Understanding Research on Homelessness in Toronto:

A Literature Review

By

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Part 1: INTRODUCTION and OVERVIEW

1.1   Introduction

As Homelessness continues to be a concern across Canada, there has been an emerging need to understand a broad range of issues relating to this problem. In small towns, rural areas and major cities such as Toronto, people struggle with the experience of homelessness, and there is consequently a need to work towards both short term immediate solutions in order to alleviate the impact of homelessness on countless lives, and long term solutions to end homelessness. Whether conducted by academics, community-based researchers, consultants or government, research should enable us to better understand the complexity of issues relating to homelessness.

Of course, research can do much more. Good research can and should inform policy and service delivery. Granting agencies and bodies can use research to identify priorities. Research can also be a tool for advocacy, helping individuals and groups make stronger arguments to politicians, decision makers, the media and the general public. Solutions to homelessness can be found in research

In Toronto and elsewhere in Canada, one of the challenges of using research effectively in confronting homelessness has been to get access to the research. Academic studies, though extensive, generally tend to be conducted within narrow disciplinary fields (medicine, sociology of housing, criminology, etc.). Thus, this vast body of research is to some degree fragmented and often difficult to locate, particularly for service providers and policy makers. Community based research and government reports - developed at the federal, provincial and municipal levels, likewise are sometimes limited in their distribution. It is only recently that there have been efforts to try to pull together the disparate bodies of research on homelessness.

This literature review is an attempt to synthesize Canadian research on homelessness, with a specific focus on research conducted in Toronto. That is, the literature presented here will emphasize studies conducted in Toronto and / or those studies from elsewhere in Canada that are

seen to speak more directly to the issues relevant in the Toronto context. The approach used here will be based on a "determinants of health " perspective; one that seeks to link structural factors (poverty, housing, employment and racism, for instance) with personal histories and characteristics (abuse, family breakdown, etc.) in an attempt to make sense of the factors that lead to, and sustain homelessness in Canada. As such, this report is organized into a series of broad research domains reflecting such determinants, including:

- Homelessness (overview)
- Housing
- Health
- Mental Health
- Substance Use and Addictions
- Employment, Income and Education
- Legal and Justice issues
- Diversity

The report also contains an extensive and up to date bibliography on homelessness research in Canada. It is intended that this bibliography will assist those in research, policy and service communities identify key research in Canada.

1.2   The Context

Most people acknowledge that the problem of homelessness has increased quite dramatically over the past few decades. It is hard not to notice the growing presence of homeless persons on the streets of Toronto, not only in the downtown area, but also in the suburbs. While it is difficult to determine the exact number of homeless persons in Toronto at any one time given that there exists no reliable census data on homelessness in Canada[1], there are some important indicators. For instance, in 2002, almost 32,000 different people stayed in emergency shelters in Toronto one or more times, which represents an increase of 21% since 1990 (Shepherd et al.,

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[1]   A number of researchers have addressed the issue of how to count the homeless, including Bently (1995), Peressini et al. (1996) and Toro (1999).

2003). However, such figures do not account for those who are absolutely homeless (who avoid shelters and live "on the streets"), those staying with friends or those at risk of losing their housing.

In the last 10 years, we have witnessed the restructuring of government at the federal, provincial and municipal levels. This has resulted in changes in policy and in funding that have had a profound impact on the lives of homeless and under-housed persons. The withdrawal of the federal and provincial governments from the provision of social housing in the 1990s no doubt had an impact on the availability of affordable housing for low income persons. In Toronto, the social housing waiting list stands at over 70,000 persons (Shepherd, et al. 2003: 14).

While the withdrawal of the State from the provision in Canada is perhaps the most obvious example of how government decisions impact on homelessness, other factors come into play as well. Across Canada, neo-conservative governments have instituted a number of changes (and cutbacks) in welfare, disability benefits, labour laws, education, health services, social services and workers compensation, for instance, that have reduced and restricted income, opportunities and access to services and supports for vulnerable populations.

This is most certainly true in Ontario, where a wide range of changes across many ministries have had an impact on low income households, and undoubtedly contributed to the homelessness problem. In 1996 the rates for welfare in Ontario were cut by 21%.   Other changes such as the introduction of the Tenant Protection Act have arguably made people in marginalized housing more vulnerable. Cuts to social services at the provincial and municipal levels have had an impact at a time when demand for such services has grown. Finally, as the homeless population has become more and more visible, there have been efforts to criminalize homelessness through policy such as the Safe Streets Act (Province of Ontario, 2000) and through calls for more policing of the homeless. Just as in the 1960s and 1970s, when governments embarked on a strategy of deinstitutionalization in the area of mental health without putting in place adequate community-based supports, these changes we have witnessed over the past ten years have likewise made life much more difficult for low income Canadians, and have had an impact on homelessness.

Faced with a growing homelessness crisis in Canada, many individuals, non-profit agencies and indeed, government services have had to respond in creative ways. Social service agencies have continued to develop innovative programs that seek to respond to the wide ranging challenges that homeless people face. At a time of cutbacks and massive restructuring, the City of Toronto has continued to make alleviating homelessness a priority through it's services, it program funding and grants, and has adopted policies on harm reduction, for instance, that put the City on the cutting edge in North America. In the past few years, the federal government has, through its National Homelessness Initiative, begun to direct more resources at the issue of homelessness. We have seen tentative steps towards a return to the field of social housing, and at the same time support for a broad range of programs and research initiatives across the country, funded through the Supporting Communities Partnership Initiative (SCPI). Other federal departments and ministries have contributed through funding a broad range of research in the areas of housing, health, aboriginal issues and justice, for instance.

While these changes and responses are welcome, they are of course not sufficient to meet the growing challenge of homelessness in Canada. The terrain of public policy and program funding continues to be complex.

1.3   Project Overview and Objectives

As homelessness has become an increasingly important issue across Canada, there has been a need to conduct research in order to understand the issues that underlie homelessness and to help identify ways of moving forward. While there is no doubt that while international research is absolutely relevant and important to understanding homelessness in Toronto, the parameters of this literature review are much more narrow. This literature review is an attempt to identify and synthesize key research that has been conducted on homelessness in Toronto, or more broadly the vast body of research conducted across Canada which is relevant to Toronto.

The objectives of this study include:

- A review of published research on homelessness in Toronto that has been conducted over the past 15 years. This will include academic research, community-based research and work contracted by various levels of government.

- A review of published research on homelessness in Canada that is relevant to the Toronto context.

- The identification of gaps in research.

- The development of a comprehensive and cross-disciplinary bibliography of homelessness research in Canada

Research on homelessness encompasses a broad range of topics and activities, conducted across a number of sectors. This includes research conducted by academics, by government and community based research. The scholarly research of academics occurs in a broad range of fields and disciplines. Because of methodological rigour and the process of peer review for publication (which means that research is published only if it is deemed acceptable following a review by other academics who are experts in their field), when published such research is generally widely available (internationally) and is usually regarded as being of high quality. The limitations of academic research is that the time between conducting research and publication can be lengthy (in some cases taking years), the results are often not easily obtainable or necessarily understandable (given the conventions of scholarly writing) for either service providers or people who are homeless. In addition, a great deal of academic research - particularly that conducted by graduate students - remains unpublished or has been disseminated only through presentations at scholarly conferences. Finally, as Quantz and Frankish (2002) noted in their review of homelessness research in Vancouver, many academic researchers acknowledge that they lack the skills, knowledge and resources to allow their research to have more of an impact on service delivery, programs and policy.

The second realm of research explored in this review is "community-based research"; a term that describes research activities that are collaborative in nature, usually involving academics, service providers and / or other community-based stake holders. Such research is

often lauded because it builds capacity within communities, seeks to answer practical questions for service providers, and is often more clearly linked to policy and practice outcomes. The results of such research on occasion wind up being published in academic journals, but more often than not is published in the form of reports which for a number of reasons are not distributed widely and as a result are difficult to access. Because the research questions are often driven by the potential of the research to be used for advocacy, because of the quick 'turn around' often demanded by funders, and because the results are rarely "peer reviewed", the quality of such research is sometimes criticized for it's lack of rigour.

Government research refers not to research that is funded by government (for the three levels of government are the main funders of both academic and community-based research in Canada), but rather research activities that are conducted directly by government agencies, or on behalf of them, to answer specific questions. In the past several years in particular, and not unconnected to the development of the federal government's National Homelessness Initiative, there has been a flurry of government funded research. This work, which cuts across a number of research domains and disciplines, is sponsored through several departments and bodies including the Canadian Institutes of Health Research (CIHR), the Social Sciences and Humanities Council of Canada (SSHRC), the National Crime Prevention Council (NCPC), Canada Mortgage and Housing (CMHC) and perhaps most importantly, through Human Resources and Skills Development Canada's (HRSD) National Homelessness Initiative. The goals of such research has been to identify key issues and areas of concern relating to homelessness, to build capacity and enable knowledge transfer. The City of Toronto, through it's Supporting Communities Partnership Initiative (in partnership with HRSD), has also funded a number of research projects over the past several years. While some of this government sponsored research is currently available in print, on government web-sites or in academic journals, much of it is currently underway and has not yet been completed, published or otherwise disseminated. It is anticipated that within the next several years, the body of research on homelessness in Canada will expand significantly.

1.4 Methodology

In this literature review, an effort has been made to document a broad range of research on homelessness in Canada. This effort to synthesize relevant research on homelessness has relied for the most part on library based research, and some consultation with service providers. That is, the materials for the review have been gathered by investigating library resources, scanning academic data-bases (med-line, sociology and psychology abstracts, for instance), by conducting subject and author searches on the internet, and by exploring government, funder and service provider web-sites. Significantly, this literature review builds on the important work done by other researchers who have been synthesizing the research on homelessness in Canada and more specifically Toronto, through literature reviews and annotated bibliographies.

This includes:

- The interim and final reports of the Mayor's Homelessness Task Force (the Golden Report) including two volumes of background documents. (Golden et al. 1998; 1999)

- "Homelessness in Toronto: A Review of the Literature from a Toronto Perspective" - a very recent literature review on homelessness in Toronto conducted by the Community Social Planning Council of Toronto (Gloger, et al. 2004).

- "The Relationship between Homelessness and Health" (Frankish, Hwang & Quantz, 2003). This is the most extensive effort to synthesize research on homelessness and health in Canada.

- Several literature reviews and annotated bibliographies conducted by HRSD Canada. These have been made available courtesy of the National Homelessness Secretariat.

All of the above sources are excellent and provide detailed overviews (including in some cases abstracts of a large number of articles) of research on homelessness.

There are some acknowledged limitations to this literature review. First, the research on homelessness in Canada is broad, diverse and continually evolving, and is thus difficult to synthesize in a truly comprehensive way. As with all literature reviews, this document is already dated by the time the report is completed. Second, by placing the emphasis on Toronto, this report does not adequately speak to the fact that the face of homelessness is not the same across

the country. As a result, key research issues that are regionally significant (for example, the North, rural and small town homelessness) are not discussed here, and as a result, the focus of researchmay differ region to region, city to city. Third, there is a considerable body of academic and community-based research that is difficult to identify and access because it has not been published in widely available journals, and therefore, such research has been under-represented in this study.   Finally, this report does not speak to the vast amount of research that is currently underway, or which has been completed but has not yet been published. This makes the identification of "gaps" in research inherently problematic, as it is not only possible, but likely that some of these gaps are currently being addressed by researchers in Toronto or elsewhere.

Part 2: HOMELESSNESS

In this section, a broad overview of the topic of homelessness is presented. Here, the challenges of defining homelessness are explored, as are the pathways in and out of homelessness. This section also includes a brief summary of some of the key texts that synthesize research on homelessness in Canada, and Toronto.

