

HOMELESSNESS IN GREATER SUDBURY: 2015 PERIOD PREVALENCE COUNT

Report prepared for the City of Greater Sudbury

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Acknowledgments

This project undertaken to estimate the size of the homeless population in the City of Greater Sudbury was larger than other studies previously conducted in this city. It involved a research team comprising over 35 people as well as staff in numerous participating agencies who facilitated the research or collected information for the survey. The contributions of many people were needed to ensure the success of this project.

First and foremost, we pay tribute to the participants of the study, who were unhoused, homeless or at risk of becoming homeless and who shared information about their circumstances by completing the questionnaire.

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HOMELESSNESS IN GREATER SUDBURY: 2015 PERIOD PREVALENCE COUNT

Executive Summary

OBJECTIVE

The purpose of this study was to gather up-to-date information about various subgroups within the homeless population in Sudbury. The City of Greater Sudbury (CGS) required a point-in-time count (PIT) of homeless persons—including a count of chronically and episodically homeless people—in order to obtain information about their socio-demographic/linguistic characteristics as well as to identify the number of veterans/people with military service.

METHODOLOGY

A service-based methodology was used to conduct a period prevalence count (PPC) for the current study because it captures most of the homeless population.

Conducting the survey

Ethics approval was obtained from the Laurentian University Research Ethics Board as well as from those participating agencies requiring independent ethics approval. The 2015 period prevalence count involved data collection in the downtown area of the CGS, the Donovan, Chelmsford, Val Caron, Hanmer, Capreol and Walden. Information regarding background, experiences and forms of homelessness was gathered from homeless persons using a structured questionnaire. Thirty-one agencies, programs or services participated in the study and research assistants collected data at 20 of the service locations. Data collection continued at food services following the seven-day PPC until February 27, 2015. The data collection instrument allowed for the identification of duplicate cases which were excluded.

RESULTS

Number of participants

- The unduplicated results are based on 1,264 participants in addition to 155 dependent children under the age of 18 for a total count of 1,419. The number of participants includes adults and children who were absolutely homeless (n=440) as well as those who were at risk of homelessness (n=979). The number of individuals and children who participated in outlying regions of the City of Greater Sudbury was 223. Of these, eleven (10 participants and 1 child) were absolutely homeless.

Demographic Results

- Indigenous people (including First Nations and Métis) were present within the study sample in proportions greater than their numbers in the total population of the CGS according to 2011 census data. Excluding dependent children, Indigenous people (n=544) comprised 44.5% of the subsample based on socio-cultural identity but only 8.2% of the population in the City of Greater Sudbury. Francophones (n=194) were under-represented among the study participants (15.9%) compared to their proportion within the total population in the City of Greater Sudbury based on mother tongue (28.6%) as reported in the 2011 census.
- A relatively small proportion of young people under age 18 and not connected to a family unit (n=17) participated in the survey. Of these, 12 were absolutely homeless and 5 were at risk of homelessness.
- Women (n=463) comprised 37.2% of those who indicated their gender (n=1245) while men (n=765) comprised 61.4% of this subsample. Persons who self-identified as LGBTQQ or transgender comprised 1.4% (n=17) of the subsample.
- The number of people with military service who participated in the survey was 76. A third of these people had been called into active duty.

Chronic and Episodic Homelessness

- Two hundred and seventy-two (272) of the absolutely homeless persons indicated that they were chronically homeless (i.e., continuously homeless for more than one year) or episodically homeless (more than 4 episodes within 3 years). Two hundred and fourteen (214) individuals in the at risk population—that is another three quarters over and above those in the absolutely homeless group—reported that they were either chronically or episodically homeless.

History of Homelessness

- Between one-quarter to over two-thirds of absolutely homeless people had prior histories of homelessness. A substantial proportion—20 to 42%—of those at risk reported chronic homelessness, having slept outdoors in the previous year, or absolute homelessness within their lifetime.
- It is particularly remarkable that 17 people who were absolutely homeless and 4 who were at risk of homelessness reported that they had slept outdoors the previous night. The 27 days from January 28 to February 24 were considered extremely cold and the *Homelessness Network/Réseau sans-abri* in the City of Greater Sudbury had issued extreme cold weather alerts on all dates during that period.

HIFIS and Non HIFIS Reporting Agencies

- An overall majority of the participants of the survey—about 50% of absolutely homeless people and 67% of those at risk—was *not* reflected in the numbers of people in the survey who participated at agencies that report to the HIFIS database.

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REPORT

1.0 BACKGROUND AND DEFINITIONS OF HOMELESSNESS

Despite a growing body of research, defining and studying homelessness is a contentious undertaking (Gaubatz, 2001; Haber & Toro, 2004; Lee, Tyler & Wright, 2010; Social Planning Council of Winnipeg, 2011). Within the literature on homelessness, varied terms have been used to describe differing housing and shelter situations. The Canadian Homelessness Research Network (CHRN, 2012) developed a comprehensive typology of homelessness that includes four major categories: homeless persons may be (i) unsheltered, (ii) emergency sheltered, (iii) provisionally accommodated, and (iv) at risk of homelessness. The first two categories refer to circumstances for those who are absolutely without housing. The third and fourth categories describe the varied circumstances for persons whose shelter arrangements lack permanence and those who are at risk of becoming homeless. Terms used to refer to persons in the latter two categories include technically homeless, near homeless, precariously housed, provisionally or temporarily accommodated, inadequately housed, at-risk or at imminent risk. Those at risk of being homeless have also been described as relatively homeless (Peressini, McDonald and Hulchanski, 2010). The European Union has developed a similar, four category typology of homelessness which recognizes that people living in insecure or inadequate housing are threatened by homelessness (FEANTSA, 2006). FEANTSA (2006, p.4) completed extensive work on the typology in order to support research on forms of homelessness in Europe and to improve “comparability between countries.”

