESSORS

Is there anything that happened to you while you were a child or teenager that you want to mention?

6.1 At what age did you leave home?

- Under 16
- 16 to 18
- 18 to 20
- 20 and above

Have any of these things happened to you?

6.2 Did your parents get a divorce or separate frequently?

- Yes
- No

6.3 Did your parents argue frequently?

- Yes
- No

6.4 Did either of your parents not have a job for a long time when they wanted to be working?

- Yes
- No

6.5 Were you sent away from home because you did something wrong?

- Yes
- No

6.6 Did either of your parents drink or use drugs that caused problems for your family?

- Yes
- No

6.7 Were you physically or sexually abused or did you witness abuse?

- Yes
- No

6.8 Did you spend any time in a foster home?

- Yes
- No

6.9 Did you spend any time in a prison, detention centre or correctional centre?

- Yes
- No

6.10 Did you experience cultural conflict with your family?

- Yes
- No

SECTION 7: HEALTH CARE UTILIZATION

7.1 Do you have a health card from any province?

- Yes
- No

7.2 Did you previously have a health card?

- Yes
- No

7.3 Have you had difficulty getting a health card?

- Yes
- No

7.4 In the past 12 months, have you been a patient overnight in a hospital, nursing home or convalescent home?

- Yes
- No

7.7 During the past 12 months, was there ever a time when you needed health care or advice, but did not receive it?

- Yes
- No

<p>7.5 Have you been taken to the emergency department in the last 3 months? <i>(This means formally admitted or seen by doctor.</i></p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>If NO, skip to 7.7 IF YES,</p> <p>7.6 How many times? _____</p>	<p>7.8 How often do you receive the services you need?</p> <ul style="list-style-type: none"> <input type="radio"/> Almost Never <input type="radio"/> Half the time <input type="radio"/> Most of the time
---	--

7.9 In the past 12 months, how many times have you seen or talked on the telephone with any of these types of service providers about your physical, emotional or mental health (not counting any overnight stay in the hospital)?

Type of Service Professional	# of Times in Past 12 Months	Where did the contact take place?
a. General practitioner or family physician		
b. Other specialist doctor (such as: surgeon, allergist, gynecologist, psychiatrist, ophthalmologist)		
c. Nurse for care or advice		
d. Dentist or orthodontist		
e. Spiritual Healer/Traditional Healer		
f. Physiotherapist		
g. Social worker or outreach worker		
h. Psychologist or counselor		
i. Shelter worker		
j. Other, specify _____		

SECTION 8: MENTAL HEALTH HISTORY

8.1 Have you ever been told by a mental health professional that you have mental health problems?

- Yes
- No

If No, skip 8.7

If YES,

8.2 Did you agree with the explanation?

- Yes
- No

8.3 Do you feel that your mental health problems contributed to you becoming homeless?

- Yes
- No

8.4 Have you been given medicine for your mental health problems?

- Yes
- No

If NO, skip to 8.7

If YES,

8.5 What is the medication?

8.6 Do you take the medication?

- Yes
- No

8.7 Have you ever been hospitalized for mental health problems?

- Yes
- No

If YES,

8.8 How many times? _____

SECTION 9: SUBSTANCE USE AND ABUSE

DRUG USE

9.1 Next I am going to ask you some questions about any **drugs** you may have used in the past 12 months. For each question I read, please answer yes or no (**Circle** either yes or no).

a. Have you used drugs other than those required for medical reasons?	Yes	No
b. Have you abused prescription drugs?(If NO to a and b skip t)	Yes	No
c. Do you abuse more than one drug at a time?	Yes	No
d. Can you get through the week without using drugs?	Yes	No
e. Are you always able to stop using drugs when you want to?	Yes	No
f. Have you had “blackouts” or “flashbacks” as a result of drug use?	Yes	No
g. Do you ever feel bad or guilty about your drug use?	Yes	No
h. Does your partner (or your parents, or someone close to you) ever complain about your involvement with drugs?	Yes	No
i. Has drug abuse created problems between you and your partner, or parents or someone close to you?	Yes	No
j. Have you lost friends because of your use of drugs?	Yes	No
k. Have you neglected your family because of your use of drugs?	Yes	No
l. Have you been in trouble at work because of drug abuse?	Yes	No
m. Have you lost a job because of drug abuse?	Yes	No
n. Have you gotten into fights while under the influence of drugs?	Yes	No
o. Have you engaged in illegal activities in order to	Yes	No

obtain drugs?		
p. Have you been involved in a treatment program specifically related to drug use?	Yes	No
q. Have you ever experienced withdrawal symptoms (such as feeling sick) when you stopped taking drugs?	Yes	No
r. Have you had medical problems as a result of your drug use (such as memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes	No
s. Have you gone to anyone for help for a drug problem?	Yes	No
t. Have you been arrested for possession of illegal drugs?	Yes	No

