

ACKNOWLEDGEMENTS

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The researchers interviewed 412 people who were homeless in 2002 and 2003, and went back to 62% of them two years later to learn what had changed. These individuals were among the thousands of people who were homeless in Ottawa that year.

Sincere thanks to the research participants who generously shared their experiences to help in the important work of preventing and ending homelessness.

URLS FOR *FROM HOMELESS TO HOME*:

Alliance to End Homelessness website: <http://www.endhomelessnessottawa.ca/homelessness/research.cfm>

Centre for Research on Educational and Community Services, University Ottawa website:
<http://www.socialsciences.uottawa.ca/crecs/>

This document shares with all who are concerned about homelessness the research findings of *Panel Study on Homelessness in Ottawa: Phase 1 and 2*, which was funded by the Social Sciences and Humanities Research Council of Canada, Canada Mortgage and Housing Corporation and the National Homelessness Initiative, Government of Canada.

The full reports for the *Panel Study on Homelessness in Ottawa* are available at CRECS
<http://www.socialsciences.uottawa.ca/crecs/eng/index.asp>.

The studies are also available at ATEH <http://www.endhomelessnessottawa.ca/homelessness/research.cfm>.

Interviews with project participants whose experiences are reflected in the research findings can be viewed online at <http://www.endhomelessnessottawa.ca/> or <http://www.socialsciences.uottawa.ca/crecs/>.



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FACES AND STORIES

Who becomes homeless?

Homelessness has many faces – single men, single women, youth and adults with children.

While there is no “typical” person who becomes homeless, some trends did emerge. Most of the people who participated in this study were single, heterosexual and Canadian citizens. Most of them had moved several times within the past three years, and a few were currently working.

Proportionally, Aboriginal peoples were overrepresented in the study compared to their numbers in the Ottawa population.

Approximately 25% of the single women and 40% of adults with children who participated in the research were landed immigrants and refugees.

PARTICIPANTS		
	INITIAL INTERVIEW 2002-2003	FOLLOW UP INTERVIEW 2004-2005
Single men	87	43
Single women	85	55
Female youth	78	50
Male youth	79	49
Adults with children	83	58
TOTAL	412	255

How do people become homeless?

The researchers heard many stories about the difficult experiences of being homeless¹ from the 412 people interviewed in 2002 and 2003 and about what had changed when they followed up with 62% of them two years later.

Adults were likely to be homeless as a result of economic factors, while family conflicts were the main reason for youth becoming homeless.²

THE MOST COMMON REASONS PEOPLE GAVE FOR BECOMING HOMELESS

53 % Inability to pay the rent or being evicted

26 % Conflict or abuse

8 % Alcohol or drug use problems

The research participants identified other factors that contributed to their homelessness, such as mental or physical health problems, serious childhood difficulties and long-term disabilities.

¹ Homelessness is defined as living on the street, staying overnight in temporary shelters, staying in places not meant for human habitation, or moving constantly between temporary housing arrangements provided by strangers, friends, and family.

² In this study, stable housing and related terms, such as “being housed,” refers to living in the same housing unit for 90 days or more.

IN AND OUT OF HOUSING

Single men

Fifty-two percent (52%) of the single men surveyed reported an inability to pay rent or eviction as the primary reason for their becoming homeless. Other frequent reasons included interpersonal conflict (21%) and alcohol and drug use problems (14%).

“Even if you make minimum wage the rents are too high...when I worked, I came [to the shelter] to eat because I was making \$800/month and had to pay \$600 for rent.”

Over one-third (34%) had been homeless for more than a year. A majority (71%) reported having been homeless two or more times during their lifetime and almost one-half (48%) indicated that they were homeless at the time that they moved to Ottawa.

When researchers followed up, they found that this group had the most difficulty finding housing. Less than half of the single men (47%) were housed.

Single men were housed for the shortest duration of all the subgroups. On average, single men reported having moved four times over the course of the study. No single men reported being able to access subsidized housing.

Single women

Single women reported eviction and inability to pay the rent (38%) as the most common reasons for becoming homeless. Other significant reasons included drug or alcohol use problems (13%) and spousal abuse (11%).

Over two-thirds of single women (68%) reported having been homeless two or more times over the course of their lifetime. Almost three-quarters (72%) had been homeless less than six months.

At follow-up almost 75% of the single female respondents were housed, and on average had remained housed for more than one year.

Just over half (51%) of those who were housed reported living in subsidized housing.