The frequency and duration of homeless episodes can have important implications for how the problem is understood and addressed. Taking into account the time element, homelessness may be divided into three categories including chronic, cyclical and temporary forms (Kauppi, Shaikh, Pallard & Rawal, 2013). According to the U.S. Department of Housing and Urban Development or HUD (2012), chronic homelessness is a term used to describe people who have been continuously homeless for approximately one year or more. Yet chronic homelessness is often experienced by those with recurring or continuing illness or addiction problems. An alternative way of defining chronic homelessness is to consider the number of episodes of homelessness within a set period of time, such as three years; HUD (2012) considers people to be chronically homeless if they have a disability and have been homeless four times within three years prior to a study.

The term episodic homelessness is used to describe people who frequently experience homelessness but transition into and out of shelter or housing, including health and social service systems such as institutions (Substance Abuse and Mental Health Services Administration or SAMHSA, 2011). Episodic homelessness may be cyclical and may result from changes in circumstances, for example release or discharge from an institution such as prison or hospital (Kauppi et al., 2013). Thus, challenges related to the categorization of homeless people must be recognized given the inter-related and overlapping nature of the concepts; categories of people who are considered to be chronically, episodically and cyclically homeless are not always distinct.

The purpose of the current study was to gather up-to-date information about various subgroups within the homeless population in Sudbury, including information gathered previously in research on homelessness in Sudbury, such as age, gender, socio-cultural data and history of homelessness. In addition this study provides information about aspects of homelessness not studied in prior research in Sudbury, such as chronic and episodic homelessness. As well, the study sought to identify persons with military service within the homeless population as this has become a focus of attention for researchers, policy makers and service providers in recent years (Montgomery et al., 2014; Metraux et al., 2013).

2.0 OBJECTIVE

The City of Greater Sudbury required a point-in-time count (PIT) of homeless persons—including a count of chronically and episodically homeless people—in order to obtain information about their socio-demographic/linguistic characteristics, and to identify the number of veterans/people with military service.

3.0 METHODOLOGIES FOR COUNTING AND STUDYING HOMELESSNESS

Researchers working in this field have noted the difficulties in studying this population; a key problem is that particular subgroups are not captured in “homeless counts” that use certain methodologies, such as 24-hour counts and studies that focus on homeless persons who live on the streets (i.e., living and sleeping outdoors, rough sleepers). In a review of methods for counting homeless people, Peressini et al. (2010) reported that “service-based methods produce the most accurate and reliable results”. Indeed, they state that such service-based methods reportedly produce more accurate population estimates than the Canadian census. Moreover, Peressini et al. (2010) noted that collecting data at a wide range of organizations providing front-line services can potentially capture nearly all of the urban homeless population (90 to 95%).

Peressini et al. (1996) noted that there has been a tendency to utilize a variation of the service-based methodology in most studies of homelessness conducted since the late 1980s. This methodology was used for the current study because it captures most of the population. Including the agencies offering front-line services and programs to people experiencing forms of homelessness can yield results that capture the complexity of the forms of homelessness as well as increase accuracy in counting people in various socio-demographic groups (e.g. by gender, socio-cultural/linguistic group and age). PIT counts have been funded by HUD in the U.S.A. and HUD has produced manuals that outline procedures. Many PIT counts are conducted over a 24 hour period. Period prevalence counts (PPC) are similar but take place over a longer period, such as seven or more days.

4.0 CONDUCTING A SURVEY OR COUNT OF HOMELESS PERSONS

4.1 Ethics Approvals

Poverty, Homelessness and Migration had previously received approval from the Research Ethics Board at Laurentian University (LU REB) for conducting period prevalence counts (7-day PIT counts) in various communities, including the City of Greater Sudbury. A revised application was submitted to the LU REB in January, 2015. Ethics approval was received on January 20, 2015. Northern Initiative for Social Action (NISA) and the Canadian Mental Health Association Sudbury Branch (CMHA) also required the completion of ethics applications. Both the CMHA's Ethics Committee and NISA's reviewers approved the project on January 27, 2015. The procedures for data collection and all aspects of the study met the standards required by all ethics review committees.

4.2 Qualifications and Experience of the Research Team

Carol Kauppi, with the Social Planning Council of Sudbury (SPCS), conducted the Study of Homelessness in Sudbury, 2000-2007. She led the project team for the 2015 count. She is the Director of the 6-year federally-funded project Poverty, Homelessness and Migration in the Centre for Research in Social Justice and Policy at Laurentian University and a professor of social work. The lead researcher on this project, Dr. Kauppi has extensive experience in conducting policy and action research, as well in undertaking large scale research projects at the national, provincial and regional levels. The research team includes two additional university researchers, Dr. Emily Faries and Dr. Henri Pallard, the staff of the Centre for Research in Social Justice and Policy, as well as three upper year social work students who were involved as research assistants. In total, the research team comprised over 35 members, including research assistants who were hired and trained to work on the project. The lead university researchers were from the School of Social Work, the Department of Indigenous Studies and the Department of Law and Justice. The research team included Anglophone, Francophone and Aboriginal faculty members and students from varied schools and departments. The project team had the required skills and knowledge to conduct the project activities, including bilingual capacity and

connections to the key cultural communities (i.e. Francophones, Aboriginals, and Anglophones) in Sudbury.

4.3 Geographic Area

The study sought to include all regions within the City of Greater Sudbury (CGS). The 2015 period prevalence count involved data collection not only in the downtown area of the CGS, but also the Donovan, Chelmsford, Val Caron, Hanmer, Capreol and Walden; the decision about locations was made following a consultation with service providers in January and February 2015 (see Appendix A). The areas outside the downtown had not been included in any of the previous homeless counts in Sudbury as the prior studies (2000 to 2009) focussed on the city centre. However, data gathered by Poverty, Homelessness and Migration (PHM) have shown that homeless people also are found in areas outside the downtown core. In order to obtain an accurate count of homeless persons in the City of Greater Sudbury, especially since an overall purpose of the study is to gather baseline data to guide initiatives over the next five years, it was important to conduct the survey in outlying population centres.

4.4 Data Collection Tool

The data collection instrument consisted of a questionnaire for collecting information on each homeless person using shelters and allied services (Kauppi et al., 2012). The definitions of homelessness used in previous studies in Sudbury and other northeastern Ontario communities were also employed in 2015. The definitions were specified in the questionnaire to ensure consistency:

Absolute homelessness: A homeless person does not have a place that he/she considers to be home or a place where he/she sleeps regularly.

