‘IT TAKES A WHOLE COMMUNITY’: A PRAGMATIC, STRENGTH-BASED NEEDS ASSESSMENT OF PROGRAMS AND SERVICES ADDRESSING YOUTH HOMELESSNESS IN BRUCE AND GREY COUNTIES, ONTARIO, CANADA

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Abstract

This dissertation focuses on the problem of rural youth homelessness in southwestern Ontario, Canada. Traditionally, homelessness has been characterized as an urban problem, but over the last 15 years a growing amount of research has shown that, while urban environments are far more populous and homelessness far more visible in these areas, the problem is equally pervasive in rural and remote regions, however differently it might manifest itself. Only a handful of studies exist in Canada on rural youth homelessness, and currently there are none that explore solutions to this problem in a rural context.

The study presented here was conducted in Bruce and Grey Counties, Ontario, Canada, between 2017-19, and has been divided into two parts based on two different phases of research. The first part presents the results of a homeless enumeration consisting of a period prevalence count (PPC) conducted across both counties between April 23-27, 2018 in order to provide a demographic snapshot of the region's homeless population. This study was the first of its kind to be conducted in this region. The second part presents the results of a strength-based community needs assessment that was conducted following the enumeration to determine the extent and quality of programs and services addressing youth homelessness in the two counties. Using theoretical principles borrowed from American pragmatism, and a grounded approach to methodology, I argue that emergency housing for youth and mental health services should be the focus of systems change in the Counties, and offer ways that this can be done that build on the cultural assets possessed by rural communities.

Dedication

For Julian

Acknowledgements

A lot of wonderful and inspiring people helped me get to this point, and while I cannot name them all here, there are three in particular to whom it would feel like an affront if I did not take this opportunity to thank them. The first is Michèle Hart, my mother, who raised me with a seemingly unending supply of love and patience, was always there for me, and always believed in me. I inherited your compassion for others, and for that I will always be grateful. I love you Mom. The second is my partner of 17 years and best friend, Dr. Bridget Valsamis. You continue to be an inspiration to me daily, and without having your unapologetic pragmatism act as a counterbalance to my often amorphous idealism, I do not know if I would have made it to the finish line. And finally, last but certainly not least, I would like to offer my warmest thanks to my doctoral supervisor, Dr. Norene Pupo-Balkans in the Department of Sociology at York University. Your bottomless well of patience and encouragement was absolutely essential to the completion of this degree, as were the mentorship and opportunities you gave me, which were my first as an empirical researcher. I could not have chosen a better supervisor.

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Preface

"I return to sociology as I initially came to the discipline, with the hope of finding a home where social analysis is valued because it is inspired by a will to make a better world…I do believe that the purpose of sociology is not to accumulate knowledge, establish a science of society, or build a system of sociology, but to be a part of the ongoing conversation and conflict over the present and future shape of the social world. The hope that has guided sociology and modern social theory for some 200 years is that knowledge can make a difference in our lives and that its chief value lies in the kinds of lives it imagines and helps to create."

- Steven Seidman, from *Contested Knowledge: Social Theory Today*

I chose this quotation by the American sociologist Steven Seidman because I believe it nicely echoes the sentiment that drives many young people to pursue graduate studies in sociology. I can say with near certainty that it is what brought me to write these pages. Much of the reason I decided to complete a doctoral degree was so that I could receive training in a methodology that could directly influence social change.

But first there was the question of what I was going to study. I knew upon entering my doctoral program that I wanted to study the relationship between homelessness and mental illness. Eventually I narrowed my focus to the relationship between mental illness and youth homelessness as it was both a burgeoning and an intriguing area of research. Perhaps because

of a diagnosis I received during adolescence, I was particularly interested in this critical time in an individual's life, as I knew that decisions made during this time could potentially have long-lasting effects. Following the trajectory of my partner's career, I moved with her to a rural area in Ontario right around the same time that I was ready to begin my own research. With the intent of implementing a project that would have an impact on the problem of youth homelessness in the area we were living in, I began to seek out organizations that would be interested in establishing a research partnership.

Rural homelessness remains a very under-studied issue in Canada, a fact that will be discussed in detail in Chapter Two. This became clear to me during a preliminary literature review that I conducted upon my arrival in Bruce County in 2016. It was therefore my intention not only to contribute to this body of research, but to go one step further by completing a project that would have some kind of transformative impact on the issue, or at the very least be able to recommend solutions that could address homelessness in rural communities. For the first four to five months, however, the search was difficult. Two of the major mental health organizations in the area ultimately rejected my proposals, and I was considering moving my research location to Hamilton when I came across a smaller, grassroots organization that expressed interest in having me conduct a study on their behalf. Later that same year, I was eventually invited to a task force meeting of service providers in the area, and by a fortunate turn of fate I was hired as the coordinator of the 2018 homeless enumeration after attending only two meetings. After the enumeration was completed, I decided to focus the second phase of the study on youth homelessness, as this was the largest age group of participants in the enumeration. While there were some programs and services that addressed youth homelessness in the area, there was

virtually no research on homelessness in Bruce and Grey Counties. I therefore decided that a community needs assessment was the most appropriate type of study to be conducted, as this would provide some preliminary data on the problem, which could then be used to develop and implement programs and services in the future.

As someone with an interdisciplinary background, I was well-versed in social theory, and it was American pragmatist thought that had always seemed to me to have the most promising implications for applied social research. I had been studying the work of the American pragmatists (and those affiliated with it including Jane Addams and George Herbert Mead), particularly the thought of John Dewey, and true to the tradition, it seemed like it had the most potential to inform a "useful" methodology capable of addressing contemporary social problems in much the same way they were addressed by the pragmatists in the United States at the turn of the 20th century. Pragmatism is a tradition in Western thought that is oriented toward problem-solving. The "pragmatic maxim" has different variants, but it generally asserts that the value of an idea can be derived from the consequences that result from the practical application of that idea. It generally understands language as a tool for action rather than as a representation of reality. Pragmatists are therefore not concerned with "capital-T Truth." They instead believe that certain beliefs, when put into action, have certain results, and therefore it is best to adopt beliefs that, when translated into practice, will lead to desired results. This maxim, to me, not only seemed to have implications for a more democratic exchange of knowledge, but also seemed like it was well suited to social problem-solving. I therefore decided to explicitly apply pragmatist principles to a needs assessment.

What follows in these pages are the results and conclusions of a pragmatic community needs assessment of programs and services addressing youth homelessness in Bruce and Grey Counties in Ontario. Currently, there are no other academic studies that exist on the topic of homelessness in this region. While some studies have emerged throughout various parts of Canada, most of the country's rural and remote areas remain uninvestigated. This study of one such area therefore not only provides a much needed contribution to this emerging field, but is also used to put forth potential solutions to the problem of rural youth homelessness. As I wanted to conduct a study that was aimed primarily at problem-solving and yielding practical results, the underlying methodological structure of the study was inductive as opposed to hypothetico-deductive, meaning that inductive reasoning was used to formulate hypotheses based on the study's results, rather than deducing whether or not a hypothesis can be sustained based on those results. Further clarity can be provided here with Dewey's "five phases of reflective thinking," of which the first four are of particular relevance. These include (1) awareness and acknowledgement of a difficulty, (2) defining or clearly articulating that difficulty, (3) raising suggestions for possible solutions and exploring those suggestions using data collection, (4) choosing a solution from among the proposals (Compton & Gallaway 1994: 48). This study can be understood as generally following these first four steps to address the problem of rural youth homelessness in Bruce and Grey Counties, Ontario, with a focus on access to mental health services. It therefore concludes with hypotheses pertaining to programs and services that could be used to ameliorate youth homelessness, or certain aspects of the problem.