2.1 Defining Homelessness:

Defining homelessness is difficult, and at times politically controversial (Gloger, et al. 2004; Springer, 2001). For the purposes of this literature review, I borrow from Daly in defining people who are homeless as including those who are: "absolutely, periodically or temporarily without shelter, as well as those who are at substantial risk of being in the street in the immediate future" (Daly, 1996:24). This definition captures the degree to which unstable and inadequate housing centrally defines the experience of the homeless population. People who are under housed or "at risk" of homelessness are those who spend over 50% of their income on housing, and / or live in accommodations that clearly do not meet their basic needs (Gloger, et al., 2004). People in such situations often have low and inadequate incomes, and may be in relationships that are not stable. For such persons, the line between housing and homelessness can be thin.

People who are homeless live in a wide range of conditions. Some stay in one or more of the many shelters for the homeless in Toronto or in "out of the cold" programs. However, defining homelessness in terms of the shelter population can be highly problematic, as there are many people who are homeless who never - or only occasionally - stay in shelters. Those defined as "absolutely homeless" find it difficult to stay in such settings (because of concerns re: health, safety, and lack of autonomy), and will stay out of doors (under bridges, on rooftops, in parks, doorways, etc.) or in unoccupied buildings (squats). Many others will find temporary shelter staying in the homes of friends, and some will get together enough money for short term housing in rooming houses or motels. All of these situations are characterized by a lack of

security, by their temporary nature, and by the limitations that such conditions place on people's ability to stay safe and healthy, gain employment, continue their education or otherwise move on with their lives. It is also true to say that over time, many if not most homeless people move through a variety of these situations. Many people move in and out of homelessness. It is indeed the instability of housing that is a key defining feature of the homeless population.

Nevertheless, a focus on shelter status as a means of defining the homeless population can be misleading. That is, by defining a category of persons merely in terms of their material circumstances, important differences (based on gender, race, ethnicity, sexual orientation, age, ability and health status, to name but a few) are obliterated. One cannot assume that the homeless population is homogeneous. In fact, the reasons people *become* homeless are as complex as are the ways in which people experience it. The homeless population itself is very heterogeneous, and the intersecting differences that define individual and group identity have a profound impact on how one experiences homelessness, how (or whether) one accesses services and supports, and what is needed to move forward in one's life. It is now acknowledged that in Toronto, the face of homelessness is changing, with greater numbers of women, visible minorities and new Canadians winding up on the streets (Golden et al. 1999; Federation of Canadian Municipalities, 1999; Lenon, 2000; Miller & DuMont, 2000). As such, this literature review will explore the issue of homelessness by moving beyond a narrow focus on issues of housing, to address a broad range of factors that complicate the lives of different groups and individuals who are homeless.

2.2   Pathways in and out of homelessness

There has been a considerable amount of research done on pathways to homelessness in Canada, with results that are largely consistent with what has been found in international research. Understanding the factors that lead to homelessness is not easy, given the heterogeneity of the population, and the fact that there are many pathways to homelessness.

The research on homelessness generally focuses on the interconnection between broad structural factors and more individualized personal histories and characteristics to account for why people become homeless (Novac, et al. 2002b; Frankish, et al. 2003; Main, 1998; Morrell-Bellai, et al., 2000). Structural factors include, for instance, the growing gap between rich and poor, the decrease in affordable housing and the social housing supply (Shapcott, 2003); the decrease in services, supports and social assistance (Prince, 1998); and discrimination and racism (Hulchanski, 1998). Personal characteristics and histories that impact on homelessness include catastrophic events, loss of employment, family break up, onset of mental and / or other debilitating illnesses, substance abuse by oneself or family members, for instance. In most cases, it is the intersection of individual and structural factors that account for homelessness.

At the same time, it is important to recognize that within sub-populations of the homeless, different factors may be at play. For instance, many women wind up homeless because of poverty, family violence and family break-up (Lenon, 2000; Novac, et al. 1996a; Miller & DuMont, 2000). New immigrants and refugees also are vulnerable, as suggested in a Vancouver study by Woodward et al. (2002) which estimated that 41% were "at risk" for homelessness.

There are also generational issues to consider. The research on street youth in Canada and elsewhere consistently identifies difficult family situations and a history of physical, sexual and emotional abuse as being a significant factor in contributing to youth homelessness (Ballon, et al., 2002; Braitstein, et al. 2003; Caputo et al., 1997; Farrell, 2000; Hagan & McCarthy, 1998; Janus, et al. 1987; Kufeldt & Nimmo, 1987; Poirer, et al., 1999). There has been a number of studies that explore the relationship between children and youth in care, and homelessness (Eberle, et al. 2001; Fitzgerald, 1995; Flynn & Biro, 1998; Minty, 1999; Novac, et al., 2002; Raychaba, 1988; 1989; Serge, et al., 2002). These studies indicate that a high percentage of the street youth population has been (or currently is) involved in the child welfare system. One major study on the child welfare system and homelessness was conducted in 2002 by Luba Serge. In this report, Serge sought to explore the relationship between youth who have experience of the child welfare system and homelessness, as young people who have been in care

are over-represented amongst the street youth population. As will be seen, the difficult family backgrounds that many street youth are fleeing has a profound influence on their experience of homelessness, mental health, substance use, criminal behaviour and violence.

2.3   General Synthesis Reports

In the past decade, there have been several books that summarize key literature on homelessness in Canada. This includes Daly's "Homeless : policies, strategies, and lives on the street" (1996) which discusses homelessness from a broad perspective and reviews relevant international literature. Jack Layton's "Homelessness: The Making and Unmaking of a Crisis" (2000) outlines the growing homelessness problem in Canada. He incorporates not only an analysis of pathways to homelessness and the impact of changes in government policy and practice in exacerbating the homelessness problem, but also focuses on concrete solutions. The volume "L'Errance Urbaine" (Laberge, D., ed., 2000) brings together some of the key french language research on homelessness. This volume is currently being translated into English.

Toronto has been the focus of much research on homelessness in the past. A discussion paper by Fischer et al. (1997) outlined some of the key issues regarding homelessness in the mid 1990s. The most comprehensive work in synthesizing this research area was done as part of the work of the Mayor's Homelessness Action Task Force in the late 1990s, chaired by Anne Golden. This task force produced two summative documents, including an interim report titled Breaking the Cycle of Homelessness (1998) and the final report "Taking Responsibility for Homelessness". These works are important because they: a) summarized existing knowledge regarding homelessness in Toronto; b) assessed the then current political and policy context, as well as the range of services available for people who were homeless; c) identified key research that had been done on homelessness; d) produced new research on homelessness (which is contained in two volumes of supporting documents) and e) identified new directions for policy, service delivery and research.

Since that time, the City of Toronto has on three occasions produced a Report Card on Homelessness (Shepherd, Low and Meisner, 2003). In these Report Cards the authors present

indicators that link homelessness in Toronto to broader trends in housing, employment and poverty. What is particularly interesting as well is the indicators of progress that have been made in a range of policy areas that impact on homelessness. These incredibly useful documents are unique in Canada, and provide a good starting point for understanding the context of homelessness in Toronto.

Finally, the recently published ""Homelessness in Toronto: A Review of the Literature from a Toronto Perspective" , by the Community Social Planning Council of Toronto (Gloger et al., 2004) provides an excellent survey of research in this city. Unlike this literature review, the work in this study provides an exhaustive number of annotated reviews of key works that address a range of issues including Federal and Provincial housing policy, income security, ethno-racial and other discrimination, women, youth and children, health and aboriginal homelessness.

In conclusion, there is an emerging body of literature on homelessness in Canada that frames the discussion of the problem in terms of broad structural factors and personal histories, taking account of the impact of government policy and the needs of vulnerable populations. Because of the difficulties in defining homelessness, and because of inherent problems in tracking people without an address, we don't have a solid sense of the numbers of homeless in the country (or Toronto) nor of the exact nature of demographic shifts over time within the population (based on gender, ethnic differences, singles vs families etc.).

In addition, while much research has been done in Canada and elsewhere that documents the causes of homelessness, less is known about pathways off the streets. Anecdotal evidence from service providers suggests that the longer people stay on the streets, the greater the challenges they face in leaving the streets. There is an absence of either quantitative or qualitative research that identifies the histories of people who have moved off the streets and what factors and resources (personal and institutional) were significant and enabling this. This is partly because long-term tracking studies of the homeless are time consuming, expensive and difficult to conduct. Nevertheless, research in this area would undoubtedly help service providers and policy makers come to a better understanding of the effectiveness of interventions.

Part 3: HOUSING

It perhaps goes without saying that the research literature on housing is important to our understanding of homelessness in Toronto. This extends to an analysis of broader questions regarding housing in Canada and it's affordability, as well as government policy in addressing the issue of housing for people with low incomes or who need supportive housing. It also requires an analysis of the factors that make people vulnerable to losing housing. There is also a body of research that focuses on the marginally housed (staying with friends, in rooming houses, hotels, etc.). The circumstances of those staying in hostels, shelters, supportive housing etc. shelters and rooming houses must be examined, as well as the living conditions of those who are absolutely homeless (living on the streets, in public and semi-public spaces, in squats). Finally, there is a need to explore the literature that focuses on solutions to these issues.

3.1 Affordable Housing in Canada

There are many studies that document the growing problems with affordable housing in Canada[2]. This literature effectively points out the direct connection between a lack of affordable housing and increasing homelessness (Carataga, 2003; Dunphy, 2000; Golden et al. 1999; Fallis & Murray, 1990; Hulchanski, 1995a; 1995b; 2002a; 2002b; Lefebvre, 2002; Shapcott, 2002a; 2002b; Shepherd, et al., 2003; TD Bank Financial Group, 2003). Inadequate housing is also identified as having negative health outcomes (Dunn, 2003; Hulchanski, 2001) and as placing women, children and families at risk (Callaghan, et al., 2002; Chau, et al. 2001, Hulchanski, 1995b; Hurtig, 1991; 1999; Novac, 1996; 2002). Dunn (2003) and Raphael (2002) rightly assert that affordable housing is a key determinant of health.

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[2] Canada Mortgage and Housing Corporation has an excellent website which documents the numerous research studies they have funded on housing in Canada (www.cmhc-schl.gc.ca)

The literature on housing policy in Canada documents the role of governments in Canada in developing public housing and urban development (Falvo, 2003; Sewell, 1994; Hulchanski, 2002). Changes in government policy, including most significantly, the withdrawal of the Federal and Provincial governments in the 1990s from the funding and building of public housing across Canada has been identified as having a major impact on the housing supply stock for low income earners, with a resultant increase in homelessness (Harris, 1998; Skaburkis, 2000).   The Toronto Report Card on Homelessness 2003 (Shepherd, et al. 2003) reports, for instance, that the overall supply of rental housing has dropped by 5000 since 1996, due to condo conversions, and the fact that the government had withdrawn from the development of new social housing. The report also indicates that at the same time there has been a net loss of rental housing in Toronto, there were only 873 new units built between 2000 and 2002, a rate much lower than the 2000 units per year recommended in the Golden Report (Golden, et al. 1999) as being necessary to alleviate the need for housing. The Lets Build program, which is partnership between the City of Toronto and the Federal Government's National Homelessness Secretariat (through the Supporting Communities Partnership Initiative) has resulted in 493 new affordable units to date (Shepherd et al., 2003: 7-8).

Many key writers in this field have written extensively about potential solutions to the housing crisis that has contributed to rising homelessness in Canada (Hulchanski, 1999; Margison, et al. 1998; Monica & Reynolds, 1993; Shapcott, 2003a; 2003b; Toronto Board of Trade, 2003). These reports, which base their conclusions on solid research that identifies the impact of the withdrawal of government from the provision of social housing (as well as international examples) argues clearly the case for a reinvestment in housing by all levels of government.