Longer definition:

You are homeless if

- You have no place to call home OR
- Your home is neither a room, an apartment, nor a house, OR
- Your room, apartment or house is not your own OR
- You either stay there **four times** a week or less OR
- You have no arrangement to sleep there regularly.

At-risk of homelessness: Due to particular circumstances, a person is at an elevated risk for homelessness (i.e. pending eviction, extremely low income, familial abuse, inability to pay rent, existing medical condition with no benefits).

The questionnaire/tool was designed to generate information providing a valid, unduplicated count of the homeless population without raising concerns about violating the privacy rights of individuals using services. This tool was adapted in 1999 from the Automated National Client-specific Homeless Services Recording System (ANCHoR), an information system developed to support the coordination of services to homeless people. It also collected basic socio-demographic information about homeless persons, including the first, middle, and last initials, date of birth, gender, socio-cultural group, linguistic background, family status, use of services and referral (Peressini, McDonald and Hulchanski, 1996). In addition, information regarding employment, education, sources of income, reasons for homelessness, physical and mental health, history of homelessness and migration patterns was collected through this questionnaire. Questions to obtain information about chronic and episodic homelessness as well as military service and receipt of any income or benefits from military service were added in 2015 (Appendix B). The data collection tool is similar to that used in U.S. government mandated PIT counts. The number of people who participated in the study at programs or services that participate in the HIFIS database was compared to the number of participants at agencies that do not participate in the HIFIS database. This comparison was intended to provide information about the extent to which HIFIS captures the totality of the absolutely homeless and at risk population and various subgroups of the homeless population.

4.5 Data Collection Procedures

Using a service-based methodology, data were collected from homeless persons using a structured questionnaire in order to gather information regarding background, experiences and forms of homelessness. We used the same methodology that we have used successfully in the past in our period-prevalence studies of persons accessing a broad range of front-line services for poor and homeless people. The survey was conducted over 7 consecutive days beginning in the last week of January (i.e., January 28, 2015). HUD (2014) acknowledges that some people do not access services every day and thus counts may be extended to 7 days to allow for greater accuracy. Furthermore, we continued the count in food banks and meal programs, especially

those outside the downtown core, after the initial one-week period. The extended data collection period for food banks was required since many operate on specific days of a week or month. As the questionnaire collects specific information that allows for the elimination of duplicate cases, extending the time frame of the study did not raise concerns about counting the same person more than once. Expanding the timeline and the geographic area allowed us to collect data about persons accessing services in the outlying areas. Our procedure led to more accurate data than studies/counts that take place over a shorter time and in a single central area.

We used the same instrument as in our prior studies in Sudbury, Timmins, North Bay, Hearst, Moosonee and Cochrane, with a small number of additional questions. The use of a similar instrument and methodology permits comparisons to other northern Ontario communities as well as to the previous homeless counts conducted in Sudbury, and this may be useful in planning as our prior research has shown that there is considerable migration of homeless people between communities.

The data collection activity addressed all requirements specified by the City of Greater Sudbury, including:

- number of chronically homeless persons;
- number of episodically homeless persons;
- number of persons who identified as Aboriginal;
- number of persons who identified as Francophone;
- number of youth under the age of 18 not connected to a family unit;
- number of women and children;
- number of veterans; and
- number of LGBTQQ and transgender persons.

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

There are inherent difficulties in conducting research involving people experiencing forms of homelessness, as noted above. Building on our previous experience in Sudbury as well as Timmins, North Bay and smaller towns in northeastern Ontario, the research team worked closely with local service providers in the City of Greater Sudbury in order to create an accurate snapshot of the homeless population (cf. Kauppi et al., 2012). It must be recognized that any count will produce an under-estimate of the total homeless population. However, the

participation of a large majority of service providers offering services to poor and homeless people in the City of Greater Sudbury made it possible to obtain a reasonable estimate of the homeless population and provided baseline data for ongoing homelessness initiatives, including Housing First. In the 2015 study, we included food banks and services where meals were offered (e.g., Out of the Cold Dinner and NOAH's SPACE), which had not been involved in prior studies in Sudbury. In addition, through a consultation with service providers located in the Samaritan Centre, permission was obtained for research assistants to administer questionnaires in a common area at all times when the Centre was open.

A preliminary list of providers was developed from existing lists of programs and services and it was expanded in early January 2015 to ensure that all organizations serving this population, within the boundaries of the City of Greater Sudbury, were invited to participate. Particular attention was given to the participation of the local shelters and organizations in the Homelessness Network/Réseau sans-abri. Searches were conducted to identify and locate additional services, notably food banks in the outlying communities of the City of Greater Sudbury. Using the internet, telephone directories and the networks of identified service providers, a list of services was produced. Every provider known to serve extremely poor and homeless people was contacted by telephone in order to explain the study and to set a date and time for a meeting. The purpose of the meeting was to review the information to be collected in the study and to determine how the data could be collected from that agency.

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

Given the service pressures and limited staff resources to collect the data, research assistants were made available to administer the questionnaire in most agencies. A job advertisement was posted online to recruit and hire a team of research assistants; they included

bi-lingual and Indigenous people. In total, 32 research assistants collected data in agencies, services or programs that agreed to participate. The research team members were trained and closely supervised to ensure that the study protocols were followed. Thirty-one¹ agencies, programs or services participated in the study (see Appendix A) and research assistants collected data at 20 of the service locations.

4.6 Timeframe for the Study

The PPC was conducted at agencies or services located in the city centre or the Donovan area from January 28 to February 3, 2015. Data collection continued at food services within the City of Greater Sudbury following the seven-day PPC until February 27, 2015. Duplicate cases were excluded as explained below. It should be noted that U.S. government guidelines for conducting a PIT count state that the usual timeline for planning purposes is six months prior to the study (Rodriguez, 2013). Despite this advice, given that PHM has extensive expertise in conducting such studies, the PPC was organized and conducted within a two-month period. Condensing the timeline for the study involved some additional costs due to staffing requirements and the importance of providing small honoraria (\$5.00) to survey participants (which is noted as an acceptable cost by Rodriguez, 2013 and was approved by the LU REB).