The first three chapters provide a partial overview of the problem of homelessness, and then focus on rural homelessness and youth homelessness. Chapter One presents a broad overview of what is known about the scope and character of the problem of homelessness (in general) in Canada. Chapter Two presents an overview of existing research on rural homelessness in Canada, a type of homelessness that differs somewhat from urban homelessness in the way that it manifests itself. The third chapter focuses on youth homelessness, with a particular focus on research that is available on the use of mental health programs and services by homeless youth, as well as existing research on rural youth homelessness which, as we will see, is quite sparse. Chapter Four is where I outline in detail the theoretical and methodological underpinnings of the study. I first provide an overview of program evaluation and the needs assessment. This is followed by an explication of pragmatic theoretical underpinnings in ontology, epistemology and ethics. Using the thought of three different pragmatist thinkers, I highlight key principles that I argue are generally overlooked in pragmatist evaluation, and attempt to construct a more robust form of pragmatism as it is applied to the needs assessment. This results in the theoretical grounding for the needs assessment, which I argue allows for a fundamentally more democratic analytical lens that can be used to develop, implement and evaluate programs in a way that empowers marginalized individuals by valuing and making use of the knowledge they have of the problem being addressed.

Chapters Five, Six and Seven present the results of the study that happened in two "phases," the first being a homeless enumeration that I was hired to coordinate in 2018 for the Counties, the results of which are presented in Chapter Five, and the second being a qualitative needs assessment, the results of which are presented in Chapters Six and Seven. Chapter Six presents

the key problem areas in local programs and services addressing youth homelessness and mental health issues, while Chapter Seven is dedicated to the explication of the community assets that were identified by respondents, as well as their proposed solutions for the major gaps in programs and services that exist. Using a pragmatic analytical lens to inform a grounded methodological approach, I focus on similarities and differences in the ways that service providers and individuals with lived experience characterize and understand the problems under discussion, and how the strengths that they identify and the proposed solutions both differ and resemble one another. The purpose of such an exercise is made clear in subsequent chapters.

In the concluding chapter, based on the results of my research, I propose two hypotheses to address gaps identified in available programs and services based on the priorities highlighted by respondents. These are programs that have shown to be effective not only in ameliorating the problems identified in this study, but doing so while also meeting the needs and wants of service providers and service users in so far as they pertain to the problems discussed. I therefore offer to provide more robust potential solutions for rural communities to address the problems of youth homelessness and mental health problems in cost-effective, and ideally satisfactory ways. While I cannot say that this particular study had a direct impact on the problem studied, it is my hope that it might prove useful in tackling the problem of rural youth homelessness, and the mental health challenges that young people face today.

Chapter 1: Homelessness in Canada

It should no longer be doubted that homelessness is a socio-economic problem in Canada that warrants serious attention. According to the latest nation-wide report released by the Canadian Observatory on Homelessness (COH) (Gaetz et al. 2016a) in partnership with the Canadian Alliance to End Homelessness (CAEH), it is estimated that at least 235,000 Canadians experience homelessness in a given year, and that up to 35,000 are homeless on a given night. These estimates include an increasing number of women, families and youth. This chapter provides a general overview of the available research on homelessness in Canada, focusing on how this problem has been conceptualized and is generally understood. While the substantive focus of this study is rural youth homelessness, it will be recognized in the pages that follow that homelessness has primarily been characterized as an urban phenomenon in the research to date. The main purpose in providing a brief overview here is not only to introduce the reader to the topic, but also to provide a contextual backdrop against which rural homelessness can be compared and contrasted. While it will be seen that both urban and rural homelessness have much in common, they are also constituted by differing socio-economic factors, social service systems, and the kinds of challenges faced by those who experience homelessness. We begin here with a discussion of 'homelessness' as both a word and a concept. We will then look at the Canadian definition of homelessness and the ways in which it has been elaborated. This is followed by an account of what we know about homeless population demographics in Canada, and well as methodological issues related to tracking this population. The final two sections focus on the relationship between homelessness and health, particularly mental health and substance use.

What is Homelessness?

From a historical standpoint, the word "homelessness" could be considered a neologism – it did not begin to weave its way into the fabric of popular discourse in Canada until the 1980s (Hulchanski et al. 2009a). Prior to this, during the relatively prosperous postwar period, most Canadians occupied some form of adequate housing. "Homeless" as an adjective was a rare designation, reserved mainly for a relatively small population of single, white working-class men who had become alienated from family, were often relatively mobile, and lived in low-quality housing. Beginning in the 1980s, however, a collective awareness of a growing segment of the population that was experiencing difficulty finding and maintaining housing suitable to their needs and those of their families gradually began to come into view. Hulchanski (2002, 2009a et al.) refers to this period as one of "dehousing," a phenomenon by which people lost or left the homes they had previously occupied, and were unable to find new housing appropriate to their household needs. Those who were affected were a socially diverse population, including youth, families, Indigenous Peoples, immigrants, and those identifying as 2SLGBTQ+ (Gaetz et al. 2016). The problem was politically acknowledged in 1981 during the thirty-sixth session of the UN General Assembly, where a resolution was passed to designate 1987 as the "International Year of Shelter for the Homeless" (Oberlander & Fallick 1988). Canada held its own national conference on the topic that year, and endorsed the "Canadian Agenda for Action on Housing and Homelessness Through the Year 2000" (Hulchanski et al. 2009a). Attempts to provide an estimate of the size of Canada's homeless population began that same year, with a report produced by the Canadian Council on Social Development (CCSD) (Frankish, Hwang & Quantz 2009). By the mid-1990s the problem had become a focus for research, advocacy and policy

development (Begin et al. 1999), and entered popular discourse via news media, political discourse and its increasing visibility, even being called a "national disaster" (Gaetz 2010). It was in this contemporary historical context that the word "homelessness" as a referent to a particular social problem came into being.

Definition of Homelessness

The emergence of homelessness within mainstream discourse was not accompanied by a static definition: it is still widely contested today. Some of this contestation has been brought about by concerns about the political ramifications that any one definition might have if it were to be accepted as the basis of a particular policy framework. As Begin et al. (1999) have noted, the breadth of the definition when applied decides who "counts" as homeless and who does not. This in turn could affect the criteria that would allow or deny individual access to suitable housing, low-cost housing construction policies, funding for programs and services, and any other resources designed for those experiencing homelessness. In addition to political issues, most researchers are in agreement that the term 'homelessness' is notoriously difficult to define given the complexity of the phenomenon itself (Mott, Moore & Rothwell 2012). While intuitively it might seem that homelessness could simply be defined as "a state of having no home," in reality it is a word that implicates many different situations (Begin et al. 1999). As Gaetz et al. (2013a: 13) have argued:

> People who are homeless are not a distinct and separate population. In fact, the line between being homeless and not being homeless is quite fluid. In general, the pathways into and out of homelessness are neither linear nor uniform. Individuals and families who wind up homeless may not share much in common with each other, aside from the fact that they are extremely

vulnerable, and lack adequate housing and income and the necessary supports to ensure they stay housed.