3.2 Tenant issues

Most low income earners are also tenants, many of whom live in privately owned housing. There is an interesting literature on tenants that focuses on the challenges people face

in the private rental market (CMHC, 2003c; Hulchanski, 1995a). Some of this research identifies the impact of government policy on both the housing stock and on the rights of tenants - in the latter case with reference to the Tenant Protection Act in Ontario (Bryant, 2004; Laird, 2002; Shapcott, 2003; Skaburskis & Mok, 2000). Other research focuses on the non-profit and / or social housing sector (Cartagata & Hardie, 1998; Clutterbuck & Howarth, 2002; Hulchanski et al. 1993). Lapointe (1998) explores ways to prevent evictions. CMHC, through a series of reports, addresses the special housing needs of sub-populations of the homeless, including women (1997b), aboriginal populations (1997a; 2001b) including those with HIV (2004a), youth (2002b; 2004b), people with serious mental illnesses (2002a) and families with children (2001c).

There has also been some interesting research that identifies the degree of discrimination that occurs in the rental market (Anucha, 2003; Cartagata, 2003; Deacon, 2002; Hulchanski, 1993; 1994; 1996; Novac, et al., 2002; Murdie, 1994; 2002; 2003). Discrimination takes the form of being denied tenancy, being unfairly evicted and / or receiving unfair treatment while a tenant. Those who are discriminated against include visible minorities, women, single parents, sexual minorities, youth, and people with mental health issues, amongst others.   For many people, discrimination is compounded by the intersection of more than one of these structural factors. Invariably, then, discrimination in housing puts people at risk for homelessness. Klos (1997), for example, identifies that homelessness amongst the aboriginal population is sometimes connected to the experience of racial discrimination in the housing market.

Some people who are homeless manage to secure enough resources to obtain (in some cases) short term housing in motels and / or rooming houses. There is not much research available that documents the lives of those staying in rooming houses (Hwang, et al. 2003a). Given that the supply of rooming houses appears to be declining in Toronto, more research needs to be done on these marginal - but nevertheless important - forms of shelter.

3.3 Shelters and Hostels

In Toronto, there are currently 4,200 beds in 65 shelters (or hostels) which provide emergency and temporary shelter to people who are homeless, which for the most part are operated in a

partnership between the City of Toronto and a broad range of community agencies. In 2002, 31,985 homeless individuals (including 4,779 children) stayed in a Toronto shelter at least once (Shepherd, et al. 2003). Many shelters have specialized mandates, including serving youth, families with children, aboriginal persons and men or women exclusively. For instance, homeless families are housed in a number of hotels in the east end of Toronto (the impact of this concentration of housing on local services such as schools has not been researched). Different shelters, in addition to providing a place to sleep, may also offer a range of services for people who stay there. This can include food, counselling, case management, harm reduction and / or other support programs. The City also funds the Habitat Services program, which supplies 1,000 boarding home beds for adult psychiatric survivors (Shepherd, et al. 2003).

Because shelters are operated by different agencies, and most have developed unique intake systems, it has been impossible to develop detailed, useful aggregate data on the users of hostels in Toronto. The City has currently been moving towards a uniform intake and data management system called HIFIS (Homeless Individuals and Families Information System) which will offer incredible opportunities for research in the future.

It could be argued that most research on homelessness in Canada is in fact research on shelter users. For methodological reasons (mostly the fact that shelter residents are easier for researchers to access than the absolutely homeless), a large number of studies of the homeless include shelter populations only.

There are, however, a range of studies that more directly make people's experience with the shelter system the focus of research. This includes research on shelter use (Acorn, 1993) and issues relating to women (Bridgman, 2001; Sev-er, 2002; YWCA, 2001), children and families (Cummings, 1999; CMHC, 2001c; Waddell, et al. 2001), youth (CMHC, 2001c; Karabanow, 1997; Karabanow & Rains, 2002), mental illness (Goering, et al. 1997; Seidman, et al. 2003), legal issues (Tolomiszenko, 2001) and the elderly (Lenk, 2003), for instance. Tomislav Svoboda has been working with a team of researchers on a range of topics related to shelter users in Toronto (2002a), including a study of Seaton House's "Annex" harm reduction program

(2002b). Much of this work has been presented at conferences, and is expected to be published soon.

Some research focusses on the development and management of the shelters themselves (Karabanow, 1997; 2002; 2004; Margison, 1998; Seidman, YWCA, 2001). For instance, there have been some innovative approaches to providing housing to homeless persons in Toronto - such as Street City and Eva's Phoenix - that attempt to provide more privacy and autonomy for residents. The development of Eva's Phoenix, a facility that houses street youth and combines social and employment supports, has been described in an ethnographic study by Bridgman (2001).

While there is an established body of research on shelters and shelter users, there is still a need for more studies. This will help in our understanding of patterns of use (who is and perhaps more importantly, who isn't using them, and why) barriers to accessing services, and issues of safety and security. Additional research will help identify which models of shelter use are most effective with different populations of the homeless, and how particularly vulnerable and marginalized populations can be accommodated within the shelter system.

3.4   Absolutely Homeless

 A number of people who are homeless rarely - and in some cases never - make use of shelters. The absolutely homeless refer to people who do not stay in paid accommodations or shelters, but rather, who live 'on the streets', in doorways, parks, on rooftops, under bridges, in tents and other public and semi-public places. Squatters are those who live in abandoned buildings, In many cases, homeless people move to the less crowded environments of the suburbs, where there are also fewer services (Ward, et al. 1998).

Research that only draws on shelter populations or other service users (through drop-ins, health services) excludes those who avoid such services. Anecdotal evidence suggests that many homeless people avoid services because of fear, intimidation, perceived discrimination

(homophobia, racism), relationship status (people who are partnered often avoid shelters that don't allow couples) and people with pets, for instance.

While the absolutely homeless are described in numerous studies focussing on broader issues, there appears to be little research that addresses the scale of this population, the reasons why they choose not to be in shelters, and the challenges they face (in terms of health, safety, etc.) in living in such conditions. A recently released first hand account of living in Toronto's Tent City chronicles the lives of homeless people living outside the shelter system (Bishop-Stall, 2004).

3.5   Supportive Housing

Supportive housing is considered to be essential for the most vulnerable members of the homeless population. It lies on the continuum between institutional and independent housing, and typically is designed with a service infrastructure to help people who would otherwise have incredible problems maintaining housing. It is built with a recognition that some people have special needs, and that an adequate income alone will not provide the stability they need. People in need of supportive housing include: young (single) parents, street youth under 18, people with serious mental health issues, with addiction problems, or both.

There has been some interesting research on supportive housing. Housing is of course a central issue when discussing the challenges that people with mental illnesses face. An early study by Goering et al., (1990) showed that women with multiple mental and physical health problems showed a strong preference for independent living, but at the same time acknowledged the need for supportive services.

In the 1990s, Novak & Quance (1998) did an assessment of supportive housing in Toronto. More recently, Connelly (2003) and Seidmen et al. (2003) discuss supportive housing as it pertains to those homeless people who are mentally ill. There needs to be more research that focuses on the challenges of those who need supportive housing, especially those with dual diagnoses and / or a history of violence.

3.6 Transitions to independent living.

The pathways out of homelessness - to stable, independent housing - are as complex as the pathways into homelessness. There are many barriers that prevent people from obtaining housing stability. Being homeless undermines one's ability to earn income, to stay safe and healthy, and to do what it takes to move forward. The pressures of life on the streets cause many to focus on meeting immediate needs for food and safe shelter, which undermines long term planning and thinking.   While many services for the homeless attempt to assist people to obtain housing, and some services are designed to facilitate the transition to independent living, not enough is known about what makes such transitions successful.

In conclusion, it can be argued that there is a substantial body of research on housing, poverty and homelessness in Canada. There are, nevertheless, gaps in the literature that will in time need to be addressed. This includes more in-depth studies of shelter use, an analysis of patterns of service use (who uses what services and why), and studies of the absolutely homeless.

There is also a need to explore further the issue of "hidden homelessness". That is, we need a greater understanding of the living circumstances of people who are neither absolutely homeless, nor are in the shelter system. Many people in Canada lack control of their own shelter, and are forced to stay with relatives, friends or in unhealthy and volatile relationships, because becoming absolutely homeless is not an option. This may be for environmental reasons (weather), due to lack of services (in suburbs and rural areas), inappropriateness of services (for cultural reasons) or for health and safety reasons. While such persons technically 'have shelter', they are at the same time homeless.

Part 4:   HEALTH

The research on homelessness and health is broad, diverse and complex. In this section, the health-based research is organized in terms of specific topics such as illness, mortality, nutrition, sexual and reproductive health, oral health and service provision. Mental health and substance use issues are dealt with in a later section.

It is important again to note that in this report, a "determinants of health" perspective is adopted. That is, in this inquiry into the relationship between homelessness and health, rather than focus narrowly on illness and injury it is necessary to make sense of how the range of social, cultural and contextual factors affect the health of individuals and their ability to avoid illness and injury.   Both personal and structural factors that are implicated in the process of becoming homeless and consequently may impact on health include: poverty, inadequate housing, unemployment, history of abuse or violence, alcohol or drug abuse, and mental illness, for instance. Contextual factors associated with homelessness are also identified as having an impact on health. The rigours of life on the streets (lack of sleep, poor hygiene, inadequate nutrition), living in overcrowded conditions, and exposure to violence and weather (freezing temperatures in the winter and extreme heat in the summer) all increase the risk of illness and injury, and can exacerbate existing or emerging health conditions. Broader structural factors that have an impact include lack of housing, lack of access to employment, limited social capital and social exclusion. The different factors that may affect health intersect in particular ways that may increase risk as well. For instance, injection drug users are at higher risk for the transmission of certain diseases, including HIV.

Below are some of the key themes in health research in Canada.

4.1 Health and Illness

Consistent with international research, there is ample evidence in Canada that homelessness is associated with poor health status, summarized in some excellent reviews of the literature (Frankish, et al. 2003; Hwang, 2001; Kushner, 1998). The first comprehensive report on homelessness and health in Toronto was the Street Health Report (Hardill, et al, 1993 also see Crowe & Hardill, 1993). This report has been highly influential in identifying the degree to which the health of people who are homeless is compromized. It has also beenused many times since to advocate for better access to services. Street Health is currently undertaking research to contribute to an updating this report. Since that time there has been additional research at the national level that attempts to make sense of how homelessness impacts health, and vice versa (Quantz & Frankish, 2002; Hwang, 2001; Hwang & Gottlieb, 1999).

Research in Canada has revealed the degree to which a range of health problems are prevalent in the homeless population. This includes, but is not limited to, greater incidences of illness and injury, higher mortality rates, diabetes (Hwang & Bugeja, 2000), heart disease, arthritis and musculoskeletal disorders (Crowe & Hardill, 1993), dental and periodontal disease, mental health problems, sexually transmitted diseases and substance abuse.

There is a considerable body of literature that focuses on Hepatitis A, B and C studies in Canadian cities (Moses, et al. 2002; Ochnio, et al. 2001; Roy et al, 2001; 2002b; 2003). Roy's research indicates relatively low Hepatitis A prevalence amongst street youth populations, in spite of a high prevalence of risk factors, making the population vulnerable to an outbreak. At the same time, there is a substantial hepatitis B and C prevalence. Wang, et al. (1991) and Roy et al., (1999) demonstrate that adolescents living on the street are at increased risk for becoming infected with hepatitis B virus. Fischer et al (2004) highlight the degree to which intravenous drug users are at increased risk for Hepatitis C.