4.7 Unduplicated Count

The data collection instrument allowed for the identification of duplicate cases. An unduplicated count was obtained by examining the first, middle, and last initials as well as the date of birth, gender and sociocultural/linguistic background. Individuals with identical information were considered to be the same person and the duplicated case was eliminated from further analysis. As in prior studies, most individuals provided the information required to identify duplicate cases. Ten questionnaires were excluded from data entry because some information required to identify duplicates was not provided. In a small proportion of cases where there was some uncertainty as to whether questionnaires were duplicates, the physical

¹ One additional agency collected data for the survey in March, 2015. Four participants completed the survey at this agency; however, data from these individuals is not included in the analysis for the current report.

questionnaires were compared in order to further examine similarities or differences and to allow us to verify unique cases. Duplicate cases have been excluded from the analyses and results.

5.0 RESULTS

5.1 Number of Participants

The number of questionnaires completed in the PPC count was 1,562, including 233 duplicate cases or potentially duplicate cases, yielding an unduplicated count of 1,329. However 65 individuals did not provide information about their homeless status and thus are not included in the analysis. All duplicate cases were removed for the current analysis. As shown in Table 1, the unduplicated results are based on 1,264 participants in addition to 155 dependent children under the age of 18 for a total count of 1,419. The number of participants and children who were absolutely homeless (n=440) as well as those who were at risk of homelessness (n=979) is shown.

Table 1: Number of Unduplicated Individuals in the Period Prevalence Count

	Absolutely homeless Number	At risk of homelessness Number	Total Number
Number of participants	422	842	1264
Children under 18	18	137	155
Total	440	979	1419

5.2 Results for Specified Data Points Required by the CGS

The City of Greater Sudbury only required data about absolutely homeless people. However this report provides information about absolutely homeless persons as well as those at risk of homelessness. It is important to include both subgroups of people because evidence

shows that there is a strong interrelationship between these categories. For example, 45% of persons at risk of homelessness previously had been absolutely homeless. These two groups are not distinct from each other as people who are at risk of homelessness are vulnerable to becoming absolutely homelessness. Moreover, some who fit accepted definitions of absolute homelessness may not self-define and self-report as homeless.

Table 2 shows the results for data points required by the City of Greater Sudbury for both groups. Dependent children are not included in these results except where they are specifically noted.

Table 2: Age, Cultural Background, Sexual Orientation and Military Service

	Absolutely homeless Number	At risk of homelessness Number	Total Number
<i>Cultural background</i>			
Indigenous	232	312	544
Francophone	60	134	194
<i>Age, gender and sexual orientation</i>			
Youth under age 18 not connected to a family unit	12	5	17
Women	131	332	463
Men	281	484	765
LGBTQQ and transgender	6	11	17
LGBTQQ children (dependents)	2	4	6
<i>Military service</i>			
Veterans	28	48	76
Veterans—active duty	11	14	25

Note: missing values are within acceptable parameters.

5.3 Demographic Results

As we have consistently found in prior studies in northeastern Ontario, Indigenous people (including First Nations and Métis) were present within the study sample in proportions greater than their numbers in the total population of the City of Greater Sudbury, according to 2011 census data (Statistics Canada, 2013). Indigenous people (n=544) comprised 44.5% of the participants who provided information about their cultural background (n=1220) for the study but only 8.2% of the population in the City of Greater Sudbury. Among those who were absolutely homeless, Indigenous people constituted 54.9% of this subsample (i.e. 232 of 422). In contrast, Francophones (n=194) were under-represented among the study participants (15.9%) compared to their proportion within the total population in the City of Greater Sudbury based on mother tongue (28.6%) as reported in the 2011 census (Statistics Canada, 2012). Francophones comprised 14.5% of those who were absolutely homeless.

A relatively small number of young people under age 18 and not connected to a family unit (n=17) participated in the survey. Of these, 12 were absolutely homeless while a further 5 individuals were at risk of homelessness. These participants were between the ages of 15 and 17. It is important to note that this subgroup is extremely vulnerable; it is possible that more young people were present among homeless people but may not have participated in the survey in order to remain part of the hidden homeless population.

Women (n=463) comprised 37.2% of those who indicated their gender; men (n=765) comprised 61.4% of this sample while persons who self-identified their gender as LGBTQQ or transgender comprised 1.4% of the sample (n=17) based on gender identity. Several parents (n=6) stated that their children were LGBTQQ or transgender (3.9% of the children).

The number of people with backgrounds involving military service who participated in the survey was 76. Over a third (36.8%) were absolutely homeless. About a third of those with military service had been called into active duty.

5.4 Chronic and Episodic Homelessness

An examination of the type of homelessness indicated by the participants reveals the interconnected nature of categories of homelessness within the current context. As shown in Table 3, more of the absolutely homeless persons (n=272) compared to those at risk (n=214) indicated that they were chronically homeless (i.e., continuously homeless for more than one year) or episodically homeless (more than four episodes within the prior three years). However, it is notable that 214 individuals in the at risk population—a proportion that is over three-quarters of the absolutely homeless subgroup—reported that they had been either chronically or episodically homeless. This finding reflects the challenges of asking homeless people to classify themselves using categories defined by researchers.