The term "homeless" therefore connotes an array of intimately linked and overlapping socio-economic problems, the nature and constitution of which are often characterized by the intersection of a number of different individual and structural factors. This means that homelessness can be understood in a number of different ways that are largely reliant upon the demographic – or even the individual - in question, whether we are discussing homeless women, men, families, youth, seniors, veterans, Indigenous Peoples, 2SLGBTQ+ individuals, immigrants and newcomers, or any combination thereof. Homelessness is therefore best understood situationally with reference to common risk factors rather than as a set of characteristics possessed by an individual or group.

In the Canadian context, the COH at York University (Toronto, Ontario, Canada) has established a working definition of homelessness, that being "the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it" (Gaetz et al. 2012: 1). They have further established a comprehensive typology of homelessness (Gaetz et al. 2013a) that rests on two dimensions of the problem, one being the type of housing situation that a homeless individual or family might experience, and another which is characterized by the length and the severity of homelessness. The latter dimension consists of those who are transitionally homeless, meaning that they are without accommodation for a relatively short period. This group still constitutes most of Canada's homeless population. Most people are homeless for less than a month, with 29 percent of shelter users being there for only one night. There are also those who are episodically

homeless. Such individuals have moved in and out of homelessness a number of times over a three-year period, but the total amount of time they experienced homelessness during this period totals a year or less. It is estimated that anywhere between 6,000 to 22,000 individuals in Canada fall into this category annually (Gaetz, Gulliver & Richter 2014: 40). Finally, there are those who are chronically homeless, meaning that they more or less permanently live on the margins in places that are not designed for human habitation (Gaetz et al. 2013a).

The homelessness typology based on the type of housing situation that one experiences consists of four categories, including unsheltered or absolute homelessness, those who are emergency sheltered, the provisionally accommodated, and individuals and families who are at risk of homelessness (Gaetz et al. 2012, 2013a). While other typologies of this kind have been proposed (Mott et al. 2012), the COH's typology provides the most comprehensive typology of homelessness as a complex socioeconomic phenomenon in the Canadian context (Kauppi et al. 2017). 'Unsheltered' refers to those who are living in spaces that are not designed or fit for human habitation. These can include outdoor public spaces such as sidewalks, parks or squares. It can also include private spaces such as abandoned buildings ("squatting"), as well as living in a vehicle, tent, or any other space not designed for permanent living. 'Emergency sheltered' refers to those who are making use of emergency shelters or other system supports provided by government, non-profit, faith-based, or volunteer organizations. These could be overnight shelters designed to meet the immediate needs of the homeless, shelters for women and/or families fleeing domestic violence, or temporary shelters for those who have lost their homes to natural disasters. 'Provisionally accommodated' refers to those who occupy a dwelling, but with no prospect of permanence. This could include interim or "transitional" housing, people who are

temporarily staying with friends, family or even strangers (often referred to as “couch-surfing” or “hidden homelessness”), people who are accessing temporary rental accommodations such as motels, hostels or rooming houses, people who are living in penal, medical, or other institutions who do not have permanent housing in which to live upon release, and accommodation/reception centres for newly-arrived immigrants and refugees (Gaetz 2012: 2-4).

The final, and perhaps most diverse category, consists of those who are at risk of becoming homeless (Gaetz et al. 2012: 5-6; Gaetz et al. 2013a). This group consists of people who have permanent housing for which they are paying, but lack security or stability in a way that threatens their becoming de-housed. This situationally variegated group can be further separated into two sub-categories: those who are at immanent risk of becoming homeless, and those who are precariously housed. Those who are precariously housed do not have sufficient income to cover both shelter and all other necessary household costs. Those who retain their housing in such circumstances are sometimes meeting housing costs, but are usually doing so at their own expense by not meeting nutritional needs, cutting down on essential utilities like heat and hydro, not providing proper child care, or other costs related to health and well-being. Those who are at immanent risk are different in that the onset of an event, unexpected expense, crisis or trigger may place them in immediate danger of losing their homes. The more that such risk factors increase in number and severity, the greater the chances that an individual or family can become homeless. Such factors might include sudden job loss, a discontinuation of housing supports, eviction, exacerbated mental health symptoms, substance use or behavioural issues such as addiction, the breakdown or division of a household (separation, divorce, conflict between

caregivers, roommates moving out, etc.), domestic violence or abuse, or institutional care that is inadequate or unsuited to individual or family needs.

The criteria that have been established in Canada to decide what constitutes precarious housing has been established by the Canada Mortgage and Housing Corporation (CMHC), collectively referred to as core housing need. A household is in core housing need if over 30 percent of before-tax household income is spent on housing that meets three housing standards. These standards include adequacy, affordability and suitability. Adequacy refers to whether or not the house is in need of any major repairs. Affordability refers to whether or not the cost of housing falls below 30 percent of before-tax household income. Suitability refers to whether or not the residence has enough bedrooms to accommodate the number of household occupants according to National Occupancy Standard (NOS) requirements (Bruce 2006; Gaetz et al. 2012). According to the 2016 Census, 12.7 percent of Canadian households currently live in core housing need, and more than 1 in 10 live in severe housing need, which refers to households in which over 50 percent of before-tax household income is being spent on housing costs.

Who Is Homeless in Canada?

Collecting data about people who are experiencing homelessness continues to be fraught with logistical issues, which means that our ability to gather accurate data on homelessness is still very much a work in progress. This largely has to do with the wide range of circumstances that homelessness can describe (Gaetz et al. 2013a: 21). It also has much to do with the mobility of the individuals being counted, as they do not have a permanent address, and usually do not have reliable means of communication, which means that others often have difficulty reaching them.

Such studies also require large amounts of funding, and usually do not account for the hidden homeless, as many of these individuals do not consider themselves to be homeless (Mott et al. 2012). The number of those experiencing homelessness frequently fluctuates, since most of them are either transitionally or episodically homeless (Segaert et al. 2017). One data collection method that has been created in response to these challenges is called the Point-in-Time (PiT) count (ESDC 2019; Gaetz et al. 2013a; Gaetz et al. 2016a). PiT counts, which are usually conducted over a 24-hour period, provide information about the minimum number of people experiencing homelessness on a given night, as well as on demographics, personal histories of homelessness, and the service needs of different individuals. If used consistently, PiT counts can identify changes in population trends over time, and can thus be used to measure progress toward mitigating the effects of or even ending homelessness.

While PiT counts are increasingly being used in urban centres to obtain estimates of the homeless population, the most comprehensive resources for homelessness research available in Canada at the national level are the National Shelter Study (NSS), and the National PiT Count. Both are initiatives of the Canadian federal government under the Housing Partnership Strategy (HPS) at Employment and Social Development Canada (ESDC). The former provides data collected from emergency homeless shelters across the country. There have so far been two such studies, the first completed in 2012, and the second completed in 2016. The results of these two studies were combined in a third study released by the COH to look at emergency shelter usage trends between 2005-2014. (Gaetz et al. 2013, 2016a; Segaert et al. 2017). There have also been two National PiT Counts, one completed in 2016, and another completed in 2018 across 61 Canadian cities (ESDC 2019).