While it is well known that tuberculosis is an increasing health risk in Canada particularly amongst certain marginal sub-populations, there is only a small amount of published research on the topic. A study in Toronto by Yuan et al. (1997) showed that at the time, the rate of active TB

amongst homeless people in Toronto was ten times the average rate for the general population in Ontario.

The reasons why homeless people are more vulnerable to illness and injury has been much debated. As Frankish, Hwang and Quantz (2003) argue, different academic and research approaches to health produce different questions, and explanations. For instance, "health researchers have tended to focus on individual risk factors for homelessness, whereas social scientists have concentrated on the role of marginalization, exclusion and economic forces in creating homelessness" (Frankish, et al., 2003:17).

4.2 Mortality

There has been some comprehensive work done on mortality and homelessness in Canada, much of it by Dr. Stephen Hwang and his team in Toronto. His work demonstrates that compared to the general population, mortality rates amongst the homeless shelter residents are much higher (Hwang, 2000; Hwang, 2002; Cheung & Hwang, 2004). He identifies that there are methodological problems in attributing this just to the experience of homelessness; that other variables such as alcohol and drug use confound attempts to establish a straightforward causal relationship (Hwang, 2002).

Within the population of the homeless, there are some interesting differences found amongst sub-populations. Research shows that mortality rates for street youth are at least eight times higher (Hwang, 2000); a situation that is much worse for homeless women (Roy et al., 1998a). Recent research by Cheung & Hwang (1994) reveals again that overall the mortality rate for homeless females is high, particularly for those under the age of 45. In fact, the mortality rates of young homeless women approaches that of young men.

Nevertheless, mortality rates for the homeless in Canada are lower than is the case in the United States, a situation Hwang attributes to lower rates of homicide and HIV infection, as well as our health care system (Hwang, 2000). At the same time, homeless men in Canada are nine times more likely to be murdered than domiciled men.

4.3 Nutrition

The link between nutrition, health and well-being is of course well established. In Canada nutritionists have explored the nutritional and food access issues of underhoused populations. Some of this research examines food-bank users (Michalski, 2003; Tarasuk & Eakin, 2003; Tarasuk & Beaton, 1999).

For the most part, homeless people are not food bank users, as storing and preparing food is difficult. There is an existing body of research that highlights the degree to which people who are homeless suffer from food deprivation and malnutrition. This is the case both for street youth (Antoniades and Tarasuk, 1998; Dachner & Tarasuk, 2002; Gaetz et al., 1999; Hagan & McCarthy, 1998) and the adult homeless population (Bunston & Breton, 1990; Tarasuk & Woolcott, 1994). The most comprehensive work on nutrition and homelessness has been conducted by Valerie Tarasuk and her team in Toronto. This research generally shows that homeless youth suffer from poor nutrition, and many go without food one or more days per month. Tarasuk has been exploring food acquisition strategies amongst the homeless. Those youth who are literally homeless, and who rely primarily on street based money making activities are particularly vulnerable. Most street youth use variable and flexible strategies to obtain food, including eating at drop-ins and soup kitchens, and perhaps most importantly, purchasing food with funds earned by a range of economic strategies (see Section 7 on work).

4.4 Sexual and Reproductive Health

People who are homeless, especially street youth, tend to have more sexual partners and begin having sex at an early age. Some of this is a consequence of background experiences. For instance, the above factors are also true for victims of childhood sexual abuse (Kufeldt & Nimmo, 1987; Janus et al. 1987; 1995), and in other cases, have to do with the rigours of life on the streets (MacDonald, et al., Strike et al., 2001). Many people who are homeless are involved in the sex trade for survival purposes, and others report exchanging sex for food or shelter (Gaetz, et al.,1999).

One of the reproductive health outcomes of the sexual patterns of the homeless is pregnancy. In a report by Toronto's Department of Public Health, Bernstein and Lee (1998) suggested that 300 babies were born to homeless women in Toronto (one third of whom were teenagers) annually. Haley, et al. (2002), in their research on street youth and sexually transmitted diseases, revealed that 47% of their sample reported sexual relations resulting in pregnancy (lifetime). Weber et al. (2003) discuss pregnancy and reproductive health issues amongst injection drug users in Vancouver, many of whom are homeless. The implications of pregnancy for the homeless population is significant. Besides the health risks and complications that may arise for a population with a greater likelihood of compromised health, there are also service provision and legal issues to consider. What supports do women who are homeless who experience barriers in accessing health care, prenatal programs and housing require? How is the child welfare system involved? What are the emotional, psychological and health consequences of pregnancy, birth, motherhood and / or the loss of a child for vulnerable women? This is an area where there is clearly a need for more research.

In addition to pregnancy, one of the consequences of the sexual encounters of people who are homeless is an increased risk of sexually transmitted diseases, even amongst youth who are not involved in the sex trade. Perhaps the most extensive work in this area has been done in Montreal by Roy et al., who have published a number of papers outlining the range of health issues faced by street youth, including unplanned pregnancy, hepatitis, sexually transmitted diseases including HIV infection (Roy et al., 1998b; Roy et al., 1999; Roy et al., 2001; Haley et al., 2002). Richardson, et al (2003) Poulin et al (2001), and Haley, et al. (2002) identify the increased risk of chlamydia trachomatis and gonnorrhea infections for young people on the streets, particularly young women involved in the sex trade.

Some interesting research has also emerged from Vancouver (Alexander, 1999; Harvey, 1998; Miller, 2002a; 2002b; 2002c; O'Connell, 2004; Spittal, 2003; Tyndall, 2002; 2003; Weber, 2003). Spittal et al (2003) revealed that young women in the sex trade are more likely to be intravenous drug users, and as a result they are at increased risk for disease transmission. O'Connell et al (2004) in their study of men who have sex with men in Vancouver, found that

males who are intravenous drug users are more likely to have casual (and unprotected) sex with a larger number of persons than are non drug users.

There has been a range of research on the incidence of HIV infection amongst the homeless in Canada, including research in Vancouver (Harvey, et al.1998; Kerr et al., 2004; Manzon, et al., 1992; Palepu, 2001; Patrick, et al. 1997; Thomas, 2002; Tyndall, et al. 2002; 2003; Weber et al. 2002; Wood, et al. 2004b), Montreal (Roy et al., 2000) and Toronto (Wang, et al., 1991; Read, et al., 1993; Dematteo, et al., 1999). This research, which focuses for the most part on street youth, identifies that the rate of HIV infection amongst this population is considerably higher than amongst the general population. Here, many risk factors intersect. The risk of HIV infection is identified as because of multiple sex partners, unprotected sex, and injection drug use, for instance. Weber, et all (2002) identify that for young women involved in street prostitution, the fact many are also injection drug users increases their risk of HIV infection.

Providing treatment for those who are HIV-infected is complex in the best of circumstances. For people who are homeless, whose lives are inherently unstable and who lack adequate supports, developing adequate treatment plans becomes even more complex. Some research has been done on how to approach treatment for HIV infection amongst street populations in Canada, including Marra et al., (2000). Martin (1995) reviewed an innovative program for homeless young people and those with unstable housing in the Ottawa area with HIV / AIDS. More research needs to be done on the challenges faced by homeless persons with HIV.

4.5 Oral Health and Dental Care

Oral health is of critical importance to all Canadians, and is linked to other health issues. The ability of homeless people to maintain good oral hygiene is limited, and is compromised by a lack of a home and by poor nutrition. Because dentistry in Canada is not covered under the Canada Health Act, people who are low income earners and / or who are homeless have

extremely limited access to dental care, whether for fillings, extractions, cosmetic care (replacing missing teeth) or routine preventive oral health services. There is very little international research on homelessness and oral health. In the mid 1990s in Toronto, some research was conducted which demonstrated that in terms of periodontal disease and tooth decay, the oral health problems of street youth are twice as bad as is the case for domiciled youth (Clarke, et al. 1996; Gaetz & Lee, 1994; 1995; Lee et al., 1994). Other studies on homelessness in Canada have identified the need for more comprehensive oral health care for the homeless and underhoused (Pizem, et al. 1994).

As a response to the oral health needs of the homeless, Rosenbloom & O'Keefe (1995), Eisen (1997), and Gaetz & Lee (1995) have all described models for providing oral health care (alternatives to the entrenched "fee for service" model) for homeless and marginalized populations in Toronto. Huynh-Vo et al. (2002) describe the benefits of an educational program for dental and dental hygiene students in community-based settings where they will work directly with homeless persons. While Toronto is the home of some of the key research on oral health services for homeless persons, there is nevertheless a need for more research to better document the needs of the homeless population, and to make clearer the barriers to access they face in obtaining oral health care.

4.6 Service

The Street Health Report was one of the first to document the degree to which homeless people face barriers in accessing health care. Since that time, it has become clearer that a number of factors impede the ability of health services that many of us in Canada take for granted (Frankish et al., 2003; Golden, 1999; Hwang & Bugeja, 2000; Hwang & Gottlieb, 1999; Hwang et al., 2000; Kappel Ramji Consulting Group, 2002; Kushner, 1998). Because many homeless people lack health cards (they are routinely lost or stolen) and because of a lack of address or place to be contacted, getting access to coordinated primary care and - if required - specialists, becomes problematic. In addition, because of real or perceived discrimination, many homeless people are unable to see doctors, nurses or other health care providers in traditional health care settings.

Finally, the cost of medication - and the inherent instability of life on the streets - means that treatment plans for domiciled persons with incomes (and / or benefits) and a daily routine may not be appropriate for persons who are homeless. All of this means that many homeless people are unable to access health services until their health problems (which are often multiple) are acute, resulting in hospitalization. Butters & Erikson (2003) identify the barriers to accessing necessary health services faced by women who are also drug users.

Nevertheless, in spite of such promising research, more needs to be done. Frankish (2003) and Wasylenki et al., (1993) have argued that while the barriers to accessing health services - and the resulting consequences - have been well studied in the United States, this continues to be an area where there needs to be more research in Canada, given the complexity of the health care system and the diverse needs of marginalized populations such as the homeless.

Because the homeless have unique needs - both in terms of their vulnerability to illness and injury, but also in terms of the barriers to access they face - there are increased costs in providing them health care which Lowry (1996) has argued increases the social cost of homelessness. Hwang et al. (2000) suggest that the fee for service system of physician payment act as a disincentive for doctors to serve people who are homeless.

There have been several studies which explore models of health and health care delivery that would better serve the homeless. This includes the work of McCormack & Macintosh (2001) who argue for a model where homeless people play a more active role in directing their own health care. Redelmeier et al. (1995) argued that a different approach to dealing with homeless adults in emergency departments - one based on "compassionate care" - would in fact result in decreased visits to the emergency department. Watson et al. (2003) advocate for the value of supporting educational opportunities for medical students in homeless settings such as shelters.

There is an emerging body of research that explores the very valuable role that nursing plays in providing health services to homeless populations. Hilton et al., (2000; 2001a) evaluates the sexually transmitted disease and AIDS prevention work of street nurses in

Vancouver. Here, the special skill set of nurses in the context of street nursing is explored, in terms of values, strategies and relationship building. Nurses have also been leaders in researching the health needs of the homeless. This includes the work of McCormack & Macintosh (2001), and in Toronto, Ambrosio et al. (1992) who wrote the Street Health Report. Crowe & Hardill (1993), who in their work on nursing and homelessness, comment on the role of research and advocacy.

Health Education strategies for the homeless are important to consider. While numerous health education resources and programs have been developed world wide to deal with a broad range of health related issues, these are often inappropriate for homeless people because the advice and recommendations don't recognize the special needs of the homeless and the context in which they live. At the same time, there are areas of health education that should be developed specifically for people who are homeless (for instance, keeping warm in the winter, dealing with summer heat and dehydration).