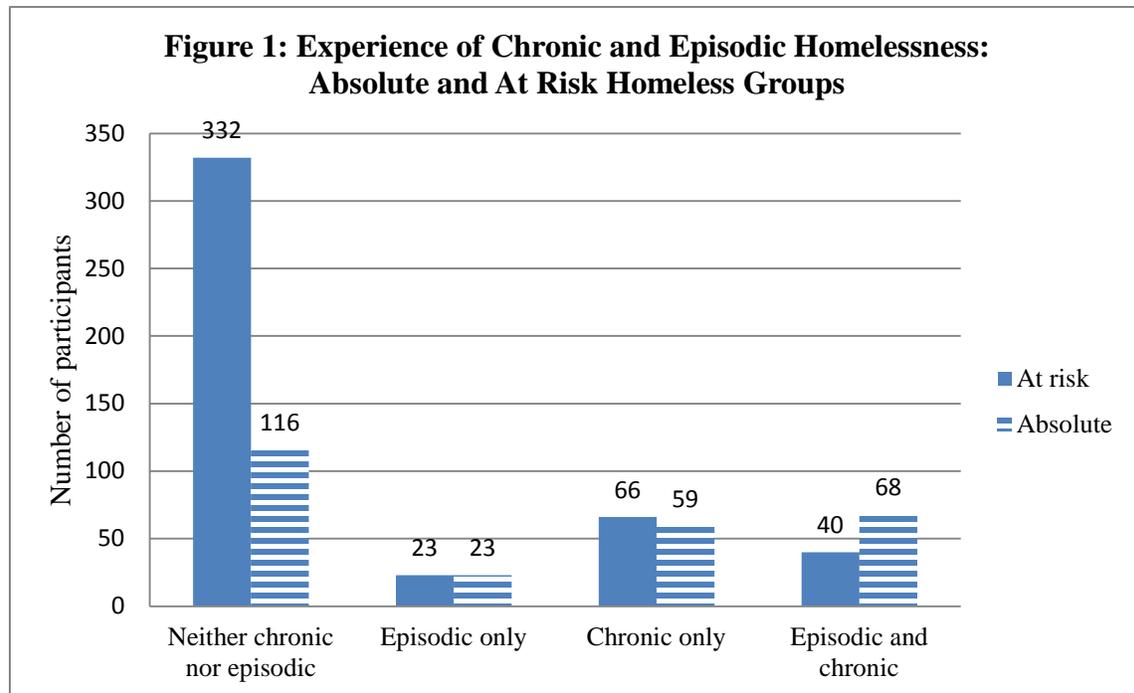
A cross tabulation of the subgroups that were chronically and episodically homeless showed that there is a statistically significant relationship between these forms of homelessness among both absolutely homeless and at risk people (Figure 1). Those who were *not* episodically homeless tended *not* to have experienced chronic homelessness. Yet there was an overlap between chronic and episodic homelessness in that 15% (n=68) of absolutely homeless people indicated both forms of homelessness compared to 4% (n=40) of those who were at risk of homelessness at the time of the study.

Table 3: Type of Homelessness

	Absolutely homeless Number	At risk of homelessness Number	Total Number
<i>Type of homelessness</i>			
Chronically homeless	178	147	325
Episodically homeless	94	67	161
Total	272	214	486

Figure 1 compares the pattern of results from the cross tabulation of episodic (defined as more than 4 episodes in a three-year period) and chronic (continuously homeless for one year) homelessness among participants at risk of homelessness and absolutely homeless. In this

analysis, the subsample comprising those at risk comprises 461 participants while the subsample for the absolutely homeless group is based on 266 participants. The results show that most people had not experienced either chronic or episodic homelessness. However, a larger proportion of those who self-reported absolute homelessness also reported chronic or episodic forms of homelessness (n=150) compared with the group that indicated neither chronic nor episodic homelessness (n=116). Among those at risk or absolutely homeless, chronic homelessness was reported more often than episodic homelessness. A slightly larger number of participants who were absolutely homeless reported that they experienced *both* episodic and chronic homelessness compared to those who reported *only* episodic or chronic forms of homelessness. In the at risk category, the combination of chronic and episodic homelessness was reported by more individuals than was episodic homelessness alone. The results clearly show that it was more common for homeless people to experience homelessness continuously for one year than it was to experience multiple episodes (4) over a three-year period. Nevertheless, as shown in Figure 1, most people in the at risk category reported neither chronic nor episodic homelessness.



$$\phi = .42, p < .001$$

5.5 History of Homelessness

Table 4 provides information about the history of homelessness among those who participated in the survey. Results regarding episodic and chronic homelessness were provided above; however, they are shown again in Table 4 to allow for comparisons between subgroups of people within the sample. Between one-quarter to two-thirds of absolutely homeless people reported the experiences listed in Table 4. More absolutely homeless people reported having experienced absolute homelessness within the previous year and within their lifetime; a larger proportion had also slept outdoors within the previous year. In addition, they reported more episodic and chronic homelessness as well as the combination of chronic and episodic homelessness. Individual definitions of homelessness influence how people answer questions. Some participants indicated that they were at risk of homelessness but also reported chronic and/or episodic homelessness. Indeed, a substantial proportion—a fifth or more—of those at risk reported chronic homelessness or absolute homelessness within their lifetime and having slept outdoors in the previous year. In addition, more people in the at risk group stated that they had slept outdoors in the previous year (n=153) compared with the number who stated that they were homeless in the previous year (n=135). These responses may reflect differences between

researchers and participants in definitions of homelessness, as various researchers have found in the past (Kauppi, et al., 2009; Rahimian et al., 1992).

Table 4: History of Homelessness

	Absolute		At risk	
	<i>N</i>	%	<i>N</i>	%
Episodically homeless (more than 4 times)	94	32	67	13
Chronically homeless	178	48	147	20
Episodically and chronically homeless	68	26	40	9
Homeless previously in lifetime	217	65	292	42
Homeless in the last year	227	68	135	20
Slept outdoors in the last year	186	65	153	26
Slept on streets the previous night	17	4	4	0.5

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

It is particularly remarkable that 17 people who were absolutely homeless and 4 who indicated that they were at risk of homelessness reported that they had slept outdoors the previous night, given that the 27 days between January 28 and February 24 were considered extremely cold. Indeed, the *Homelessness Network/Réseau sans-abri* in the City of Greater Sudbury had issued extreme cold weather alerts each day during this period. The program is an initiative funded by the City of Greater Sudbury to protect those who are most vulnerable to intensely cold weather conditions. The alert puts into action a short-term emergency plan to increase community services when the temperature drops below -15° C, or when Environment Canada issues a storm watch or weather warning. A daily low of -20° C, including the wind chill, also warrants an Extreme Cold Weather Alert. During alert periods, people on the street are encouraged to go voluntarily into shelters and services to stay warm.