In addition to the important information that was collected on shelter usage by the NSS, the latest National PiT Count has provided important demographic information . For example, it was revealed that adults between the ages of 25-49 make up the largest group of homeless individuals at 49 percent. Men accounted for 61 percent of this group. Youth between the ages of 13 and 24 who are unaccompanied by an adult currently make up nearly 13 percent of Canada's homeless population, and about 30 percent of this group identify as 2SLGBTQ+ (ESDC 2019). It has been estimated that women make up over 27 percent (Gaetz et al. 2016a); however a more recent study suggests that statistical measures for capturing a reliable picture of homelessness among women in Canada have not yet been implemented, making such figures tenuous in their reliability (Schwan et al. 2020). Seniors make up about three percent of the national homeless population, but with the exception of older adults aged 50 to 64, they are the only group whose shelter usage has risen since 2005. Veterans currently make up over two percent of shelter users (Gaetz et al. 2016a), and 4.4 percent of the entire homeless population (ESDC 2019). There is very little that is known about this particular group in Canada, but recent studies have shown that there is a higher likelihood of both episodic and chronic homelessness among veterans (Forchuk, Richardson & Atyeo 2016). Indigenous Peoples are overrepresented in the Canadian homeless population overall (Klodawsky 2009; Menzies 2009; Patrick 2014), and in the shelter system, making up anywhere between 28 to 34 percent of emergency shelter users (ESDC 2016), and close to 30 percent of the national homeless population. They are also more likely to become homeless than individuals from any other cultural group (Gaetz et al. 2016). Indigenous children are also twice as likely as non-Indigenous children to have experience in the child welfare system (Fluke et al. 2010), and children who have this experience are more likely to experience

homelessness than children who do not (Nichols 2013). Immigrants, refugees and refugee claimants accounted for 14 percent of the national homeless population, but in contrast to this figure, data from the 2016 Census suggests that overall, newcomers to Canada experience lower rates of homelessness than the general population (ESDC 2019).

Risk factors that are strongly associated with different socio-demographic traits can tell us much about how the experience of homelessness can differ between individuals depending on characteristics including race, gender, sexual orientation, age, ability, immigration status, socio-economic status, mental health and addiction issues, regional location and Indigenous identity. Such traits, depending on how they intersect in particular contexts, can diminish or increase both the prevalence and severity of risk factors in manifold ways. This has been referred to as the "heterogeneity hypothesis" (Perissini 2007). For example, members of 2SLGBTQ+ communities, Indigenous groups, racial minorities and immigrants are all more likely to experience discrimination in both job and housing markets. Socio-demographic characteristics can also adversely determine the kind of experience that individuals and families have accessing programs and services geared towards the homeless population (OMMAH 2015). While it is impossible to account for all of these social groups here, there are several that are important to touch on. First, there is a significant amount of research on homelessness in Canada as a gendered phenomenon (Donnan 2016; Klodawsky 2009; Schwan et al. 2020). Much of this research indicates that there exists a strong association between family violence and homelessness (Baker et al. 2010; Jategaonkar & Ponic 2010; Ponic et al. 2011; Schwan et al. 2020; Tutty et al. 2014). Housing is also one of the major barriers for women trying to escape domestic violence (Burnett et al. 2015; Noble 2015; Ponic et al. 2011), as those who are not

partnered generally have lower annual earnings than men (Statistics Canada 2013), making it more difficult for them to access private ownership and rental markets (Donnan 2016). Women are also at an increased risk of hidden homelessness, and an increased risk of violence and assault, sexual exploitation, and abuse after they become homeless (Beattie & Hutchins 2015; Gaetz 2010; Paradis & Mosher 2012).

Second, the experience of homelessness for Indigenous people is qualitatively distinct given the unique historical context from which it stems. As mentioned above, Indigenous groups are overrepresented in Canada's homeless population, and Indigenous people are also 10 times more likely to use a shelter than non-Indigenous people (Segaert 2017). Donnan (2016) has aptly referred to homelessness among Indigenous Peoples as a "symptom of colonialism." The experience of homelessness for Indigenous people is unique in that it stems from historic and systemic factors that originated with the arrival of European settlers in North America and the resultant cultural genocide (Patrick 2014). This was carried out in part through the establishment of various colonial systems and institutions that elicited systematic structural violence such as reserve systems and residential schools that began with the establishment of the Indian Act in 1876 (Harvey 2016; Joseph 2018; Oelke, Thurston & Turner 2016). This led to the gradual development of unique risk factors for homelessness that are particular to Indigenous individuals, namely intergenerational trauma, which can complicate healing and recovery processes. It is therefore important to understand that Indigenous homelessness, given the colonial history of Canada and its formation, cannot be understood in the same way as that of non-Indigenous people. Thistle (2017) has recently developed an Indigenous definition of homelessness taking into account twelve dimensions of Indigenous homelessness that include the

loss of their cultural, emotional, spiritual and even physical connection to or relationships with "land, water, place, family, kin, each other, animals, cultures, languages and identities" (Thistle 2017: 6). Understood through a "composite lens of worldviews" taken from the historical, colonial and cultural context of First Nations, Métis and Inuit Peoples, Indigenous homelessness is a phenomenon of its own that must be understood through a different historical and cultural lens.

Another group that has begun to receive more attention in Canadian homelessness research is veterans (Gaetz et al. 2016a). There are currently 697,400 veterans in the Canadian population, 2,950 of which are shelter users. Veterans currently make up 2.2 percent of Canada's shelter population (Segaert & Bauer 2015). However, there still is very little research available on this group. On average they tend to be older men, and overall have obtained higher education levels than homeless non-veterans (Bourque et al. 2014; Segaert & Bauer 2015; Forchuk et al. 2016). In the study done by Forchuk et al. (2016), the average length of homelessness was 5.8 years, suggesting that there could be high levels of chronic homelessness among this population. It has also been shown that homeless veterans have physical health needs that are similar to that of the non-veteran homeless population (Bourque et al. 2017).

Gaetz et al. (2013b, 2016b) have isolated youth as a unique group in their experience of homelessness. This discussion will be the subject of the third chapter. We now turn to a discussion of the factors that can contribute to an individual becoming homeless.

What Causes Homelessness?

While the notion of "cause" is still frequently used in discussions of homelessness, this term is arguably misleading. There are very few life events that, on their own, have the power to propel an individual or family into homelessness. As noted above, the line between being homeless or not homeless can be quite fluid, and is usually the result of a complex interplay of both individual and social conditions, circumstances and events – often termed "risk factors" - that converge at a particular point in time in such a way that an individual can find herself homeless. Individual factors can include adverse childhood experiences such as abuse, low educational attainment, a lack of job skills, family breakdown, mental illness and substance use. Societal factors can include poverty, high housing costs, labour market conditions, decreased public benefits, and racism and discrimination (Frankish et al. 2009). These factors can converge, become intertwined and affect and manipulate one another in a variety of different ways, and it is therefore difficult, if not impossible, to generalize pathways into homelessness. While such a task remains a challenge for researchers, there has been much success in identifying individual risk factors. The COH (Gaetz et al. 2013a) has provided a useful rubric for the types of factors that can lead to homelessness, which they have placed under three broad categories: individual and relational factors, structural factors, and systems failures.

Individual factors are the discrete "personal circumstances" (Gaetz et al. 2013a: 13) that can leave an individual at risk of becoming homeless. Such circumstances might include traumatic events like the sudden loss of a family member, a house fire or a sudden job loss, a personal crisis such as family breakup/marital collapse and/or the experience of domestic violence/abuse,

mental health and addictions challenges, and physical health problems or disabilities. Relational factors (referring to the micro-relations between individuals such as family dynamics) are those that can potentially overlap with individual factors, including domestic violence and abuse, problems created by the mental health or addictions issues of family members, and intergenerational poverty.