<p>9.2 Have you ever injected drugs?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>If NO, skip to Alcohol Use IF YES,</p> <p>9.3 How long ago?</p> <ul style="list-style-type: none"> <input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 3 years or more <p>9.4 Were you <i>always</i> able to get clean needles?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p><u>ALCOHOL USE</u></p> <p><i>Please answer the following questions about your drinking in the past 12 months. For each question I read, please answer yes or no</i></p> <p>9.5 How often do you drink alcoholic beverages?</p>	<p>9.6 Have you ever had a drinking problem?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>9.7 Do you feel that your drinking has contributed to your ever becoming homeless?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>9.8 Have you ever felt you ought to cut down on your drinking?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>9.9 Have people ever annoyed you by criticizing your drinking?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>9.10 Have you ever felt bad or guilty about your drinking?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>9.11 Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye opener)?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
--	--

- Never
- Less than 1 time a month
- 1 to 3 times a month
- 1 time a week
- 2 to 3 times a week
- 4 to 6 times a week
- Daily/ 1 time a day
- 2 to 3 times a day
- 4 or more times a day

**SECTION 10: SOCIO-
DEMOGRAPHICS**

10.1 Gender:

- Male
- Female
- Trans-gendered

10.2 What is your Age? _____

10.3 What is your date of birth?

Day: _____ Month: _____ Year: _____

10.4 What is your race?

- White
- Black, African Canadian
- Aboriginal/native
- Asian
- Hispanic
- Other- specify

10.5 What is your Marital Status:

- Single
- Living with Romantic Partner
- Married
- Common-law
- Separated
- Divorced
- Widowed

10.6 Which of the following best describes your sexual orientation? (*Read list*)

9.12 Have you been involved in a treatment program specifically related to alcohol use?

- Yes
- No

10.7 Were you born in Canada?

- Yes
- No

If YES, skip to 9.10

If NO,

10.8 What is your country of origin?

10.9 When did you move to Canada?

- 1 month to 6 months ago
- 6 months to 1 year ago
- 1 year to 3 years ago
- 3 years to 6 years ago
- 6 years to 9 year years ago
- 9 years or more ago

10.10 Were you born in Windsor?

- Yes
- No

If YES, skip to Children, 9.12

If NO,

10.11 When did you move to Windsor?

- 1 month to 6 months ago
- 6 months to 1 year ago
- 1 year to 3 years ago
- 3 years to 6 years ago
- 6 years to 9 year years ago
- 9 years or more ago

CHILDREN

10.12 How many children do you have?

- None
- One
- Two
- Three

- Heterosexual (straight)
- Homosexual
- Bisexual

Other- specify: _____

10.13 Are any of your children in the care of the Children’s Aid Society or in the care of a relative or friend?

- Yes
- No

EDUCATION

10.14 How much school have you completed?

- Primary/elementary school (kindergarten to gr. 8)
- Some high school, but NO Diploma
- High school graduate, therefore Diploma
- Some college/university, but no degree
- College/university graduate
- Graduate studies
- Other-specify: _____

EMPLOYMENT AND INCOME

10.15 Did you do any paid work at all during the last 30 days (any thing that brings in money)?

- Yes
- No

If NO, skip to 9.18

If Yes,

10.16 What kind of work are you doing? (Free response Question)

- Three or more

If NO CHILDREN, skip to Education, 9.14

10.17 Is the work....? (read categories and check all that apply)

- A job you have had for 3 months or more with the same employer
- A job you had for less than 3 months, but you expect to continue for 3 or more months
- A temporary job
- A day job or pick up job that lasts only a few hours, or one or two days
- Peddling (such as selling items on the street or collecting cans and bottled to exchange for money)
- Other – specify: _____
- Don’t know or refused

10.18 Over the last 30 days, what was your total income from ALL sources?

- Less than \$100
- \$100 to \$299
- \$300 to \$499
- \$500 to \$699
- \$700 to \$799
- \$800 to \$999
- \$1000 to \$1199
- \$1200 to \$1499
- \$1500 to \$1999
- \$2000 to \$2499
- \$2500 to \$2900
- \$3000 or more
- Don’t know or refused\