Nevertheless, as Frankish et al. (2003) argue, there are implications for preventive health promotion strategies embedded in many research studies on homelessness and health, such as Dematteo et al., 1999, Roy et al., (2003) and Smart & Adlaf (1991). Boyce's research on "disadvantaged person's participation in health promotion projects" (2001) highlighted the importance of how such programs were structured - and the necessity of having target members play a leading role - in the success of such programs. Some approaches to health education are discussed in more detail in the section on substance use and addictions. Nevertheless, it can be argued that more work needs to be done in this area.

In conclusion, the research on health and homelessness is broad, and covers a range of themes. There is no doubt that much of this research originates in major Canadian cities such as Toronto. There are, however, gaps in research to be explored in the future. This includes a continuing exploration of illness, injury and health conditions. It also means exploring such issues from a "determinants of health" perspective.

Finally, more research needs to be done on homelessness and access to health services. We need to have a greater understanding of barriers to access on the one hand, and innovation in

health care service delivery for people who are homeless on the other. In terms of community-based research, there is a need to devote more effort to researching (and disseminating findings) regarding different models of service provision, including not only health services, but drop-ins, shelters and other services accessed by people who are homeless. Finally, an argument can be made that it would be useful to map patterns of service usage. Efforts to 'coordinate' and integrate service delivery would benefit from an understanding of how and why (aor why not) people who are homeless access services and what barriers sub-populations may face.

Part 5:   MENTAL HEALTH

Mental illnesses present challenges for many Canadians. For people who are homeless, the experience of mental health problems can complicate already difficult circumstances. The experience of how mental health issues are dealt with in Canada is of course complex and controversial. In this section, a brief review of the research literature on homelessness and mental health is presented.

5.1   Mental Illnesses and Disorders

There is considerable literature both in Canada and internationally which suggests that a significant percentage of people who are homeless suffer from a range of mental illnesses and disorders (Acorn, 1993; Herman, et al., 1992; Mental Health Policy Research Group, 1998; Tolomiczenko, et al., 2001).   These conditions range in severity from those who experience depression, to those recovering from trauma, and those with more serious psychiatric disorders, including schizophrenia and mood disorders, for instance. A study of homeless shelter users in Calgary by Stuart and Arboleda-Florez (2000) revealed that three quarters showed some symptomology, and one third had signs of significant mental health problems. Eggins (2000) suggests that the sampling method used in the above study - one that focuses exclusively on shelter users and not the absolutely homeless - may understate the problem.

The causes of such mental health challenges for people who are homeless are often traced to background variables (that is, events and circumstances prior to homelessness) and situational variables, such as a wide range of hardships, substance use, victimization and trauma, for instance. Even when mental health problems are not a direct cause of homelessness, they can reinforce and lengthen the experience of homelessness (Government of British Columbia, 2001).

Some interesting research has emerged that focuses on self-esteem, personality and psychological adjustment amongst homeless populations (Boydell, et al., 2000; Tolomiczenko,

2000; Votta & Manion, 2003; 2004). In their comparison between homeless and domiciled males, Votta & Manion identified that homeless youth reported a greater use of a disengagement coping style, a greater number of negative life events and higher levels of depressive symptoms. Homeless youth are also more likely to report a history of family dysfunction, school difficulties, substance use and suicide attempts.

5.2 Depression and Suicide

Depression rates amongst the homeless population are higher than amongst the general population (Ayerst, 1999; Enyan, et al., 2002; Kidd & Kral, 2002; Smart, 1993; Smart & Walsh, 1993; Votta & Manion, 2004). Ayerst, for instance, demonstrated that stress levels and depression were higher amongst street youth than domiciled youth, and that coping strategies differed as well. Street youth were more likely to engage in substance use and acts of self harm to cope with stress and depression, while domiciled youth were more likely to engage in 'productive problem solving', and or to make use of social networks to talk about their problems (Ayerst, 1999). Kidd & Kral (2002), in their research on street youth, showed that 76% of their sample reported previous suicide attempts, associated with themes of isolation, rejection/betrayal, lack of control and low self esteem. Most significantly, they identified that involvement in the sex trade was strongly linked with suicidal experiences. Enyan et al (2002) report that early experience of homelessness and extended periods of homelessness (longer than 6 months) are both associated with higher rates of suicidal ideation.

5.3 Severe Mental Illness

Severe mental illness is defined as a serious and persistent mental or emotional disorder (e.g. schizophrenia, mood disorders, schizo-affective disorders) that disrupts people's ability to carry out a range of daily life activities such as self-care, interpersonal relationships, maintaining housing, and employment or school. In the Golden Report, it was argued that "there is broad agreement that about a third of the homeless population suffers from mental illness, but the

percentage varies considerably according to age and gender" (Golden, et al., 1998:114). A study by Raynault et al. (1997) found that homelessness is associated with an increased risk of organic psychosis (11.2%), functional psychosis (6.1%) and personality disorders (3.8%).

It is important to acknowledge that generalizations about the mental health issues of the homeless should also take account of the heterogeneity of the population. Adlaf & Zdanowicz (1997), in their study of 211 street youth in Toronto, identify that psychological health factors vary significantly between sub-populations of street youth (defined in terms of substance use, street youth lifestyle and delinquent behaviour). Some research identifies that homeless women show a greater likelihood of having a severe mental illness than homeless men (Hargrave, 1999; Novac et al., 1999). However, Goering et al. (1992) found similar histories of psycho pathology between men and women. In their study of homeless women, Novac et al (1999) found that long term homeless women had a high likelihood of having severe mental health problems and connected to this, an increasing likelihood of substance addictions.

In Canada, it has long been recognized that the over-representation of people with mental illnesses amongst the homeless population is in part connected to the deinstitutionalization of psychiatric patients that began in the 1960s (Canadian Public Health Association, 1997; Hargrave, 1999; O'Flaherty, 1996), with the number of long term psychiatric hospital beds having declined by 80% between 1960 and 1993/4 (Geyer Szadkowski, 1998). However it is worth noting that Tolomiczenko - a leading researcher on homelessness and mental illness - has argued that we need to be careful in articulating the linkage between deinstitutionalization and homelessness, as one must not ignore other important factors leading to homelessness. For instance, only 4% of his sample cited mental health issues as a cause of homelessness, whereas 36% cited joblessness and inadequate income (Tolomiczenko et al, 1998).

5.4   Implications of Mental Illness amongst the Homeless

While it can be argued that the deinstitutionalization of psychiatric patients is not necessarily a bad thing, the problem is that this process was not accompanied by the

development of sufficient community supports. The challenges of providing affordable and / or supportive housing for people with mental health issues has been explored by Lenk (CMHC, 2002a). One of the consequences has been an increase of people with mental health problems in the shelter system and on the streets (absolutely homeless), and in terms of health, a greater number who access care (sometimes unwillingly) through emergency departments of hospitals. Hwang (2001 - mental illness article) links substance use, psychotic disorders and affective disorders with higher rates of morbidity within the homeless population. Goldfinger et al. (1998) explore the policy and practice implications of HIV amongst homeless populations with mental illnesses.

There are also legal and justice implications to consider here, in terms of the number of homeless people with mental heath problems who wind up in custody. In a study of 110 inmates, Vitelli (1993) found that those who were homeless at the time of their arrest were much more likely to report a previous involvement with the mental health system, display overt symptoms of mental illness and have a history of suicide attempts. Likewise, Zapf et al.(1996) did a study of 790 pre-trial males. They found that those who were homeless were more likely to have severe mental disorders and a prior psychiatric history. Laberge and Morin (1998) identified the difficulties experienced by attorneys defending people with mental illnesses in court. Finally, James et al. (1999) identify the linkage between involvement in the criminal justice system, homelessness and psychiatric admission rates.

In 1996 it was argued by the Ontario Medical Association that there were inadequate supports for homeless people with mental illnesses, an argument that has been made repeatedly since then (Perkins, et al., 1998; Haver, et al. 2003). Stuart and Arboleda-Florez (2000) identify that homeless shelter users with severe mental illness certainly need services but often do not know where to find them or how to access them. Bridgman (2001) documents the often challenging relationship between homeless women with mental health problems and agency staff in Toronto. She points out that the mentally ill homeless are amongst the most difficult to serve because of their complex needs, their lack of trust of service providers and problems with service delivery.

Tolomiczenko et al (2001) argue that there is a need to educate the general public about mental illness and homelessness, and they emphasize the importance of direct interaction with stigmatised groups as aiding in a better understanding by the general public through reducing negative attitudes.

In conclusion, it is clear that a significant percentage of people who are homeless experience mental health problems. This presents some unique challenges for researchers and service providers, as mental health issues cut across most other research domains, including health, substance use, housing, work and legal issues. There is therefore a need to conduct more research to explore these linkages. We need a better understanding of how mental health issues - ranging from low self-esteem, to depression to schizophrenia - increase the social exclusion of the homeless and present barriers to accessing public and private services, including both those that are targeted to the homeless, and those more broadly available to the general public.

Part 6: SUBSTANCE USE

The field of research on substance use and addictions amongst the homeless is quite broad. Strictly speaking, this research identifies the use patterns of the homeless in an effort to identify how such use is implicated both in pathways to homelessness, and to the challenges people face once they become homeless. There is also a body of research that explores the relationship between addictions and mental illness. The literature on responses to substance use looks at a range of programming, from education, to treatment and harm reduction.

6.1 Patterns of Drug Use

There is a considerable body of excellent research conducted across the country on drug use and homelessness, particularly amongst street youth. This research identifies higher prevalence rates and the impact of drug use on the lives of people who are homeless. Baron, for instance, argues theat the use of substances by street youth is unfluenced by the complex intersection of a number of background, situational (street lifestyle) and economic factors (Baron, 1999). Poulin, et al. (1998) in their study of cocaine and opiate use in six Canadian cities (Vancouver, Calgary, Winnipeg, Toronto, Montreal and Halifax) explored prevalence use, law enforcement, treatment and mortality issues. There have been several studies of crack use and homelessness, including Erickson (2002) and Butters & Erickson (2003), the latter study focussing on the use of crack by women.

There is a growing body of research on injection drug use in Canada (Baron, 1999; Canadian HIV / AIDS Legal Network, 1999a; 1999b; Health Canada, 2000a; 2000b; 2001; Millson, 1990; Myers, 1995; Spittal, et al. 2002). The research on drug use identifies a range of health risks associated with drug use, in particular injection drug use (Laurie, et al. 2000; Millar, 1998; Ochnio, et al. 2001; Patrick, et al., 2001; Rabkin, 1997; Remis, 2002; Rhodes et al. 1998; Spittal, et al 2002). This research identifies the link between injection drug use and HIV /

AIDS, Hepatitis A and C and other diseases, and as a result the increased need for access to health care (Hankins, et al. 2002; Palepu, 2001).

In Toronto, key work in this area was conducted in the early 1990s, resulting in a number of publications that explore various facets of drug use amongst the homeless population (Bernstein, et al. 2000; Smart & Adlaf, 1991; Smart, 1993; Smart & Ogborne, 1994; Adlaf et al.; Adlaf & Zdanowicz, 1999). In comparing street youth to a domiciled sample, both of whom were in treatment, Smart and Ogborne (1994) found that street youth had lower self-esteem, were more likely to be depressed, unemployed and to have legal problems. Adlaf et al. (1996) identified that coping and escaping motivations, a history of family dysfunction and street exposure (amongst other things) is correlated with substance use once on the streets. Millson et al. (2004) identified that intravenous drug users perceive their mental and physical health to be much worse than the general population.