Structural factors can be understood as the macro-scale socioeconomic issues that affect the everyday environments of social actors in ways that might enhance or limit their agency regarding their access to resources and opportunities. These can include a lack of adequate income, access to affordable housing and health supports, and discrimination. This latter is often related to gender, race, Canada's colonial history and relationship to Indigenous Peoples, as well as homophobia and transphobia (Donnan 2016). Economic restructuring engendered by trade liberalization and deindustrialization can also have a significant impact on individual autonomy, resulting in economic decline pertaining to stagnant wages, and the gradual decline in full-time, permanent employment with benefits, conditions that have been proliferating in western liberal democracies since the 1980s (Gaetz 2010; Standing 2016). A recent Statistics Canada report has demonstrated that income inequality has generally been rising in Canada since the early 1980s, regardless of how it has been measured (Gee, Liu & Rosell 2020). From the 1980s to the mid-1990s, market income inequality (income from earnings and investments) was in large part offset by the tax system and other government transfers. When this system was further dismantled beginning in 1995, the equalizing effect of the tax-and-transfer system was reduced (Heisz 2015). The earnings of the wealthiest one percent of Canadians took nearly one third of all economic growth in Canada between 1998 and 2007, in contrast to the 1950s and 60s, when the

richest one percent took only 8 percent of all growth (Yalnizyan 2010). While Canadians have lately experienced real increases in income, a falling low-income rate, and a falling poverty rate, inequality has continued to rise (Heisz 2015). In 2018, Canadians in the top income decile shared 23 percent of total income in Canada, while the bottom four deciles shared 20.8 percent (Statistics Canada 2018).

One major structural factor that has contributed to the growth of homelessness is government disinvestment in affordable and social housing . Following the end of the Second World War, the Canadian federal government established the Canada Mortgage and Housing Corporation (CMHC) in 1946 as a government response to the inaccessibility of the housing market to low-income earners (Gaetz et al. 2014; Hulchanski 2002; Cooper & Skelton 2015). This came primarily in the form of government mortgage insurance, social housing, and a private-sector rental housing stock supported by government subsidies (Gaetz 2010). Social housing generally came in the form of government-owned public housing that was made affordable through reduced rents; subsidies given to non-profit and cooperative organizations involved in the creation of new housing; and subsidies such as grants and interest-free loans given to private developers as an incentive to build affordable rental housing. Social housing is usually provided at below-market rents to low-income earners, and sometimes also to specific sub-populations such as people with disabilities or seniors. During the postwar period, the costs of these housing programs were often shared between the federal and provincial governments, and were usually provided for low to middle-income earners (Hulchanski et al. 2009).

Beginning in 1984 with the election of the Progressive Conservative Party under Brian Mulroney, the federal government began to wind down spending on both affordable and social housing by gradually clawing back on the construction of new social housing units, and downloading responsibility onto the provinces. In 1993, the Chrétien Liberals altogether withdrew from funding and new social housing, and by 1996 it had transferred all responsibility for investment in social housing to the provinces. At the same time, Alberta, Ontario, New Brunswick, Nova Scotia and Newfoundland and Labrador all made expenditure cuts on housing (Donnan 2005; Drummond, Burleton & Manning 2004). Prior to this time, over 700,000 units of social housing were produced, making up five percent of the housing stock in Canada (Pomeroy 2004). There are currently 554,000 units that still receive minimal funding from the federal government, but operations are strictly within the purview of the provinces (CHRA 2014).

Rather than providing direct investment in housing, all levels of government have since tried to use lower interest rates and tax incentives (such as exemptions and rebates) to assist potential homeowners. These include home renovation tax credits, first-time home buyer tax breaks, and municipal exemptions from local zoning fees for housing construction. There is currently no capital gains tax on principal residences, a significant source of savings for homeowners (Gaetz et al. 2014). However, such policies have done little to reverse the issue of housing affordability, and Canadians now spend more on housing than they ever have (Gaetz et al. 2013a). The social housing stock that does still exist is maintained by the provinces, and these units tend to have long wait lists, sometimes up to several years. For example, the Ontario Non-Profit Housing Association reported that in 2013, nearly 165,069 families in Ontario were on a wait list for social housing. It was also reported that the average wait time for RGI housing in Ontario was

3.89 years, with some families waiting up to 10 years before ever receiving an offer (Donnan 2016: 30-31). Many of the agreements under which social housing units receive grants for their operating budgets have either expired or are about to expire, meaning that these cooperatives might have to sell units to make up for a lack in federal funding, increase rents for non-subsidized units, or decrease the number of RGI units, all of which will result in more affordable housing shortages.

More recently, however, the Trudeau Liberals have allegedly sought to address some of these issues with their National Housing Strategy (NHS), which was unveiled in 2017, and passed into law as the *National Housing Strategy Act* in 2019 (Schwan & Ali 2021). It outlines a number of broad federal government initiatives to address housing and homelessness in Canada. These include: steps toward enabling a rights-based approach to housing; a reduction in chronic homelessness by 50 percent; financial assistance in the form of a Canada Housing Benefit to help low-income households with rent payments; a National Housing Co-Investment Fund intended to create up to 60,000 units of new housing, and repair up to 240,000 units of existing housing; and a research agenda that would include finding solutions to housing affordability issues. The NHS also allots $4.3 billion to social housing in the form of the Canada Community Housing Initiative, the aim of which is to fund repairs needed for existing social housing units, and provide mortgage assistance for housing operators, but requires cost-matching from the provinces and territories. The Strategy also suggests that some funding will be used for new social housing units but is not clear on the amount, and recommends they be built as part of mixed-income developments (Falvo 2017; GoC 2017). It is perhaps too early to say for certain what impact the NHS is having in Canada, however a report released earlier this year by the

Office of the Parliamentary Budget Officer (PBO 2021) suggests that there could be a number of factors limiting the impact of the strategy. Much more research will have to be done on this topic over time for any firm conclusions to be reached.

In addition to changes in publicly funded housing policies, issues in the Canadian labour market have also contributed to the growth of homelessness. As Shier, Jones & Graham (2012) explain, social service delivery programs and social policies aimed at alleviating homelessness have often been upheld with the assumption that lack of participation in the labour market is the main cause that leads individuals to experience homelessness. It is therefore often assumed that the aim of social programs and policies that seek to address this issue should help homeless individuals become successful in the labour market, a factor that will then lead to success in obtaining adequate housing. These programs and policies therefore put disproportional emphasis on the individual factors that can lead to homelessness without acknowledging systemic issues. However, there are significant systemic aspects of the labour market that contribute to homelessness, including the growth of temporary employment that increasingly normalizes inadequate work and pay. For example, the Shier et al. (2012) study found that labour market participants were often unable to find permanent, full-time employment. Without this kind of work, participants found it difficult to acquire consistent pay that allowed them any kind of savings. Employer expectations about flexibility, availability and number of work hours also had a negative impact on personal relationships and overall life satisfaction.

Poverty and a lack of income security, housing affordability issues, and food insecurity are also important systemic factors that put individuals and families at risk of homelessness. The

‘Welfare in Canada’ series published annually by the former Caledon Institute on Social Policy has consistently shown that social assistance rates in every province are only a percentage of the low-income cut-off (LICO) of each province, as well as the Market Basket Measure (MBM), leaving a ‘poverty gap’ between social assistance rates and the minimum livable amount as dictated by these two measures (Tweddle, Battle & Torjman 2016).