10.19 What kind of work did you do when you were last working/employed (Free response

<p>10.20 What are your major sources of income?</p> <ul style="list-style-type: none"> <input type="radio"/> Welfare/Ontario Works <input type="radio"/> Ontario Disability Support Plan <input type="radio"/> CPP Disability <input type="radio"/> Canada Pension Plan <input type="radio"/> Old Age Pension <input type="radio"/> Employment Insurance (EI) <input type="radio"/> Worker Compensation <input type="radio"/> Wages & Salaries <input type="radio"/> Self-employment <input type="radio"/> Begging/peddling <input type="radio"/> Other-specify: _____ <p><u>SEXUAL BEHAVIOURS</u></p> <p>10.21 Have you had sexual intercourse, oral sex, or anal sex in the last six months?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>10.22 How old were you the first time you had sexual relations (this includes intercourse, oral sex or anal sex)?</p> <p>_____ Years old</p> <p>IF NEVER HAD SEX, SKIP TO 9.37</p> <p>10.23 How many sexual partners would you say you have had in the past 6 months?</p> <p>_____ Many sexual partners</p> <p>10.24 How often have you and your partner(s) used a birth control method when you have sex in the past 6 months?</p> <ul style="list-style-type: none"> <input type="radio"/> Never (0% of the time) <input type="radio"/> Rarely (1-24% of the time) <input type="radio"/> Sometimes (25-49% of the time) <input type="radio"/> Often (50-74% of the time) <input type="radio"/> Usually (75-99% of the time) <input type="radio"/> Always (100% of the time) <input type="radio"/> Don't Know/ Don't Remember 	<p>Question)</p> <hr/> <p>10.25 How often have you and your partner(s) used condoms when you have sex in the past 6 months?</p> <ul style="list-style-type: none"> <input type="radio"/> Never (0% of the time) <input type="radio"/> Rarely (1-24% of the time) <input type="radio"/> Sometimes (25-49% of the time) <input type="radio"/> Often (50-74% of the time) <input type="radio"/> Usually (75-99% of the time) <input type="radio"/> Always (100% of the time) <input type="radio"/> Don't Know/ Don't Remember <p>10.26 Have you received money for sex?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>10.27 Have you received drugs for sex?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>10.28 Have you ever had sex for housing?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>10.29 Have you had sex while you were drunk or high?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>10.30 Have you had sex with someone who injects street drugs with a needle?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <p>10.31 Have you had sex with a man who has had sex with another man?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <p>10.32 Have you had sex with someone who has AIDS, symptoms of AIDS, or a positive test for the AIDS virus?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes
---	--

10.33 Have you had sex with a prostitute?

- Yes
- No
- Unsure

10.34 Please tell me YES or NO whether you have had any of the following sexually transmitted diseases in the past 6 months.

Have you had: *(check those that apply)*

- Syphilis?
- Genital Herpes?
- Gonorrhea?
- Chlamydia?
- Pelvic Inflammatory Disease (PID)?
(female only)
- Bacterial Vaginosis? *(female only)*
- Scabies?
- Trichomoniasis?
- Genital Warts?
- Pubic Lice (Crabs)?
- HIV (the AIDS virus)
- Any other Sexually Transmitted Disease that I have not mentioned?

10.35 Given what you know about AIDS and how it is transmitted, what are the chances that you or your partners' behavior has put you at risk of being infected with the AIDS virus?

- Very unlikely (less than 1%)
- Pretty unlikely (10% chance)
- Possibly (50% chance)
- Certain (sure you've been exposed someone infected)
- Don't Know

10.36 Have you ever been tested for the HIV

(AIDS) Virus?

- Yes
- No

10.37 Were the test results positive or negative?

- Negative
- Positive

- No
- Unsure

If respondent has tested positive, skip to 11.0

10.38 Thinking about your life now, would you say you are at low, moderate or high risk of getting HIV/AIDS?

- Low
- Moderate
- High

10.39 Are you worried about the possibility that you might get HIV/AIDS?

- No *(Go to Next Section)*
- Yes *(Continue)*

If No, then 11.0 & questionnaire is finished

If, YES,

10.40 how worried are you?