“My mental health caseworker helped me. The Canadian Mental Health Association has a contract with this apartment building to subsidize rents for people with mental illnesses.”

Despite this apparent success, this group had experienced three moves on average over the course of the study.

Female & male youth

Both male and female youth identified eviction by parents or guardians, parental conflict or conflict with family as the most prominent reasons for their homelessness (60% and 54%, respectively).

“I wasn’t able to do what my parents expected because I was depressed and anxious, and my parents’ way of coping with this was to kick me out.”

Many youth reported having spent time away from their family during their childhood. Most prominently, 61% of male youth and 35% of female youth reported periods of detention in correctional facilities. Forty-six percent (46%) of male youth and 35% of female youth reported living in group-homes.

Youth were the most transient and vulnerable to repeated episodes of homelessness. Approximately one-third of all male and female youth respondents averaged more than five episodes of homelessness during their lifetime. Forty-one percent (41%) of male youth and 31% of female youth reported having been homeless for more than one year.

Despite the transient histories of almost all the female youth, 90 percent were housed at follow-up and, on average, they had been housed on average for more than one year. In contrast, just two-thirds (67%) of male youth were housed at follow-up and, on average, had been housed for less than one year.

Adults with children

Approximately three-quarters of adults with children in the study were single mothers.

Inability to pay the rent or eviction was reported as the reason for becoming homeless by more than half (54%) of this group. Another 24% identified spousal abuse as the reason for their homelessness.

Adults with children were the most likely to have found and kept housing.

When this group was re-interviewed, 97 percent of them were housed and had been in housing on average for almost two years, much longer than the other sub-groups.

“Subsidized housing has made all the difference for our family.

We are no longer worried about how we are going to pay \$1000 every month for private housing.”

Only 10% of families experienced a new episode of homelessness after being housed.

Among housed families, 78% were living in subsidized housing.

HOMELESSNESS AND HEALTH

Physical health

Based on responses to a series of questions, the study concluded that, overall, the physical health status of people who were homeless was similar to people in the general population.

Despite this conclusion, homeless people reported higher rates of certain chronic health conditions, including: respiratory conditions (asthma, chronic bronchitis, emphysema); arthritis or rheumatism; back problems; migraine headaches; and stomach or intestinal ulcers.

All groups of participants, with the exception of adults in families, reported a much higher risk of suffering injuries that restricted normal activities.

Single adults and male youth reported significantly more contact with medical specialists than the general population. All groups reported more contact with nurses, and less contact with general practitioners and dentists.

SELF-REPORTED CHRONIC PHYSICAL HEALTH CONDITIONS		
	Study Participants	National Population Health Survey*
ASTHMA, CHRONIC BRONCHITIS, OR EMPHYSEMA		
Single women	26 %	9 %
Single men	36 %	9 %
BACK PROBLEMS		
Single men	21 %	15 %
Single women	49 %	14 %
MIGRAINE HEADACHES		
Single women	36 %	11 %
Female youth	41 %	6 %
* Data for general population, 1999 Statistics Canada.		

Mental health

Based on responses to a series of questions, the study concluded that the mental health status of people who were homeless was significantly worse than the general population.

All groups reported high levels of depression and anxiety and difficulties in performing day-to-day activities due to emotional distress.

About 10 percent of participants reported a suicide attempt involving an intentional drug overdose.

Homelessness can be both a cause and a consequence of mental health problems.

SELF-REPORTED CHRONIC MENTAL HEALTH CONDITIONS	
DEPRESSION	
Single women	44 %
Female youth	53 %
BIPOLAR DISORDER	
Single women	14 %
Female youth	19 %
SCHIZOPHRENIA	
Single women	8 %
Single men	6 %

Alcohol and drug use problems

Addictions often pose significant dangers to individual and community health, including inadvertent death and the spread of infections such as HIV and Hepatitis C.

Alcohol and drug use problems both contribute to, and are a consequence of, homelessness.

SELF-REPORTED ALCOHOL AND DRUG USE PROBLEMS	
ALCOHOL PROBLEMS	
Single men	35 %
Single women	26 %
Male youth	39 %
Female youth	34 %
Adults with children	2 %
DRUG USE PROBLEMS	
Single men	51 %
Single women	25 %
Male youth	68 %
Female youth	56 %
Adults with children	2 %

WHAT SERVICES DO PEOPLE USE?

While some study participants were able to find housing independently, for others community workers and programs were vital to their success in finding housing.

The use of social services provided by the City of Ottawa, such as employment assistance, housing and public health, differed among the sub-groups.