Finally, systems failure is a term that refers to the inability of different institutions to meet the needs of individuals and families upon discharge from these institutions. Without the supports and services that these individuals and families require for living on their own, they often end up homeless. Such institutions include child welfare systems, correctional facilities, healthcare institutions such as hospitals and mental health and addiction treatment centres, and even homeless shelters (Echenberg & Jensen 2009; Forchuk et al. 2008; Gaetz et al. 2013a; Gulliver 2015). In the child welfare system, youth often “age out” of care at the age of 18. Exiting foster care can often lead to homelessness rather than self-sufficiency (Gulliver 2015). There is some evidence showing that such an outcome is dependent upon the stability and suitability of foster care placement, as well as the efficacy of other programs and services required by the individual (Serge et al. 2002). The youth’s success in obtaining stability after life in the child welfare system is also affected by whether or not the individual was prepared with certain life skills following their leaving the system (Gulliver 2015).

The relationship between being homeless and living in a correctional facility is often bidirectional, with homeless individuals not only overrepresented in and more likely to become a part of the prison population (Saddicha et al. 2014), but also often discharged into homelessness

upon release (Gaetz & O'Grady 2006). In Canada, discharge planning is only provided for those who have been convicted of a crime. This provides federal inmates with at least some support upon discharge, but many inmates being held at the provincial level are retained "on demand," meaning they have been charged with a crime but have not yet been convicted. These individuals are usually not provided with any kind of discharge planning (Gulliver 2015).

There is also a prevalent lack of discharge planning in Canadian health care institutions. For example, a study by Forchuk et al. (2006) found that 194 individuals were discharged from hospital onto the streets in 2002. Such a lack of support can increase the likelihood of relapse or re-offending. This is in part due to a phenomenon called "institutionalization," whereby those staying in shelters, hospitals, detention centres, jails and rehab facilities become adapted to the institution's routine of everyday living. This can cause the individual to struggle with independent living after release (Gulliver 2015). Researchers in the United States have determined the success of a program that works to connect hospitals with community-based services for those experiencing homelessness, referred to as Critical Time Intervention (CTI). Designed to connect individuals with a mental illness to a case manager upon discharge from an institutional setting, the CTI model has been shown to reduce homelessness and improve a number of other outcomes. However, while the method has had success in the U. S., it is still unknown whether or not the success of these past outcomes is generalizable to different service delivery contexts in other countries. There is still much research to be done on this matter in the Canadian context (Stergiopoulos et al. 2017).

Homelessness and Health

Some have referred to homelessness as Canada's most significant public health challenge (Guirguis-Younger, McNeil & Hwang 2014). This is perhaps not surprising given that homelessness has repeatedly been shown to have a direct adverse effect on personal health (Fazel, Geddes & Kushel 2014; Frankish, Hwang & Quantz 2009; Hwang 2001). The relationship is made clear when we consider that homelessness and poor health have many of the same risk factors, including poverty and substance use. This relationship is often bidirectional in the sense that, while health problems can potentially act as risk factors for homelessness, a state of homelessness can further exacerbate already-existing health problems (Frankish et al. 2009).

There are a great number of health issues that affect those experiencing homelessness. Mortality rates tend to be high, both in an absolute and relative sense, among homeless adults (Fazel et al. 2014; Frankish et al. 2009; Hwang 2000, 2001). For example, The Toronto Disaster Relief Committee estimated that 700 individuals died in Toronto as a result of homelessness between 1998 and 2013, and other major cities in Canada have averaged 52 deaths per year as a result of homelessness (Donnan 2016: 13). It has also been shown that higher mortality rates are roughly the same among homeless men and women who are under the age of 45 (Cheung & Hwang 2004). The medical problems that often afflict individuals experiencing homelessness can be exacerbated by other factors such as poverty, barriers to accessing care, nonadherence to therapy, and cognitive impairment (Hwang 2001; Stergiopoulos et al. 2015). Research in the United States has shown that the severity of these issues is often worse for those who live on the street as opposed to those living in shelters (Gelberg & Linn 1989). However, those who do use shelters are more prone to particular conditions, namely tuberculosis and infestations of scabies and lice (Frankish et al. 2009). Medical problems that are prevalent among the homeless include

seizures, chronic obstructive pulmonary disease, arthritis and other musculoskeletal disorders, and respiratory tract infections (Frankish 2009; Hwang 2001). Dental health also tends to be worse among the homeless, and skin and foot problems are also prevalent (Fazel et al. 2014; Frankish et al. 2009; Hwang 2001).

Health problems among the homeless are frequently compounded by other factors such as an increased risk of violence and unintentional injuries to which they have an increased susceptibility (Fazel et al. 2014; Frankish 2009; Hwang 2001). Their health is also often at risk due to frequent exposure to extreme weather conditions that can also bring about medical conditions such as hypothermia and frostbite in cold weather, and severe sunburn and heat stroke in warm weather. Freezing to death is also not uncommon among the homeless population (Tanaka & Tokudome 1991).

It is now well-documented that homeless individuals tend to have higher usage levels of health care services obtained in emergency departments (Fazel et al. 2014; Frankish et al. 2009; Hwang 2001; Hwang et al. 2011). Homeless individuals are admitted to hospital more frequently than the general population, and often stay in hospitals longer than other low-income patients (Fazel et al. 2014; Frankish et al. 2009; Hwang 2001). Studies in both Canada and the United States have shown that these longer stays collectively result in significant excess health care costs (Hwang et al. 2011; Bharel et al. 2013). As noted above, homeless individuals are frequently discharged from hospitals without any plans in place for obtaining housing and other necessary services.

Even though homeless individuals make more use of health care services in terms of their rate of admittance to hospital and length of stay, they also face a number of unique barriers to health care access, and often suffer from an inability to comply with certain conditions of various treatments (Fazel et al. 2014; Frankish et al. 2009; Hwang 2001; Salize, Werner & Jacke 2013). For example, many homeless individuals face administrative barriers to accessing their universal health care coverage such as lost or stolen personal identification, and the inability to pay for prescriptions without employment benefits. Such individuals often struggle to obtain the essentials of daily living, and therefore might be unable to access appropriate health care due to the inability to balance competing priorities in their daily lives, which are often disordered and lived moment to moment. This might mean that they are unwilling or unable to make and/or keep appointments, that they might not take their medication properly, or that they lack continuity of care (Frankish et al. 2009; Holton, Gogosis & Hwang 2010). Even when services are accessed, homeless individuals might not be able to adhere to requirements for successful treatment, particularly those having to do with rest or dietary changes (Frankish et al. 2009; Hwang 2001). Stigma and discrimination are issues that such individuals might also face in accessing care (Lewis 2015).

Homelessness, Mental Health and Substance Use

According to a report released by the Canadian Institute for Health Information (2007), definitions of mental health and mental illness have often been placed at two opposite ends of a continuum, with the mental health end standing for “perfect” mental health, and mental illness simply being poor mental health at different levels of severity. In opposition to this

understanding, the Public Health Agency of Canada (2006: 2) has provided a positive definition of mental health, characterizing it as "the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity." This means that "compromised" mental health is not necessarily the result of having a mental illness, but of changes in perception and life circumstances as well (CIHI 2007). Mental illness is defined separately as "alterations in thinking, mood or behaviour – or some combination thereof – associated with significant distress and impaired functioning" (PHAC 2006: 2).

Compromised mental health, mental illness and substance use issues are all more prevalent among those experiencing homelessness than in the general population (CIHI 2007; Foster et al. 2010; Frankish et al. 2009; Hwang 2001; Lowe & Gibson 2011). Understood in the context of homelessness, studies have shown that homelessness and mental illness have a bidirectional causal relationship similar to that of homelessness and physiological illness (CAMH 2003; Frankish et al. 2009). In other words, mental illness is a risk factor for homelessness, and conversely housing is a social determinant of mental health status (Mental Health Commission of Canada 2012). Homeless individuals with a serious mental illness are more likely to become and remain homeless (CIHI 2007). Individuals experiencing homelessness are also more likely to experience compromised mental health than the general population (Aubry & Klodawsky 2003; Hwang 2001; PHAC 2006).