- Not at all worried
- Not very worried
- Somewhat worried
- Very worried

11.0 Have you ever been homeless for a reason we have not recorded? ***If yes, explain***

- Declined to answer

THANK YOU FOR YOUR TIME AND YOUR PARTICIPATION ☺

Interviewer: Please remember to complete time that interview ended on the first page of questionnaire.

CODES FOR CHARTS

TYPE OF HOUSING:

- 00 - Own House
- 01 - Own Apartment
- 02 - Own Room
- 03 - Shared Rooms
- 04 - With a Friend(s)
- 05 - With Family
- 06 - Shelter
- 07 - Other - Specify

REASON(S) FOR LEAVING:

- 00 - Moved to another address
- 01 - Got Evicted
- 02 - Was asked to leave
- 03 - Lost Job
- 04 - Separation or Divorce
- 05 - Lost Benefits
- 06 - Voluntary or Personal
- 07 - Disaster
- 08 - Other -Specify

INCOME SOURCES:

- 00 - Wages & Salaries
- 01 - Self Employment
- 02 - Canada Pension Plan
- 03 - Old Age Pension
- 04 - Employment Insurance
- 05 - Welfare/OW
- 06 - CPP Disability
- 07 - Workers Compensation
- 08 - Ontario Disability Support Plan
- 09 - Other - Specify

LENGTH OF STAY:

- 00 - 1 month or less
- 01 - 2 to 6 months
- 02 - 6 to 12 months
- 03 - 1 year to 1.5 years
- 04 - 2 years or more

QUALITY OF HOUSING:

- 00 - Very Bad
- 01 - Bad
- 02 - Somewhat Bad
- 03 - Neither Good or Bad
- 04 - Somewhat Good
- 05 - Good
- 06 - Very Good

Appendix 3: Sample Interview Guide for In-Depth Interviews

Sample 1 for Participant 029

History of Homelessness

- You became homeless for the first time at age 21. Prompts:
 1. *What caused you to be homeless? (If a gambling addiction is not mentioned, ask gambling has ever contributed to your homelessness).*
 2. *What was it like for you?*
 3. *What and who helped?*
- You mentioned in our first interview that you have been homeless 3 times, could you tell us about the second time? Prompts:
 1. *What caused you to be homeless again?*
 2. *What was it like for you?*
 3. *What and who helped?*
- Could you tell us about the third time? Prompts:
 1. *What caused you to be homeless again?*
 2. *What was it like for you?*
 3. *What and who helped?*
- You've been going in and out of homelessness for a while...What is this like for you? What have you needed to do to survive?

Social Housing:

- You said that you are aware of social housing but you are not on the wait list, why not?
- If you had subsidized housing, how will this affect your situation?

Use of Social Services

- What has been your experience with Welfare or Social Assistance?
- What other kind of services have you received?
- What were these like for you?
- Are they services that would have been helpful that you did not receive?

Childhood Stressors

- You moved to Windsor as a child, what was it like for you to adjust to a new Area?
- What was it like growing up in your family?
- Can you please tell us about any type of abuse that you experienced or witnessed?
- Why did you leave home?

Addictions

- You said you use drugs, can you talk a bit about this?
- You have used addiction services several times, what was that like for you?
- Why do you think they haven't worked well for you?

Family

- You have two children. How old are they?
- You said your children were taken into CAS care, what has this been like for you?

- How has your homelessness situation affected your trying to get your children back?

Education

- You have some high school but no diploma, what has it been like in trying to find a job?
- What are your future career plans?

Health Services

- Has homelessness affected your health?
- Has your health prevented you from getting a job or housing?

Mental Health

- Tell us about your experience with mental health services?
- You have been hospitalized for mental health issues 5 times, were you able to keep your housing those times?
- You said you believe you have mental health issues but don't take your medication, why is that?

Sensitive questions (ask if they have not been adequately answered in other questions).

- You told me in our first interview about some difficult experiences you have. You were raped when you were 14 years. Can you talk about this?
- Do you see any connection between this experience and the difficult situations you have been in?
- You said that you got pregnant and had twins at 16, what was this like for you?
- You also said that you tried several times to commit suicide, could you tell us about this difficult time in your life?
- Another difficult experience was that your father died, what was this like for you?
- Could you tell us about your experience with anorexia?
- Several times in your life you have lived off prostitution, what has this been like for you?
 1. How are you able to cope with this?
 2. Does this have anything to do with your drug use?
 3. What will help you deal with the prostitution?