Extensive research on street youth and drug use in Montreal - in particular injection drug use - has been done by Roy et al. (Roy et al., 1998; 2001; 2002; 2003). Their work documents in detail drug use patterns of street youth, the health implication of such use (Roy et al, 2001) and the factors that come in to play in first time injection drug use (Roy et al., 2002, 2003). This research has important implications for prevention and harm reduction policy and practice. They found, for instance, that while homeless young people typically use clean needles when they start injection drug use, this practice declined over time.   In spite of the high percentages of street youth reporting having engaged in injection drug use (54%), they are optimistic about the value of preventive programs.

There is an emerging (and substantial) body of research on injection drug users in Vancouver, many of whom are homeless. Though not all injection drug users are without shelter, many are, or are at risk of homelessness. This body of literature is diverse, including centrally, a discussion of drug use and disease transmission, and in particular, HIV (Alexander, et al. 1999; Harvey, et al.1998; Kerr et al., 2004; Patrick, et al. 1997; Thomas, 2002; Tyndall, et al. 2002; 2003; Wood, et al. 2004b). Davis (1998) identifies the how the injection of drugs such as cocaine becomes problematic because the short duration of the 'high' results in more frequent

injections, and thus the greater risk of sharing syringes. Wood et al. (2003b) discussed the increased risks faced by intravenous drug users who require help injecting.

Researchers in Vancouver have also explored gender issues relating to drug use, including involvement in the sex trade (Spittal et al., 2003) pregnancy and reproductive health (Weber et al, 2003), sexual violence (Braitstein, et al. 2003) and risk of HIV (Thomas, 2002; Miller, et al., 2002b). There has also been some interesting research that raises issues regarding treatment planning and service use, including the challenges drug users face in adhering to treatment therapies (Kerr, et al. 2004; Wood et al, 2004b), how alcohol and drug use may undermine the effectiveness of HIV suppression drugs (O'Connell, et al. 2003; Papelu, 2003a; 2003b). Some of this research focuses on problems with hospital utilization, including the use of emergency wards in hospitals (Papelu, 1999) and the tendency of some users to leave hospitals against medical advice (Chan et al. 2004). Finally, there is important research that highlights the need for preventive work. Miller et al (2002c) show that the rates of Hepatitis C serioconversion are much lower amongst young intravenous drug users, thus suggesting the necessity of - and opportunity for - preventive measures.

6.2 Concurrent Disorders

The relationship between drug use and mental health is complex. The term "concurrent disorders" describes the combination of mental health problems with substance abuse problems. It is generally believed, for instance, that people with mental health problems have a greater likelihood of drug use. The challenge of understanding - and finding appropriate ways to work with - people who have concurrent disorders has long been recognized in Canada (Hood et al. 1996; Golden, et al. 1999; Lowry et al. 1996; Rabkin & Geal, 1997).   Adlaf & Zdanowicz (1999) identify a strong connection between mental health issues and substance use amongst their street youth sample.   Kidd & Kral (2002) in their study of suicide, frame some drug use patterns as examples of "slow suicide". Ballon et al (2002) identify that street youth who report

a greater history of physical and sexual abuse are more likely to be drug users. Davis examined HIV infection amongst a seriously mentally ill population in Vancouver who inject drugs (1998).

This is just a sample of research stating the link between mental health issues and drug use. The reality is that much of the research on mental health and homelessness speaks to the significance of drug use, and this has implications for research, policy and practice. Concurrent disorders can complicate treatment, impact on harm reduction strategies and affect people's abilities to secure and maintain housing and employment. In Canada, it has been argued that homeless people with concurrent disorders are not receiving the supports they need, and that more so than people with either mental illness or addiction alone, they are likely to have higher rates of psychiatric hospitalization, disruptive behaviour and suicide (Golden, 1999: 117).

6.3 Dealing with Substance Use

The literature on responses to drug use (and it's consequences) focuses on how service providers attempt to support people with substance use issues, treatment options and harm reduction. There are some valuable synthesis reports that look at drug policy in Canada (Health Canada, 2002; Kerr & O'Britain, 2002). Fischer, Rehm & Blitz-Miller compare preventive strategies for intravenous drug users in Canada and several Western European countries (2000b). Mercer and Racine (1993; 1995) found that intensive case management that involved supporting homeless people by providing concrete services had a positive effect on reducing substance use and the problems associated with it. Ochnio et al. (2001) argue for the need for Hepatitis A vaccination programs for street youth intravenous drug using populations in Vancouver.

Treatment is both a conventional and highly controversial response to drug use in Canada. The history of compulsory treatment in Canada has been reviewed by Fischer et al (2002b). Wild argues that there is a "fundamental incompatibility" between perspectives which endorse compulsory treatment, on the one hand, and harm reduction, on the other (Wild, 1999). Smart & Ogburne (1994) explore the experience of street youth in treatment and discuss issues of compliance. Their research shows that street youth in treatment - compared with domiciled

youth - are more likely to have a range of personal and social problems, including depression, low self-esteem, legal troubles and unemployment, for instance. Poulin et al (1998) found that there was considerable variation in IDU treatment programming and use across Canada.

In an interesting study , Wood et al (2004a) explore the consequences of law enforcement strategies for drug users and programmes. In studying the results of a police "crack down" in Vancouver, they found that this did not really affect drug prices or frequency of use, nor encourage enrolment in treatment. Rather, police crack downs led to shifts in the spaces and places where people consume drugs, and some decreases in use of services such as used syringe drop-off boxes.

6.4 Harm Reduction

Harm reduction refers to approaches (and policies that underlie them) that seek to reduce the risks for those who use drugs. That is, rather than see abstinence or treatment as the only viable options, a harm reduction approach recognizes that many people will continue to use drugs, and that efforts must be made to encourage safe use for personal and public safety reasons. As harm reduction strategies have moved swiftly to become more broadly accepted amongst all levels of governments and across a broad range of service providers, there has been a growing body of research that investigates the philosophy and practice of harm reduction in Canada (Riley et al., 1999; Health Canada, 2001; Hilton, et al. 2001b). Ogborne & Birchmore-Timney (1999) have provided a framework for the evaluation of programs with a harm reduction focus. However, it appears that the expansion of such programs is developing at a rate much faster than the available evaluative literature on the topic.

In the past 15 years, there have emerged a broad range of harm reduction strategies in Canada, some of which involve outreach and / or involve peer education. Strike et al. (2004) have conducted an interesting study of outreach workers, their strategies, boundary issues and an emergent culture of outreach. In Toronto, Tomislav Svoboda and his team (2003a; 2003b) have explored harm reduction practices in a "wet" hostel (Seaton House). This research highlights a very innovative program. Some interesting research on outreach by 'street nurses" in New

Brunswick has been presented by Hilton et al. (2000; 2001). This work explores the efforts to street nurses to engage in harm reduction based preventive education and practice and treatment work, through outreach to hard to reach and high risk homeless persons.

Interesting research is emerging out of Vancouver on needle exchange programs and strategies (Archibald, 1998; Miller, 2002; Schechter, et al., 1999; Tyndall, 2002; 2003; Wood, et al. 2003a; 2003c). Tyndall et al. (2003) compared satellite needle exchange distribution in Vancouver and Montreal.

Peer Education involves incorporating the recipients of a service in the planning and delivery of such services. There are examples of resource manuals for peer training, including one for working within an aboriginal community (Kali-Shiva AIDS Services; 2000). While peer education is now a well established approach, there is a need for more critical and evaluative research on the philosophy of peer education and it's effectiveness. Wood et al. (2003a) have evaluated an "unsanctioned" peer run needle exchange program in Vancouver. Poland et al. (2002) engaged street youth in the development and evaluation of a harm reduction video project. This is one of the few reviews of the successes, challenges and tensions inherent in peer education projects.

Much of this research stems from the development of needle exchange programs in major cities in Canada (Bardsley, et al. 1990; Health Canada, 2001; Laurie, 2000; Leonard, et al. 2001) and in particular Vancouver (Tyndall, et al. 2002; Wood, et al. 2003a; 2003c). In their study of a needle exchange program in Hamilton, Gold, et al. (1997), make a compelling case for the cost effectiveness of such programs through reducing the spread of HIV. Strike, et al. (2002a; 2002b) explore delivery and access issues in needle exchanges, and interestingly, examine how the 'meaning' of needles and IDU impacts on policy and practice. Hankins (1997; 1998) discusses some of the deficiencies in seeing needle exchange programs as a solution to injection drug use, a position echoed by Strathdee (1997a; 1997b). There is also an emergent literature on safe injection drug sites (Bulwer, 2002; Fischer, et al. 2002a; 2002b; 2004; Green et al. 2004; Kerr et al. 2003). Green et al (2004) survey drug users as to their view regarding their potential use of safe injection sites.

In conclusion, it is very clear that the topic of substance use is important in the study of people that are homelessness. While it is true that homeless populations have higher prevalence rates than the general public, this is not to suggest that all people who are homeless have problems with substance use. Rather, it is the case that the conditions that produce and sustain homelessness are connected to patterns of drug use. There needs to be more research in Toronto on drug use and law enforcement, legal issues stemming from drug use and how usage may create barriers to accessing public and private services. There also needs to be more research conducted on innovative harm reduction practices.

Part 7: EMPLOYMENT, INCOME & EDUCATION

Housing and health are broad issues that define much of the research on homelessness. Employment and income generation are also important to explore, both in terms of explaining pathways to homelessness, but also in terms of aiding in our understanding of the challenges people face when they are without shelter. That is, the ability to obtain - and perhaps more importantly, maintain - work is central to the survival of people who are homeless. The ability to work and generate sufficient funds to survive is related to shelter, to health and well-being, and to substance use. People who are homeless face incredible challenges in a competitive labour market, and the research on employment, work and education can assist us in our understanding of how homeless people can move forward with their lives.

7.1 Employment

Research on employment focuses broadly on labour market studies, the experience of people working in the formal economy, and studies of accessibility to and unemployment. The research on the labour market in Canada is extensive and will not be reviewed here. Nevertheless, this research provides a context for understanding poverty in Canada, and the struggles of persons who earn low wages are underemployed or are marginally employed.

There is very little research on the work experiences of persons who are homeless. What is known is that people who are homeless for the most part have conventional attitudes regarding work, and do wish to be in the workforce (Gaetz & O'Grady, 2002). Unfortunately, a range of factors that make regular employment for many Canadians sustainable (housing, proper nutrition, good health, etc.) are often lacking amongst the homeless. Baron (2001; 2002) identified a link between labour market experience and criminal behaviour. His research on 200 male street youth in Edmonton found that many became alienated from the labour market

because of negative experiences on the job, and that long term unemployment exacerbated this problem.

If one sees employment as a potential pathway off the streets, we need to have a better understanding of the significant barriers faced by homeless people in obtaining - and maintaining - regular employment. There is some evidence that when homeless people do get work, it is at the margins of the formal economy where they are poorly paid (often under the table), and health and safety standards are lax or ignored altogether (O'Grady & Gaetz, 2004). There is therefore a need for more information regarding the types of work homeless people engage in, and challenges they face in such work situations, including exploitation and discrimination.

7.2 Employment Programs

The three levels of government directly provide - or fund - a range of programs to assist persons in the area of employment. Some of these programs are designed to help people find work. Other programs provide training that is designed to increase people's employability through training in 'soft skills' (resume writing, job search, etc.) and / or hard skills (marketable skills). Tryssenaar et al. (1999) used the Canadian Occupational Performance measure to assess the needs of a shelter using population (aged 17-57) to help frame the needs for guidance. They identified a broad grange of occupational needs as being significant, including instrumental activities for daily living.