Compromised mental health can influence those experiencing homelessness in a number of different ways. High stress levels are one such issue, which are higher among homeless individuals than the general population. Low levels of self-esteem, as well as feelings of loneliness, worthlessness and hopelessness are also more prevalent (CIHI 2007). Life expectancy is also lower on average among homeless individuals compared to the general population, which is in part the result of higher suicide rates (Hwang et al. 2009). It has also been shown that chronic stress experienced by homeless individuals often has a lasting negative impact on physical and mental health, even long after they have secured housing (Desjarlais-de Klerk 2016).

As for more specific afflictions, studies in both the American and Canadian contexts have shown that diagnoses of schizophrenia and depression are higher among homeless individuals (CIHI 2007; PHAC 2006). In a study conducted in Ottawa, Ontario (Aubry & Klodawsky 2003), 31 percent of the sample surveyed reported experiencing depression, and five percent reported having been diagnosed with schizophrenia. Bipolar disorder, anxiety and PTSD are also common diagnoses (Holton et al. 2010). Physical and sexual abuse that individuals experience while homeless have also been identified as risk factors for developing PTSD (CIHI 2007; PHAC 2006).

In addition to poor mental health and the pervasiveness of mental illness, a number of Canadian studies have also shown that rates of substance use are higher among homeless individuals (CIHI 2007). One Toronto study found that 68 percent of shelter users reported having lifelong substance dependencies (Goering et al. 2002). Past Canadian studies have also shown that crack

cocaine and marijuana are frequently used among the homeless population (Hwang 2001). Studies in both the U.S. and Canada have shown that alcoholism is also pervasive among the homeless (Aubry & Klodawsky 2003; Fischer & Breakey 1991). Homeless individuals often experience high levels of concurrent disorders, including substance use disorders that are coupled with mental illness diagnoses (Shortt, Hwang & Stuart 2006). A study by Aubry, Klodawsky and Coulombe (2012) suggests that it might be substance users who have the greatest difficulty exiting homelessness.

While Indigenous homelessness is a culturally unique form of homelessness that is not the central focus of the research presented here, it will be discussed in a less detailed fashion throughout, and so it is crucial to provide a general discussion of the ways in which individuals who identify as Indigenous struggle with mental illness and substance use. Research on Indigenous individuals who experience homelessness and engage in frequent substance use has shown that, on average, these behaviours begin at an earlier age. Those who become substance users also are more likely to meet the criteria for a PTSD diagnosis, have a severe substance use issue, and to contract an infectious disease. Intergenerational trauma is an issue that is particularly relevant to Indigenous people struggling with homelessness and/or mental illness/substance use. They also tend to be homeless for longer, have less formal education, and have more health emergencies than non-Indigenous people (Bingham et al. 2019). As much of the Canadian research on rural homelessness overlaps with research on Indigenous and northern homelessness, a more detailed discussion of the unique historical and colonial context that characterizes Indigenous homelessness will be included in the following chapter.

In Summary

The purpose of this chapter was to provide a general account of homelessness not as an individual affliction, but as a distinct socioeconomic problem as it is understood via its particularities within a Canadian historical and socioeconomic context. While the absence of adequate shelter for certain individuals has likely existed throughout human history across all regions of the globe (and certainly continues to exist), homelessness as we understand it today became prevalent in Canada in the late 1970s/early 1980s following an unprecedented era of economic growth following the end of the Second World War. The era of neoliberal economic policy that began in 1979 (Harvey 2005) has seen an increasing number of people in precarious living circumstances. While we can most succinctly describe homelessness simply as a lack of adequate shelter, the term is far more multifaceted than that, connoting a diverse array of overlapping social and economic conditions that threaten the stability and well-being of affected individuals and families. It is often the result of a convergence of risk factors at a particular point in time and place. Such risk factors are not so much causes as they are conflating circumstances that converge in such a way as to leave an individual or family at least temporarily lacking adequate shelter. While some of these may be individual risk factors, many others are structural, having to do with the installation of neoliberal economic policies such as precarious employment and disinvestment in the welfare state, and institutional systems that do not adequately deal with the unique challenges faced by more vulnerable citizens. Homelessness can also be regarded as a health issue due to the bidirectional relationship between homelessness and health problems; on the one hand, homelessness can cause or exacerbate already-existing health

issues, while on the other hand pre-existing health issues can act as a risk factor that contributes to the individual becoming homeless.

While there are many other dimensions of the problem of homelessness that cannot be addressed here, those that have been discussed in this chapter provide the context for subsequent chapters. The following chapter will present a generalized account of homelessness in rural Canada, a socioeconomic phenomenon that has received much less attention in the research community.

Chapter 2: Rural Homelessness in Canada

Rural homelessness is characterized by many of the same risk factors that define urban homelessness, including mental illness and addiction, family violence, insufficient income/employment, and a lack of affordable housing options. Studies on rural homelessness in Canada are relatively sparse, and it has only begun to emerge as an area of study within the last 15 years (Waegemakers Schiff et al. 2015). The dual aim of this chapter is to provide both a general account of what is known about rural homelessness in Canada, and in doing so highlight the characteristic differences between rural and urban homelessness. Bruce (2006) has written that, because Canada is a very urbanized nation (less than 1 in 5 Canadians live in rural areas), homelessness research, policy and programming have a very "strong urban flavour," one that characterizes homelessness as a predominantly urban phenomenon. This parochial understanding of homelessness has limited our understanding of as well as our ability to effectively address the problem in rural areas. Without developing a clear picture of what makes rural homelessness unique, it is impossible to address the problem efficaciously.

This deficit of research on rural homelessness is an issue not just in Canada but around the world, and stems in part from the unique logistical difficulties that researchers can encounter while attempting to enumerate homeless populations in a rural setting. For instance, such regions do not normally have programs and services that specifically target homeless populations, which means that there are not many places where those experiencing homelessness can be found and identified. Another problem commonly encountered when studying rural homelessness is simply the lack of existing research - only recently have there been ongoing large-scale attempts to

obtain data on homeless populations in rural areas, making the accuracy of the available data difficult to assess, a matter which is further complicated by the fact that rural homeless populations tend to be highly migratory (Bruce 2006; Waegemakers Schiff et al. 2015). These are only some of the problems that have prevented researchers and practitioners from constructing a clearer picture of the issue.

The following chapter provides an overview of the issues that comprise rural homelessness as a singular socioeconomic problem. We start with the definition of rurality, an issue that, much like the definition of homelessness itself, is still disputed in the research community. This is followed by a discussion of the unique contextual factors that frame our current understanding of rural homelessness, including rural poverty, rural housing and labour markets, and pervasive cultural self-perceptions of rural and small-town life. This is followed by an account of "hidden homelessness," a particular manifestation of homelessness that tends to be more prevalent in rural areas. Programs and services that are available for homeless individuals in rural areas are also discussed, as well as the unique infrastructural barriers and logistical problems that often diminish the response of service providers. We then conclude with a brief discussion of the distinction between rural and northern homelessness, and how these further characterize the issue of Indigenous homelessness in Canada.