Closing Questions

- Despite all of the challenges that you have experienced, you have survived. What has helped?
- What will help you get and keep housing?
- Is there anything we have not asked about that you wish to share?

Sample 2 for Participant 113

History of Homelessness

- You only became homeless for the first time at age 35. Could you please tell what your life was before that happened? Prompts:
 1. What kind of housing did you have?
 2. What worked well then in your life?
- *You mentioned a few things in your life that led to your becoming homeless in our first interview. Could you tell me about these? (Ask if he doesn't mention: **Troubles with family, lack of work/job loss, termination of public assistance and lack of affordable housing should be addressed**).*
 1. *What was it like for you the first time you became homeless?*
 2. *What and who helped?*
- You mentioned in our first interview that you have been homeless more than 5 times. Prompts:
 1. *Could you talk about some of these instances, the 2nd to the 5th?*
 2. *What and who helped you after each instance find housing?*
- Why do you think you've gone in and out of homelessness for a while now? What is this like for you? What have you needed to do to survive?

Experience in Housing

- You mentioned that a lot of the housing you have been in has not been that good. Can you tell me about these housing situations?
-

Social Housing:

- You are aware of Windsor housing, yet you are not on the list; why is this?
- If you had subsidized housing, how will this affect your situation?

Use of Social Services

- What has been your experience with Welfare or Social Assistance?
- What other kind of services have you received?
- What were these like for you?
- Are there services that would have been helpful that you did not receive?

Childhood Stressors

- What was it like growing up in your family?
- What was your experience living with a family member that abused drugs or alcohol?
- Can you please tell us about any type of abuse that you experienced or witnessed?
- You left home at 16 or 18? What was this like for you? Why did you leave home?

Addictions

- You said you have a long history of drug use. Can you talk a bit about this?
- You have been in programs that deal with alcohol addiction. What has been your experience with these?
- Why do you think they have not been of much help to you?

Family

- You said you have 2 children, how old are they?
- Where do they live?
- How has your experience of homelessness affected your relationship with your children?

Education

- You have some high school but no diploma, what has it been like in trying to find a job?
- What are your future career plans?

Health Services

- Has homelessness affected your health?
- What has been your experience with health care services?
- How has your health affected your efforts at getting a job or housing?
- Do you have a family doctor?

Mental Health

- Tell us about your experience with mental health services?

Sensitive questions (ask if they have not been adequately answered in other questions).

- I am going to ask about some sensitive information you told me in our first interview.
 1. You said that you had your first intercourse when you were 7, how did this happen?
 2. You said that you have had sex because you needed housing, can you talk about this?
 3. You normally don't use any form of protection and have had sex while drunk, can you talk about these behaviors?

Closing Questions

- Despite all of the challenges that you have experienced, you have survived. What has helped?
- What will help you get and keep housing?
- Is there anything we have not asked about that you wish to share?

Appendix 4: Consent Forms for Participants

CONSENT TO THE DISCLOSURE OF INFORMATION ON PLACE OF RESIDENCE

I, _____
(PRINT FULL NAME)

of _____
(Address)

hereby consent to the disclosure of information to:

The Principal Investigator (Dr. Uzo Anucha), Co Investigators (Dr. F. Omorodion & Mary Medcalf) and the Research Coordinator (Kizzy Bedeau) Longitudinal Study on Exits and Returns to Homelessness, Applied Social Welfare Research and Evaluation Group, University of Windsor

of place of residence and telephone number

from The City of Windsor - Employment and Financial Assistance Branch

for the purpose of Locating me for follow-up interviews on the Longitudinal Study on Exits and Returns to Homelessness undertaken by the Applied Social Welfare Research and Evaluation Group, University of Windsor

Nature of the information to be released residence address and telephone number

(Signature)

(Witness)

Dated the _____ day of _____ 20_____.

Expiry Date: _____ (Two years after above date)

CONSENT TO THE DISCLOSURE OF INFORMATION ON PLACE OF RESIDENCE

I, _____
(PRINT FULL NAME)

of _____
(Address)

hereby consent to the disclosure of information to:

The Principal Investigator (Dr. Uzo Anucha), Co Investigators (Dr. F. Omorodion & Mary Medcalf) and the Research Coordinator (Kizzy Bedeau) Longitudinal Study on Exits and Returns to Homelessness, Applied Social Welfare Research and Evaluation Group, University of Windsor

of _____ place of residence and telephone number

from:

1. Family members (please list name, address, and phone #):

2. Friends (please list name, address, and phone #):

3. Health and support service providers (please list name, address, and phone #):

4. Hospitals previously used (please list name, address, and phone #):

5. Shelters previously used (please list name, address, and phone #):

for the purpose of Locating me for follow-up interviews in the Longitudinal Study on Exits and Returns to Homelessness undertaken by the Applied Social Welfare Research and Evaluation Group, University of Windsor

Nature of the information to be released: residence address and telephone number

(Signature)

(Witness)

Dated the _____ day of _____, 20_____.