There have been a wide range of innovative employment training programs developed across Canada. The available literature (including program evaluations) on these programs, however, is scarce. Perhaps the most in-depth work done in this area is by Bridgeman (2001), who investigated the use pf a construction / training program for street youth in the development of Eva's Phoenix in Toronto. She identifies some of the tensions resulting from this approach.

7.3 Government Assistance:

Contrary to popular perception, there is evidence that a minority of people who are homeless are directly collecting government benefits (Gaetz & O'Grady, 2002). The research on

homelessness and government benefits is quite limited, and focuses for the most part on the impact of government cuts to welfare in Ontario in the 1990s (Workfare Watch, 1999). Prince (1998) explores the implications of changes in welfare policies in Canada on social housing programs. Bergeron et al. (2000) outline a program to assist homeless recipients of social benefits with financial management. More research needs to be done that outlines specifically the barriers that homeless people face in obtaining entitlements, whether this is welfare, ODSP, unemployment benefits, or income tax refunds.

7.4 Informal Economy:

Much of the work that homeless people do in order to generate income takes place outside of the formal economy. Until recently, these economic activities have been studied mostly by criminologists (McCarthy, 1995; 1996; Hagan and McCarthy, 1997; Baron, 1997; 2001; Baron & Hartnagel, 1998 - for more details, see next section on justice issues), who have focussed their attention on the 'criminal' and 'deviant' nature of these activities.   More recently, researchers have moved away from looking at the homeless as either employed or unemployed, to consider the broad range of subsistence activities that they engage in as 'work' (Gaetz et al; 1999; Gaetz & O'Grady, 2002). This includes squeegeeing and panhandling (Boston, 1998; Foisey, 1999); the key research on which has been done by O'Grady (1998; 2003). There is also a body of literature that examines various facets of the sex trade (Dufour, 1998; Kidd, 2002; Hagan & McCarthy, 1997; Roy, 1999; 2002b; 2003; Raychaba, 1988; Weber, 2002), but this research for the most part explores consequences of such work on physical and mental health, and substance use (see previous sections for details) . Most of the research on informal economic strategies has focussed on the lives of street youth; less well researched are the money making activities of homeless adults.

7.5 Education:

Broader studies done in the field of education that focus on drop-outs and/or students experiencing problems in school generally do not explore how homelessness (or the risk of

running away) plays a role in student failure. In fact, there is very little research on education and homelessness in Canada. The research that does exist identifies the learning challenges of street youth, and their problematic histories in school. A number of studies of homeless populations identify the fact that a majority of homeless youth, for instance, are drop-outs (Caputo, et al. 1994; Fitzgerald, 1999; Kufeldt et al. 1992; Hagan and McCarthy, 1998; Gaetz, O'Grady and Vaillancourt, 1999). Studies that focus more specifically on the education issues of street youth include the work of Barwick & Siegal (1996), who identified the prevalence of reading and arithmetic learning difficulties in a population of shelter going street youth. Fitzgerald (1999) explored the relationship between youth homelessness, literacy and employment.   Tumpener (1997) also explored the issue of homelessness and literacy.

Yet, aside from the fact that the homeless population in general is characterized by early school leaving, there is much about their educational experience we do not know. For instance, how is homelessness implicated in the failure to complete high school? Do people who are homeless characteristically have negative experiences of school, or is it that homelessness itself leads to early school leaving? Likewise, while many people assume theat the homeless population is characterized by low levels of literacy, the extent of this problem is not known. Finally, though employment has long been identified as a potential pathway off the streets (hence employment programs, as well as employment supports embedded in the services of a broad range of agencies), education has not been framed in this way by researchers, service providers or policy makers. We need to identify how schools and other service providers might more successfully prevent adolescents from dropping out of school when they become homeless, and alternatively, ways to successfully reintegrate people who have experienced homelessness back into the education system.

In conclusion, it can be argued that the area of employment, work and education as it relates to homeless populations is an emerging field of research. There is a need for a greater understanding of the income generating activities of people who are homeless, health and safety implications of such work, and patterns of economic activity. We also need to explore more carefully the barriers to employment (in the formal economy) that homeless people face, and the

challenges of working in marginal jobs. The special challenges faced by sub-populations of the homeless (visible minorities, people with mental health issues, the elderly) also must be examined. Finally, the areas education and of accessing government benefits are both clearly under-researched.

Part 8:   LEGAL and JUSTICE ISSUES

The range of legal and justice issues that people who are homeless face are varied and complex. This minimally includes their engagement with the police, courts and corrections. However, an exploration of the involvement of persons who are homeless in the justice system must focus not only on their criminality, but also their experiences as victims of crimes.

In addition, an examination of the legal and justice issues of the homeless must also focus on civil law. That is, it must identify the broad range of spheres where exclusionary and discriminatory practices deny people who are homeless access to justice. This includes their difficulties with employers and landlords, but also the challenges they face in obtaining entitlements and access to government and / or publically funded services.

Finally, an exploration of the legal and justice issues of the homeless must help us understand how policy and practice frame the rights of people who are homeless. For instance, how do community groups, elected representatives and policy makers create the conditions for the social exclusion of the homeless through NIMBYism, the criminalization of the homeless, and strategies to move homeless people out of public, semi-public and private spaces.

8.1   Homelessness, Crime and Victimization:

The research on the homeless and crime focuses for the most part on the experiences of street youth. The key work in this area in Canada has been done by Hagan and McCarthy (McCarthy & Hagan, 1992a; 1992b; Hagan and McCarthy, 1997), whose extensive research conducted in the early 1990s on homeless street youth in Toronto and Vancouver and reported in their book Mean Streets (1997), documented in great detail the factors that lead to youth homelessness, and blending quantitative and qualitative data, present a picture of life on the streets and it's relationship to crime. Their key contribution to the literature has been to demonstrate that

situational factors (poverty, lack of housing, limited employment opportunities) play a large role in leading street youth to engage in criminal activities. In addition, they also highlight through their comparison of Vancouver and Toronto how different social policy frameworks may in fact impact on levels of criminal involvement (the crime control approach adopted in Vancouver is seen to enhance criminogenic conditions). Several years ago, a symposium of five articles discussing Mean Streets (including a response by Hagan and McCarthy) was published in Theoretical Criminology (Savelsberg, 2000)

Stephen Baron has also published extensively on street youth and crime (Baron, 1997; 2001; Baron & Hartnagel, 1997; 1998 Baron et al. 2001). His work on a group of male street youth in Edmonton explores many facets of their criminal involvement, including its relationship to employment, interpersonal relations, violence and criminal victimization. Baron has also written an excellent review article on street youth, crime and victimization that draws on Canadian and international research (2003).

One of the more interesting pieces of research done in recent years is the Toronto Youth Crime and Victimization Survey by Tanner and Wortley (2002). This is likely the largest and best survey of youth and crime conducted in Canada (sample: 3800), and focuses on youth involvement in crime and deviant activities (such as violence and drug use), gang involvement and criminal victimization. Unlike most surveys of youth crime which tend to focus on domiciled youth often drawn from school-based samples, Tanner and Wortley also included 400 street youth in their study, allowing for comparison. This report is considered an essential resource for understanding youth crime in Toronto.

There have been several other studies of homelessness and victimization. Breton & Busnton (1992) examined violence in the lives of homeless women and found that the majority of the violence they experienced occurred before they were homeless. Strike et al. (2001) explored the issue of sexual coercion amongst a sexually diverse street youth sample. Robert, et al. (2004) examined the impact of prior victimization within the home on street youth homelessness. Baron likewise identified the significance of background variables on later experiences of victimization (1997) and how this has implications for more aggressive

approaches to problem solving (Baron et al. 2001). Bufkin & Bray (1998) explore domestic violence and its connection to homelessness.

In a City of Toronto report (Gaetz, 2000), the victimization experiences of adults and youth who are homeless across the City of Toronto were examined. Street youth were found to be more likely to be victims than were the elderly homeless. More recent research has focussed more narrowly on the victimization experiences of street youth (Gaetz, 2004), which suggests that the conditions that place street youth (and particularly young women) at risk are connected to their experience of social exclusion in terms of restricted access to housing, employment and public spaces. Both of the latter studies highlight that while in public policy debates it is the real or perceived criminal involvement of the homeless (street youth in particular) that is often the focus of discussion, we need to draw more attention to the fact that homeless people are overwhelmingly more likely to be victims of most types of crime than are domiciled persons.

8.2   Homelessness and the Justice System

While there is a broad literature on the criminal justice system in Canada, that which focuses on the experiences of people who are homeless is not extensive. A literature review of homelessness and the criminal justice system was conducted in 1994. Since that time, there has been some research emerge that focuses on the relationship between homelessness, mental illness, criminal behaviour and incarceration (Vitelli, 1993; Zapf, et al. 1996 - discussed in more detail in mental health section). Beatty & Haggard (1999) explore legal remedies for people who are mentally ill, homeless and experiencing discrimination. Tolomiczenko & Goering (2001) explore gender differences and legal involvement amongst a shelter based sample of the homeless population. Nevertheless, the literature on homelessness as it relates to civil law in Canada is extremely scarce.

A recent study conducted with Justice for Children and Youth titled *Street Justice - Homeless Youth and Access to Justice* (Gaetz, 2002) provides a broad overview of a range of legal and justice challenges facing street youth. This includes not only engagement with the

justice system resulting from criminal involvement and victimization (including encounters with the police), but a number of other issues relating to civil law as well, including problems dealing with unscrupulous landlords and employers, immigration issues and involvement in the child welfare system (both as children and as parents). In exploring street youth access to legal services, this study also highlighted the need for a more comprehensive approach to meeting the legal and justice needs of this population.

In Where There Is No Lawyer: Developing Legal Services for Street Youth", Yedida Zalik (2000) has explored the barriers street youth face in accessing legal services, and proposed a model of how such services might be provided. This body of research fits within a broader field of study focussing on poverty law.

8.3 The Criminalization of Homelessness

There is an emerging body of research that focuses on how shifts in public policy in Canada have resulted in the increased criminalization of homelessness. Such research takes as it's starting point that in socially divided societies such as Canada, public and semi-public spaces are sites where the question of who has access to them and how they can and should be used is contested. In such cases, it is not only the activities of the homeless (including their subsistence strategies) that increasingly come to be defined as "criminal", but in fact the very presence of homeless people on city streets, in parks and other public places (Hermer and Mosher, 2002; Esmonde, 2002; Schafer, 1998). Public policy responses have included calls for more policing, and changes to laws. The most notorious case in Ontario (and Toronto) has been the enactment of the Safe Streets Act, which criminalized homelessness through making most forms of panhandling and squeegeeing illegal.

The most significant outcome of this research is an edited volume titled *Disorderly People Law and the Politics of Exclusion in Ontario* (Hermer and Mosher, 2002). The articles in this book address how laws, public policies and the logic of government marginalize vulnerable populations such as the homeless in the name of public safety. Articles in this volume focus on the Ontario Government's 'politics of exclusion' through a critique the constitutional soundness

of the Safe Streets Act (Hermer; Schneiderman), issues regarding citizenship and freedom of expression (Ruddick; Moon), demonizing youth (Martin, D.), a depiction of the lives of squeegee workers (O'Grady) and how access to public space and privacy by people who are poor is increasingly limited (Mosher).