5.6 HIFIS and Non HIFIS Reporting Agencies

Human Resources and Skills Development Canada (2013) utilizes the term National Homelessness Information System (NHIS) to describe the “federal data development initiative designed to collect and analyze baseline data on the use of shelters in Canada”. HRSDC notes that “NHIS supports the implementation and deployment of the Homeless Individuals and Families Information System (HIFIS) software, HIFIS training at the community level, and projects related to community shelter data coordination.”

Ten organizations or programs provide information for the HIFIS database in the City of Greater Sudbury. They include agencies within the *Homelessness Network/Réseau sans-abri* (Centre de santé/Corner Clinic, Elizabeth Fry Society, John Howard Society, Sudbury Action Centre for Youth and N’Swakamok Native Friendship Centre). In addition, four emergency shelter programs (Salvation Army Men’s, Salvation Army Women and Families program, male and female youth emergency shelter programs at Foyer Notre Dame), as well as the Elgin Street Mission provide information for HIFIS. Table 5 compares our PPC results from agencies that participate in the HIFIS database with those that do not. The results in Table 5 are based on our PPC survey conducted between January 28 and February 27, 2015.

The results shown in Table 5 under the heading “HIFIS” are not based on the actual HIFIS database but rather on data collected within the PPC by agencies that report to HIFIS. Most of the agencies, services or programs that participated in the study do not provide information for the HIFIS database. Based on the results in Table 5, overall, 50% of absolutely homeless people and 67% of those at risk are not reflected in the numbers of people who accessed programs or services that report to the HIFIS database. Thus, the results suggest that substantial proportions of people in varied subgroups did not participate at agencies, programs or services that collect data for HIFIS.

Table 5: Counts from Agencies Participating and Not Participating in HIFIS

	Absolute			At risk		
	<i>HIFIS</i>	<i>Non HIFIS</i>	<i>Total</i>	<i>HIFIS</i>	<i>Non HIFIS</i>	<i>Total</i>
Number	211	211	422	259	583	842
Chronically homeless	81	97	178	45	102	147
Episodically	42	52	94	19	48	67
Indigenous	105	127	232	105	207	312
Francophone	39	19	58	35	99	134
Youth under 18, not connected	7	5	12	4	1	5
Women	63	68	131	78	254	332
Men	142	139	281	173	311	484
LGBTQQ and transgender	3	3	6	1	10	11
Veterans	18	10	28	26	22	48
Veterans, active service	8	3	11	9	5	14
Slept on the streets the previous year	98	88	186	64	89	153
Slept on the streets the previous night	7	10	17	0	4	4
Do not get enough food to eat each day	109	123	232	123	296	419

Note: Missing values are within accepted parameters.

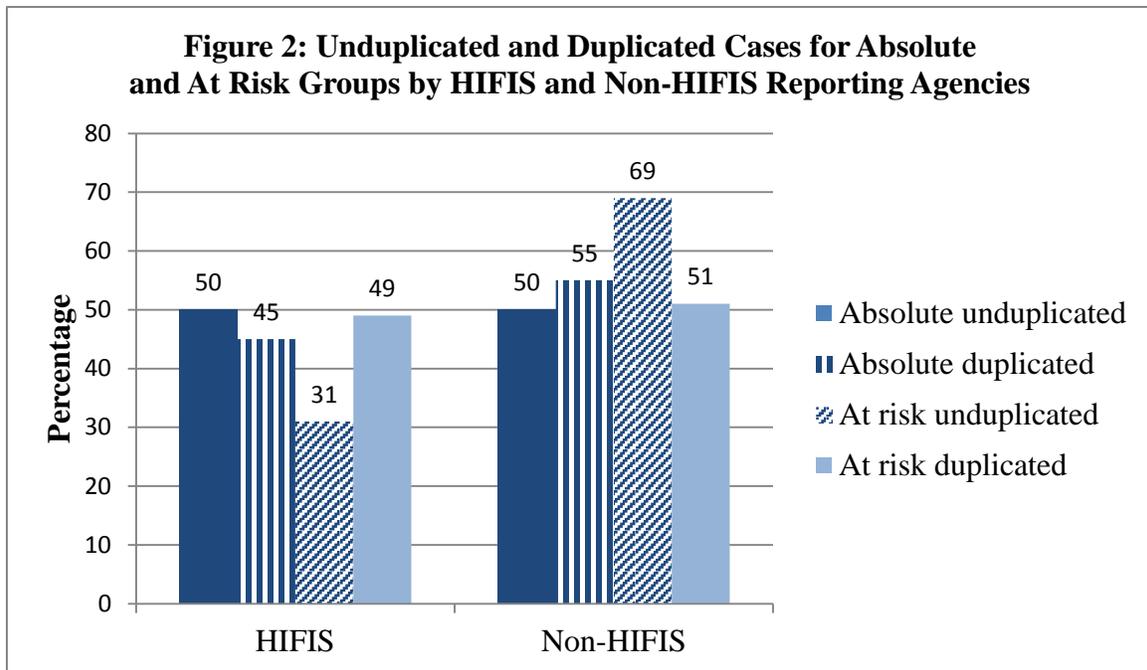
It is important to note that, among people who were absolutely homeless, a larger number of those who were episodically or chronically homeless, Indigenous, women, people who had recently slept on the streets, and who do not get enough food to eat each day apparently may not be reflected in the HIFIS database. Indeed, among those who self-reported absolute homelessness, less than half of Indigenous people (45%) and a similar proportion of chronically homeless people completed our survey at services, programs or agencies that participate in HIFIS.

The information about food insecurity listed in Table 5 was not a required data point but is an indicator of the extent to which basic needs for survival are being met. The PPC results indicate that only 47% of those who were absolutely homeless and did not get enough to eat each day participated at services or programs at agencies that report to in HIFIS.

Consideration was given to the possibility that the duplicated count might provide a more accurate assessment of the extent to which homeless people are reflected in HIFIS versus non-HIFIS reporting agencies. This analysis examined the proportion of individuals who participated more than once in the PPC—for example, potentially once in a HIFIS agency and later in a non-HIFIS agency or vice versa.