Expiry Date: _____ (Two years after above date)



CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: An Exploratory Longitudinal Study on Exits and Returns to Homelessness in Windsor and Essex County.

Dear Participant:

You are requested to participate in a research study conducted by Drs Uzo Anucha, Mary Medcalf, School of Social Work, and Dr. Omorodion, Department of Sociology, University of Windsor. The research is funded by the Canada Mortgage and Housing Corporation. If you have any questions or concerns about the research, please feel free to contact Dr. Uzo Anucha, Principal Investigator, at (519) 253-3000 ext. 3074.

• WHAT IS THE PURPOSE OF THE STUDY?

We are doing this research for a number of reasons. First, to learn what factors are associated with homeless people finding a place to live. Next, we are looking to understand any changes that happen to help a person find a home. We are also hoping to learn how a person becomes homeless more than one time in their life. Another purpose of this study is to understand the unique experiences of a small group that have experienced going into and out of homelessness. Lastly, we hope to learn and keep a record of a suitable long term research style that can follow and survey people who are homeless.

• HOW WILL THIS RESEARCH BE DONE (PROCEDURES)?

If you agree to participate in this study, we would ask you to fill out three questionnaires over a two year period which will ask you about your housing situation, any housing opportunities you had both past and present, and other circumstances in your life. There are no right or wrong answers. The surveys will be about 1 hour long, and you will get a 1-800 number to call when you're housing situation changes. The transcripts from the interview will be analyzed for themes on your feelings about access to housing; the types housing that have and have not worked for you, and any limitations you may have encountered.

• WHAT ARE THE POTENTIAL BENEFITS TO YOU/OR TO SOCIETY?

Your involvement in this study is very important because of the experiences and struggles you have gone through as a homeless person who is having a difficult time trying to find housing that suits your needs. Your participation in this study will help community housing workers and policy makers to understand and address the housing needs of people like you.

• IS THERE A PAYMENT FOR PARTICIPATION?

You will receive an honorarium of \$20.00 per survey (to a maximum of 3 surveys per person in a two year period) in appreciation of your participation in this study.

• WILL MY PARTICIPATION BE CONFIDENTIAL?

Any information that is obtained in connection with this study and that can be identified with you will remain confidential. To ensure that your identity is confidential, your name will not appear on any identifying information or appear in any writing that may arise from the research. All interview transcripts will be under the control of the principal investigator and will be kept in locked cabinets in the faculty offices at the University of Windsor. The data will be available only to the researcher and will be used for academic and research purposes only. All data will be destroyed upon completion of study.

• DO I HAVE TO PARTICIPATE?

Participation in this study is voluntary. You may choose not to answer any questions at anytime. You may withdraw your consent to participate, or your consent for the use of the information you provide at any time without any consequences.

• HOW WILL I FIND OUT THE RESULTS OF THIS STUDY?

Upon completion of the study, a summary of the research findings will be posted on this website www.uwindsor.ca/aswreg. If you want us to mail you a summary of the findings, please provide us with your name, address and phone number, and we will be happy to do so.

• WHAT ARE MY RIGHTS AS A RESEARCH PARTICIPANT?

You may withdraw your consent at any time and discontinue participation without penalty. This study has been reviewed and received ethics clearance through the University of Windsor Research Ethics Board. If you have questions regarding your rights as a research subject, contact:

Research Ethics Coordinator	Telephone: 519-253-3000, ext. 3916
University of Windsor	E-mail: ethics@uwindsor.ca
Windsor, Ontario N9B 3P4	

SIGNATURE OF RESEARCH PARTICIPANT/LEGAL REPRESENTATIVE

I understand the information provided for the study An Exploratory Longitudinal Study on Exits and Returns to Homelessness in Windsor and Essex County as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

Signature of Investigator

Date

THANK YOU FOR BEING PART OF THIS RESEARCH.

Visit our website at www.cmhc.ca