In a more recent study, O'Grady and Greene (2003) have documented the impact of the Safe Streets Act on homeless youth (squeegee workers) in Toronto. They highlight the degree to which the criminalization of squeegeeing and panhandling has led to more difficult life circumstances for homeless youth, and has exacerbated their relations with the police. In conclusion, the legal and justice issues of homeless persons represents another emerging area of research. The emphasis of research in the past has been on the criminality of the homeless population. There are, however, a broad range of areas where there is more research needed. This includes, broadly, the area of homelessness and civil law (accessing benefits and entitlements, dealing with landlords, employers, immigration, etc.). There is also a need to explore the relations of homeless people with the police, and their experience working through the justice system in the areas of both criminal and civil law. Finally, as more and more laws are passed in the country restricting the rights of people without shelter, there is a need for more research on the criminalization of homelessness.

Part 9:   DIVERSITY

One of the down sides of labelling people as 'homeless' is that this often leads to incorrect assumptions about the homogeneity of the population, about the causes of homelessness and the solutions. In fact, the population of people who are homeless is incredibly diverse and fluid. While homeless people may be united by their poverty and some of the barriers they experience in moving forward, there is also much that divides them. This includes those factors that define the heterogeneity of the wider Canadian population (gender, sexual orientation, race, ethnicity, age, class origins, etc.) but also characteristics of life on the streets, including strategies of making money, length of time on the streets, transience, street networks, drug use, duration of homelessness, and the area of town one prefers to frequent or feel safe in.

The heterogeneity of the population is important to consider, because it has an impact on how one 'experience's homelessness, the barriers and challenges one faces in accessing services, a person's legal and justice issues, and health and safety. The pathways to homelessness are complex. The reasons why some people remain homeless for longer periods than others speaks to the degree that different people face unique challenges. The mistake that is often made is in assuming that there is *one* "face" to homelessness; in fact there are many.

9.1 Gender

The most comprehensive surveys of Canadian literature on women and homelessness have been conducted by Sylvia Novac and her co-authors (1996; 2002). In 1996, Novac et al. wrote that "Homelessness has been viewed as a male experience and problem" (Novac, Browne & Bourbonnais, 1996:v). Though there have been a growing number of studies since that time which take gender into account (see, for example, drug use studies in Vancouver and Montreal), one could argue that this is still largely true. The literature on women and homelessness begins with an analysis of the systemic factors that lead to homelessness, including poverty, single

parenthood and domestic violence. It is well established in research in Canada and internationally that most street youth come from households characterized by physical, sexual and emotional abuse, and several studies identify that young women are more likely to come from difficult home situations (Caputo, 1997; Poirier, et al. 1999; Farrell, et al. 2000; O'Grady & Gaetz, 2004).

There is evidence that homeless women are more likely to experience mental health problems such as stress and depression (Ayerst, 1999). This is partly a reflection of the fact that young women in the general population are more likely to be depressed, but must also be seen in light of the different challenges that homeless women face living on the streets, including a greater risk of violence and sexual assault (Hagan & McCarthy, 1998; Gaetz, 2004). Hwang et al. (2004) have highlighted the degree to which the mortality rates of homeless women in Toronto - particularly those under 45 - are much higher than the general population.

A recently released report by Sistering titled "Common Occurrence The Impact of Homelessness on Women's Health" (Kappel Ramju Consulting Group, 2002) explored barriers to accessing health services. Of particular interest in this report is the degree to which the special challenges faced by immigrant women.

Since the late 1990s, there has been more focussed attention on the plight of young homeless mothers in Toronto. Bernstein and Lee (1998) estimated that annually, homeless women gave birth to around 300 babies. Chau et al. (2001) examined the broader issue of children in the context of homeless families, and CMHC (2001c) reviewed some of the services (including shelters) available for such families.

9.2 Sexual Orientation

A figure that is often quoted, but whose origin is difficult to track down, is that 20-40% of the homeless population is lesbian, gay or bisexual. Some research studies in Canada have identified that a significant percentage of homeless youth are sexual minorities (O'Brien, et al. 1994; Gaetz, et al; 1999). It is believed that homophobia and the challenges of the 'coming out' process make it difficult for many young people to safely remain in their households and /or

communities, and thus they become homeless. A key piece of research on homeless youth in Toronto who are sexual minorities was the study "No Safe Bed" (1994). This research highlighted the challenges that LGBTT youth face in accessing services, and the discrimination they are subject to both by other homeless persons but also service providers. More recently, some interesting research has emerged from the Pridehouse Project (DeCastell & Jenson, 2002). This report summarized their findings regarding queer and questioning street youth in Vancouver.   However, given the clear overrepresentation of people who are sexual minorities within the homeless population, there is much more work to be done in this area.

9.3 Ethnic and racial sub-populations

Research on homeless in Canada generally does not sufficiently take account of the ethno-racial diversity of the population. There is of course a substantial body of literature on minorities who are underhoused (Murdie, 1994) and/or underemployed (Anisef, et al. 2003). This research is vast, and will not be explored in detail here. However, much of this research does acknowledge that many impoverished people who are visible minorities are at risk of homelessness (Murdie, 2003; Hunter, 1998), in some cases because of discrimination in the housing market (Klos, 1997). An excellent report by S. Dunn (2003) for Access Alliance Multicultural Community Health Centre outlines the pathways to homelessness for new immigrants, and highlights steps that can be taken to address this problem.

This is an area where there needs to be more research. General research on homelessness - whether in the areas of health, housing, mental health, substance abuse, employment or legal issues - needs to account better for the diversity of the population. There is also a need to explore more fully the experiences of people who are visible and cultural minorities who become homeless. We need a better understanding of how racism impacts on the pathways to homelessness. How does the experience of homelessness differ for ethno-racial minorities, and what barriers to access do they face in obtaining services?   Do new immigrants and refugees face special challenges? How do agencies respond to the special needs of such persons?

9.4   Aboriginal Homeless Persons

The literature on Aboriginal persons in Toronto is also limited. There are a range of broader studies of Aboriginal and Inuit persons in Canada that, while they do not directly address the issue of homelessness, discuss conditions that may result in it. This includes analyses of inadequate housing (Abele, 2004; Ark Research Associates, 1997; 1998, CMHC, 1997), childhood poverty (Anderson, 2003), health (Newbold, 1998), education and employment (Hull, 2000) and marriage breakdown (Indian and Northern Affairs Canada, 2003), for instance. In 2002, the Urban Aboriginal Task Force released a feasibility study on urban aboriginals that summarized a range of issues and areas of potential research.

There have been several reports in recent years that report on and synthesizing research on Aboriginal homelessness in Canada. The first, by Beavis et al. (1997) is a literature review that summarizes relevant research on Aboriginal homelessness in Canada up to that time. The second is by Wente (2000), in a report where she explores a range of factors that make the experiences of Aboriginals who are homelessness so challenging and unique. The Government of Canada (2003) and CMHC (2001a) also review some of the issues and challenges facing urban Aboriginal people. All indications are that there is clearly a need for more research in this area, in order to better understand the experiences of Aboriginal persons on the streets of Toronto and their challenges in accessing services.

9.5   Age differences

The research on street youth in Canada is quite extensive (CMHC 2001a; Quantz, 2002) and will not be reviewed here, as it is embedded in the rest of the report. Given the degree to which the pathways to, and experience of homelessness is different for people who are young, this focus is reasonable. There is, however, a gap in the research on homelessness and the elderly. A few studies that do exist include the work of Stergiopoulos & Herrmann (2003), who

present findings on the attitudes of older adults who use shelters. CMHC (2003a) reports on housing options for elderly homeless and the chronically ill.

9.6   Spatial Differences

Much of the research on homelessness in Toronto focuses on downtown populations. While it is true that there is a concentration both of homeless persons AND services in the downtown area of the City, this focus invariably ignores or under plays homelessness issues in both mid-town and suburban areas. Very little research has been done in this regard. Though there have been a couple of reports by the Scarborough Homelessness Committee (Ward, 1997; Zizys, 2003), there is little other research of this nature, that documents the experiences and service use of homeless persons who make the choice to live away from the downtown core.

Even in downtown Toronto, space matters. Those who work at agencies serving the homeless know that there are different street cultures, reflecting differences in age, ethnicity and sexual orientation, for instance. To some degree, the economic activities of the homeless are also spatially organized (Gaetz, et al; 1999; 2002). In addition, to some degree, different sub-populations may become identified with specific services in the downtown area. There therefore needs to be some research that maps out some of these differences in street culture, and how this may or may not impact on service delivery.

9.7   Service Utilization

Different agencies serving homeless people in Toronto are characterized by their unique mandates, funding and programming. They are also distinct in terms of the populations they serve. That is, just because different agencies are known to serve the homeless does not mean that the same people (or the same categories of homeless) frequent their services. In fact, it is true that many agencies purposely (if their mandate is to serve youth, or men, for instance) or unwittingly develop a "culture", where certain members of the homeless population may feel comfortable accessing services, while others do not.

There is very little research on patterns of service useage. We don't have a good understanding of what factors make some service environments hospitable to some homeless persons and not others. We lack a solid understanding of the barriers that prevent or discourage members of specific sup-populations of the homeless from accessing services. O'Brien et al. (1994) explored how homophobia (by both staff and other homeless people) was manifest in the service environment. S. Dunn (2003) discusses some of the challenges of immigrants in accessing services.

More research in this area will give us a better understanding of overt and systemic discrimination. Knowing why people *don't* use services (and some people avoid all services for the homeless) is as important as understanding they do.

In conclusion, issues of difference and diversity amongst the homeless are becoming more and more significant to those who manage and develop services, and policy makers. In recent years, there has also been a growing recognition of the significance of diversity within the research community in Canada.

Part 10: CONCLUSION

Clearly, over the past fifteen years, we have witnessed the emergence of an incredible amount of research on homelessness in Canada. Such work cuts across many academic disciplines and research sectors (government, social and health services). This literature review is an attempt to provide an introduction to Canadian research on homelessness, particularly that which is most relevant to the context of Toronto. The extensive bibliography that follows the review contains over 600 entries, provides those interested in research policy and practice with a resource for exploring questions relating to homelessness.

In each of the sections of this report, key findings are presented that highlight principal directions of research investigation. Quality studies have emerged that identify pathways to homelessness and issues relating to housing. This work will continue to be extremely relevant, as long as governments in Canada continue to withhold investment in housing, and there is a need for low rent, supportive and transitional forms of housing. Studies in the areas of health, mental health and substance use are extensive, yet more work needs to be done as new challenges emerge. The health care issues and service needs of people who are homeless are complex, and will continue to require investigation. Research on work and education is beginning to reveal the challenges inherent in conceptualizing employment for the homeless as a route off the streets. The literature on justice becomes much more relevant as efforts to criminalize homelessness gain momentum across Canada. Finally, the research on diversity suggests that we can no longer frame homelessness as an unproblematic and homogeneous category; that structural and experiential differences within and between the different subcategories of the population we define as 'homeless' not only matter, but must be addressed from a research and policy perspective. This synthesis of research is evidence of a great deal of research activity. At the same time, much research is currently underway that will bear fruit in the next few years.

One of the key tasks of this report has been to identify gaps in research. While there is an appearance of an abundance of studies in Canada (and Toronto), there is at the same time a need

for new research in virtually all areas of inquiry. The gaps identified here represent merely a place to start; those with an interest in homelessness - it's causes, it's manifestations and potential solutions - will no doubt continue to identify new and emergent questions and challenges for the research community.

We have learned much about homelessness in Canada, and we will continue to learn more. As this knowledge develops, there is a greater need for dissemination of findings and results. This information is not only relevant to people who are homeless, service providers and people in government. The general public, for whom we actually know very little about their attitudes towards issues of homelessness, also need better and more relevant information.

Research has a valuable role to play in our efforts to confront homelessness. It is now recognized by many academics, service providers and public officials that a key task at hand is to find ways to enable existing and emergent research studies to have an impact on service delivery, policy, planning and advocacy. Identifying the research is one step. Developing a process that enables knowledge exchange in a meaningful way must follow.