In general, adults with children reported being most likely to use these services (82 percent).

Single women (40%) and female youth (30%) reported the highest use of housing services across all sub-groups. In contrast, only 13% of single men and 15% of male youth reported using these services.

“They (staff at drop-in centre) gave me food and helped me find a job. They just help me feel at peace”

Twenty-four percent (24%) of male youth, 21% of single men, and 18% of female youth reported having used employment services.

In contrast, only 4% of adults with children and 10% of single women reported using these services.

“The drop-in centre keeps me off the streets, out of jail and I don’t have to pan [handle] for money.”

Drop-in centres were popular with all of the single respondents, particularly youth.

WHAT HELPS PEOPLE FIND AND KEEP HOUSING?

Levels of mental health functioning or substance use were not related to being housed at follow-up or to the proportion of time participants were housed between interviews.

Six factors helped to predict the likelihood of people being housed:³ gender, age, family status, income, access to housing support and a sense of empowerment.

In particular, respondents who were housed were more likely to be:

- Female
- Younger
- Living with children
- Receiving a higher income
- Accessing subsidized housing
- Confident in their ability to improve their circumstances

Respondents who were housed for the longest period of time during the study tended to be female and better educated.

They had greater workforce experience, and saw themselves as having a stronger social support network.

Living in housing that was perceived by respondents as safer, more comfortable, and more private was associated with improvements in mental health functioning.

³ “Being housed” refers to living in one’s own place for 90 days or more at the time of the follow-up interview.

HOW PEOPLE EXPLAIN THEIR HOUSING EXPERIENCES

Economic factors⁴

Many respondents identified the gap between what they can afford to pay and the cost of rent as the major source of their housing problems.

“More social housing would help the problem. Even on welfare, after rent you're left with less than \$100.”

This was particularly acute among individuals receiving social assistance and those working low-wage jobs.

Housing arrangements

In order to afford housing, people sometimes shared costs by living with roommates or romantic partners, or by returning to the family home.

In some cases, this resulted in interpersonal conflicts that resulted in new episodes of homelessness.

Substance use problems

Some respondents identified personal drug use problems, the easy availability of drugs, and open drug use in their living environments, as obstacles to staying housed.

“In my apartment building there are lots of drugs around. People always have drugs in the building and the dealers are always harassing you.”

[If] you are trying to move on from being an addict, they [drug dealers and other drug users] don't understand and put you down for not using drugs.”

⁴ This section reports on the responses to open-ended questions in the study.

Violence and abuse

Family conflicts – which included running away, being forced out of the home by parents and experiencing abuse at home – were described as obstacles to stable housing by many youth.

Some adult women identified violence or abuse by a partner as contributing to their homelessness.

“I am homeless because my husband abused me and I needed to leave with my children. Here, where we are now [homeless shelter], it’s very well organized.

They’ve really helped us – morally, mentally, in every way.”

Health status

Physical or mental health problems had an impact on the ability of some respondents to access stable housing.

In some cases, the impairment was the route to stable housing and in other circumstances it was the reason for their housing difficulties.

Housing and neighbourhood characteristics

Some women, particularly those with children, emphasized the value of living in a safe neighbourhood.

For others, negative environmental features, such as fear, neighbours with dangerous lifestyles, and restricted access to amenities such as parks and recreation centres were reasons for leaving their housing.

MOVING FROM HOMELESS TO HOME

STUDY RECOMMENDATIONS

The people interviewed for this study provided insight into the nature of homelessness and what's involved in finding and keeping housing. Clearly, this is a complex issue that has multiple causes, affects diverse groups of people, and requires a range of solutions to address it. Based on our research, here are five ways that will improve the housing situation for people who are homeless or may become homeless.

1. Increase minimum wage and income support benefits

Low incomes played the biggest factor in the homelessness of families and many other individuals in Ottawa.

2. Develop more subsidized housing units

Individuals and families accessing subsidized housing are more successful in achieving housing stability in Ottawa.

3. Increase the number of safe, affordable and good quality housing units

The study found that this improves mental health functioning and positively impacts the likelihood of housing stability.

4. Learn from what works with families

The results of the study indicate that the specific types of assistance provided to families in Ottawa have helped them achieve stable housing.

5. Tackle other problems that contribute to homelessness

Social issues such as poverty, family violence, mental health problems, addictions, and challenges facing youth leaving the child welfare system, continue to contribute to the struggles people have to find and to keep housing.