The results showing the overall proportions of people who were absolutely homeless and at risk of homelessness based on the unduplicated count were shown in Table 5 (i.e., the top row titled “Number”). The results comparing the duplicated and unduplicated cases for people who were absolutely homeless or at risk of homelessness and accessing HIFIS and non-HIFIS reporting agencies are shown in Figure 2. This analysis is based on 1,264 unduplicated cases and 224 duplicates.

The results confirm the general result shown in Table 5 in which a larger percentage of homeless people participated in the survey at non-HIFIS agencies than HIFIS agencies. The results also suggest that HIFIS data may significantly under-estimate the size of the absolutely homeless population as well as the at risk population. The largest difference is amongst the unduplicated cases of people who were at risk of homelessness with regard to agencies reporting to HIFIS compared to those that do not. Less than a third (31%) of this group were accessing HIFIS-reporting agencies when participating in the PPC study while over two-thirds (69%) were accessing non-HIFIS agencies.



5.7 Location of participation—city core or outlying communities

Table 6 compares the number of participants and their dependent children with regard to the location where they completed the questionnaire. The number of adults and children who were absolutely homeless within the downtown core of the city was 427 while the number at risk was 766. The total number of adults and children in outlying communities was 223; this number includes 11 who were absolutely homeless and 212 who were at risk of homelessness. A third of these participants completed the survey in “The Valley”. In prior studies of homelessness in Sudbury, participants in the outlying regions were not included. The 223 individuals and children constitute 16% of the total count in this study. However, they constitute 19% of those in the downtown core, the area previously studied (cf., Kauppi et al., 2009). Thus, a method to gain a rough estimate of the number of people who may have been homeless in previous studies in Sudbury would be to increase the previous counts by 19 percent.

It is important to recognize that that it is difficult to capture, with accuracy, the number of people experiencing forms of homelessness in the outlying communities of Sudbury. The number, 223, is certainly a conservative estimate as some food banks opted not to participate and some people who attended the participating food banks declined participation in the survey. In

addition, the hidden homeless population who did not attend food banks did not have an opportunity to participate in this PPC.

Table 6: Number of homeless people and children in the city and in outlying areas

	Absolutely homeless Number	At risk of homelessness Number	Total Number
Within the city	427	766	1193
In outlying communities	11	212	223
Total	438	978	1416

Note: Missing values for the locality of participation within the City of Greater Sudbury are within accepted parameters.

5.8 Incorporation of the Database into the PPC Database

The data collected for the current study are subject to requirements of the Laurentian University Research Ethics Board (LU REB) and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2010) as ethical review was required for the study. These requirements have implications for the storage and use of data. The data collected for the PPC study allow for comparisons with data collected in Sudbury and other towns and cities in northeastern Ontario.

6.0 CONCLUSION

An important finding of this study is that the number of people who were absolutely homeless or at risk of homelessness was more than double (n=1,419) the highest number found in prior studies of homelessness conducted between 2000 and 2009 (n=608). The increase in the homeless count was due to three factors: (1) an actual increase in the number of people experiencing forms of homelessness; (2) improved methods for conducting the study and; (3) expansion of the geographic region for the data collection.

First, there are a number of indicators that point towards the underlying factors linked to rising homelessness. One indicator is the need for food banks. Food Banks Canada reported in the Hunger Count 2014 that the number of people relying on food banks had increased by 25 percent between 2008 and 2014. This report also showed that, in Ontario, the average difference between the financial support provided by social assistance and the actual costs of a basic standard of living was 28%. The City of Greater Sudbury has also noted that there is a substantial gap between social assistance benefits and the requirements of rent and basic needs (City of Greater Sudbury, 2013). Given the costs of rent in the private rental market, the long waiting lists for social housing and challenges of obtaining adequate income, increases in the rates of homelessness are not surprising. Another important factor appears to be an increase in the number of Indigenous people who are homeless in Sudbury.

Second, in addition to rising rates of homelessness, we also improved our methods for measuring homelessness. The 2015 study incorporated certain changes that likely contributed to a more accurate count of the prevalence of homelessness. We built upon connections and relationships with community agencies. Two-thirds of the agencies allowed our research assistants to collect data within the agency setting. Providing space for research assistants enabled people living with homelessness to participate in the survey when they were accessing services. Many participants commented that data collection by university researchers helped to ensure confidentiality. The results of the PPC conservatively estimate or under estimate the number of homeless people in the City of Greater Sudbury due to the inability to include all people who are among the hidden homeless as well as those who do not wish to participate in the survey; nevertheless, a larger number of people participated than in the past. The provision of a small payment of \$5.00 was important to many participants. For example, in the face of extreme poverty, the small payment provided a means to obtain a meal or transportation.

Third, prior studies of homelessness were conducted in the downtown core where most services and programs for poor and homeless people have been located. However, in the current study, food banks in the outlying regions of the City of Greater Sudbury were invited to participate. The inclusion of these regions in the study increased the number of participants but also allowed for a more accurate count. Many people accessing food banks in the outlying regions of the city are among the hidden homeless.

As noted above, a significant finding of this study pertains to the substantial number of Indigenous participants. The indication that Indigenous people comprised more than half of the absolutely homeless participants reveals a shift in the factors underlying homelessness within northeastern Ontario. Our study of homelessness in Timmins also showed that Indigenous people were the most prominent group amongst homeless people in that city (Kauppi, Pallard, Lemieux, Matukala Nkosi, 2012). The migration of Indigenous people from northern communities to urban centres must be recognized and addressed using a culturally sensitive approach.

People are self-identifying as LGBTQQ or transgender. We found that 17 participants identified their gender as other than female or male and participants stated that 6 children were LGBTQQ or transgender. Local agencies must accommodate gender issues in a respectful manner that is consistent with the values and standards within Canada, such as those specified by the Human Rights Code and the Human Rights Tribunal of Ontario which assert the equal right to treatment regardless of sexual orientation.

This study identified 76 people who reported a background in military service. The Homeless Partnering Strategy of Canada has recognized the vulnerability of military veterans to forms of homelessness. The presence of a substantial number of individuals with military service amongst those accessing front-line services for homeless people requires attention.

A further conclusion pertains to the number of people who reported chronic or episodic homelessness. The analysis of questions relating to experiences of homelessness shows that individuals interpret their circumstances in varied ways. A large number of people who identified themselves as at risk of homelessness also reported experiencing chronic or episodic homelessness. This is consistent with findings reported by the Winnipeg Social Planning Council (2012) indicating that individual definitions of homelessness may vary considerably from formal or researcher-based definitions. Persons experiencing homelessness rapidly shift from one category to another. Data from the current study also show that there are significant overlaps between categories of chronic and episodic homelessness. Prior estimates of chronic and episodic homelessness noted by Gaetz et al. (2013) are not consistent with the findings of the present study in which the prevalence of chronic homelessness is substantially higher than episodic homelessness. The findings of the current study indicate that patterns present in southern Ontario cities do not appear to reflect the realities of northern Ontario.

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APPENDIX A

LIST OF PARTICIPATING AGENCIES, PROGRAMS, SERVICES AND FOOD BANKS

Participating Agencies, Programs and Services

APANO — Aboriginal People's Alliance of Northern Ontario	Inner City Home of Sudbury (food bank and related services)
BBBF — Better Beginnings Better Futures (Noah's S.P.A.C.E., Baby's Breath, Community Closet)	Monarch Recovery Services (for men)
Canadian Mental Health Association	N'Swakamok Native Friendship Centre
Canadian Red Cross	NISA—Northern Initiative for Social Action
Cedar Place Cèdre	Our Children Our Future
Clinique du coin/Corner Clinic	Out of the Cold Shelter
Elgin Street Mission	Réseau ACCESS Network
Elizabeth Fry Society	Salvation Army Shelter
Foyer Notre Dame House	Samaritan Center (table on main floor)
Independent Living Sudbury-Manitoulin	St. Andrew's Out of the Cold Dinner
	Sudbury Action Centre for Youth
	YMCA Employment and Career Services
	YWCA Geneva House

Food Banks

Capreol Food Bank	Hanmer Food Bank
Chelmsford Food Bank	Salvation Army Food Bank (Notre Dame)
Coniston Food Bank	St. Vincent de Paul Food Bank (Val Caron)
Grace Family Food Bank (Donovan)	Walden Food Bank

Notes:

1. John Howard Society was not included in the database for the report as this agency participated after the PPC in January and February, 2015.
2. Programs/services that participated in 2015 but not in prior studies of homelessness in Sudbury were APANO, BBBF, the Out of the Cold Dinner, Out of the Cold Shelter and Cedar Place Cèdre. However, it is important to note that some changes have taken place in the service system, with some services/programs emerging while others were no longer in existence or had changed names. The number of agencies participating in the study in 2015 in the downtown city centre was similar to the studies in 2000-2009.

APPENDIX B

SELECTED QUESTIONS FROM THE QUESTIONNAIRE HOMELESSNESS IN SUDBURY: 2015 PERIOD PREVALENCE COUNT

Definitions of homelessness

Absolute homelessness: A homeless person does not have a place that he/she considers to be home or a place where he/she sleeps regularly.

Longer definition:

You are homeless if

- You have no place to call home OR
- Your home is neither a room, an apartment, nor a house, OR
- Your room, apartment or house is not your own OR
- You either stay there **four times** a week or less OR
- You have no arrangement to sleep there regularly.

At-risk for homelessness: Due to particular circumstances, a person is at an elevated risk for homelessness (i.e. pending eviction, extremely low income, familial abuse, inability to pay rent, existing medical condition with no benefits etc.).

Unique identifier

Name of Agency: _____ Date: _____

2. Date of Birth _____ (Day) _____ (Month) _____ (Year)

3. Gender/Sexual Orientation:

1.....Female 2.....Male 3.....LGBTQ 3..... Transgender

Homelessness—Absolute and at-risk

4a. Do you meet the definition of **absolute homelessness**?

1.....YES 2.....NO (see definition above)

4b. Do you meet the definition of being **at-risk for homelessness**?

1.....YES 2.....NO (see definition above)

Episodically homeless

16. How many times have you been homeless in the last three years (separate instances/episodes)?

Less than 4 OR 4+

Chronically homeless

16a. Have you:

been continuously homeless for a year or more? 1 YES 2 NO

been **absolutely** homeless in your lifetime? 1 YES 2 NO

been **absolutely** homeless in the last year? 1 YES 2 NO

in the last year, slept outdoors/on the streets because you had nowhere to go? 1..YES 2.. NO

Aboriginal/Francophone

5. Ethnic/cultural/racial group:

- i.. European origin (Caucasian/White)
- ii. Aboriginal/Indigenous (specify): _____
- iii. Visible minority (specify): _____
- iv. Other (specify): _____

6. What language was first learned as a child? *Please circle all that apply:*

- i.. English
- ii. French
- iii. Cree, Ojibway or other First Nation language (specify):
- iv. Other (specify):

6a. Do you still speak this language? 1.....YES 2.....NO

Youth

2. Date of Birth _____ (Day) _____ (Month) _____ (Year)

11. Number of children or other dependents: _____

12. Do you have any children who:

- are accompanying you? 1...YES 2...NO
- are in your custody? 1...YES 2...NO

Gender and Youth

3. Gender/Sexual Orientation: 1..Female 2. Male 3..LGBTQ 3..Transgender

12a. Please provide the information about the gender, sexual orientation and age of each of your children:

	Gender and sexual orientation			Age in years
Child #1	1..Female	2..Male	3..LGBTQ	3..Transgender
Child #2	1..Female	2..Male	3..LGBTQ	3..Transgender
Child #3, etc.				

Veterans

17. Have you served in the military, peace keeping missions, reserves or Coast Guard?

- 1..YES 2.. NO

17a. Were you ever called into active duty for military service, including peace keeping?

- 1...YES 2.. NO

17b. Have you ever received health care/benefits from Veterans Affairs Canada, USA or another country?

- 1.YES ..2..NO

17c. How long were you in military service? _____ (# years)

17d. Please describe the kind of military service you were involved in

Food Security

16d. Do you get enough food to eat every day? 1...YES 2...NO