Definitions of Rurality

Rural communities can be understood generally as low population density, resource-based economies that have social and cultural characteristics that are distinct from those that

characterize urban centres (Weiner & Beldin 1999; Woods 2005). However, scholars have noted that there are many existing definitions of "rural," none of which have prompted a consensus (Bruce 2006; Waegemakers Schiff & Turner 2014). A report released by Statistics Canada recommends that different definitions be used in accordance with the focus of research (du Plessis et al. 2001). Six different definitions are provided in this report "based on the relative weighting of parameters of population size, density, context, and consideration of the size of a territorial unit" (Waegemakers Schiff & Turner 2014). Bruce et al. (2005) have also defined rurality in accordance with economic growth, where communities are labelled according to whether or not they are growing, stable, declining or dormitory, or whether they are considered retirement communities or northern communities. In addition to the criteria put forth in these definitions, some rural communities might also be characterized in accordance with other typological factors such as seasonality, where areas deemed "cottage country" have populations that change in size and density between warm and cold seasons, or resource industries in resource-rich areas including oil, gas, minerals and the development of large-scale energy (Waegemakers Schiff & Turner 2014).

In order to avoid complications that would be unnecessary for the purposes of this study, it will be sufficient to refer to Statistics Canada's newly established Population Centre and Rural Area Classification 2016. Between the 1971 Census and the 2006 Census, Statistics Canada used a simple urban-rural dichotomy that labelled any area with a population above 1,000 as "urban," and anything below this population as "rural." By this measure, Canada's entire geography fell under one of these two categories. The eventual consensus was that there were two major problems with this dichotomous categorical scheme. The first was that this extremely broad

definition of “urban” often led to data misinterpretation by ignoring important differences between many of the areas and populations that shared this designation. Another issue was the inconsistent use of the term, particularly when it was used to refer to groupings of municipalities such as census metropolitan areas and census agglomerations, which are typically both urban and rural (Statistics Canada 2017). In order to address these issues, Statistics Canada now uses the term ‘population centres’ instead of ‘urban areas’, and has divided them into three groups: small population centres (pop. 1,000-29,999), medium population centres (30,000-99,999), and large urban population centres (100,000 and over). All areas outside of population centres (those with a population of less that 1,000) are still designated as rural (Statistics Canada 2017). This means that many designated areas with relatively small populations are largely rural in terms of land area, but will likely have many of their populations concentrated in small and medium population centres. We will return to these notions in Chapter Five, when they are used to describe the County of Bruce and County of Grey for the purposes of this study.

Rural Poverty

Rural poverty is often used by researchers as a proxy indicator of homelessness due to both a lack of research available on this topic, and the logistical difficulties inherent to conducting such research. It is therefore important to understand that what we call rural poverty is indicative of a problem that manifests itself in a unique economic and cultural context that consists of economic opportunities and challenges, as well as cultural attitudes and perceptions, that are somewhat different than those typically found in urban areas. (Blank 2005; Halseth & Ryser 2012). While geographical and economic variations exist between different rural regions and between

provinces, rural residents in general have lower incomes and fewer employment opportunities, which are in part the result of a proliferation of low-wage service sector jobs, as well as a lack of infrastructure to support employment, such as child care and public transportation (Edwards, Torgerson & Sattem 2009; Saint-Onge, Hunter & Boardman 2007; Skott-Myhre, Raby & Nikolaou 2008). Wage income is one of the primary determinants of poverty generally speaking, and not only affects access to basic needs but also crucial non-basic items such as higher education and specialized health care. Compared to people living in urban areas, rural residents tend to have lower literacy and education levels, fewer high-paying employment opportunities, and more seasonal employment, as well as poor health and access to health care services. While poverty rates overall have gone down in rural Canada since 1980, this statistic is somewhat misleading: poverty rates have gone down in areas that are non-adjacent to urban centres, but have gone up in those that are adjacent to urban centres, and in northern communities (Burns, Bruce & Marlin 2007). This particular finding is reliant upon the low-income cut-off (LICO) as it has been developed by Statistics Canada. However, when the market-basket measure (MBM) thresholds are applied, the incidence of poverty in rural areas is slightly higher. Past research (Bruce et al. 2003; Alasia & Magnusson 2005; Curto & Rothwell 2003) has shown that in rural areas, a higher proportion of low-wage jobs, seasonal work and limited professional positions will likely continue to keep average incomes lower than in urban areas.

The poverty level in a particular rural area can also depend on the types of industry that traditionally uphold that area economically. Many such regions are relatively isolated and are less likely to have diversified economies. This has been referred to as the “staples trap” (Carson 2011), where a resource-based economy with little economic diversification increases the

likelihood of sudden job loss and reduces the prospect of long-term employment for low-skilled workers with limited education. Such communities are often less resilient to economic restructuring due to a lack of government support services, and because they have difficulty attracting capital for new economic development opportunities (Ryser & Halseth 2017). Unsettled Indigenous land claims can also be a source of such difficulty (Geisler & George 2006). The type of single-industry economy that traditionally supports an area (pulp-and-paper versus forestry or fishing) can also act as a determinant of that area's economic outcomes (Burns et al. 2007).

Another key contributor to rural poverty is the lack of housing stock diversity. Rural areas often lack a sufficient number of rental housing units, but have a high percentage of single homes with only one or two occupants. The construction of new housing stock and maintenance of the older stock both tend to be more expensive in both rural and northern areas. An older housing stock is also more likely to require repairs, and generally has higher utility costs. All of these factors can potentially contribute to making housing less affordable for those living in rural regions (Bruce 2006; Burns et al. 2007; Halseth & Ryser 2012). In addition, rural health systems can also place financial strain on households, as rural populations tend to have more self-reported health issues, but have fewer local health care services, which at times can require residents to travel long distances to access appropriate services (Burns et al. 2007). The costs of travel and time off work required in these instances can place additional financial burdens on households that may be at risk. This issue is often exacerbated by the out-migration of younger families to urban centres. This can lead to depopulation in rural areas, which can further lead to an even greater decrease in local health and social services.

Finally, a lack of formal education is also a prevalent risk factor for experiencing poverty in rural areas. In general, rural youth have lower literacy rates than urban youth, and fewer rural youth obtain a post-secondary education. Overall, rural adults have a lower educational attainment than urban adults, but this gap has been narrowing over time. Conversely, poverty can lead to low educational achievement, as individuals and families living in poverty cannot afford the cost, and may not have adequate internet access (Burns et al. 2007).

Housing in Rural Canada

Important differences exist between the rural and urban housing landscapes in Canada, most of which are geographical (Slaunwhite 2009). The term "rural" can be misleading in its suggestion of homogeneity, as different rural housing markets and housing availability will differ significantly depending on geographical proximity to urban centres, as well as the type and extent of economic development in the area. Such factors include industry types such as farming, tourism, retirement, manufacturing and resource extraction. As mentioned above, most rural housing consists of single-detached dwellings, 82 percent of which are owner-occupied (Marshall & Bollman 1999; Slaunwhite 2009), and the rental housing stock is typically very limited compared to that which can be found in urban centres (Bruce 2006; Slaunwhite 2009). Slaunwhite (2009) has noted that changes to the housing markets of particular rural regions are often caused by factors that are external to those regions. For example, the global restructuring of particular industries such as manufacturing have contributed to the growth of unemployment and the depopulation of small towns in Canada. The expansion of urban centres that led to suburban

development in what were previously farming communities also played a role in influencing the market value of real estate in those areas. The migration of urban residents into rural areas, either on a seasonal or permanent basis, can also inflate housing prices by creating an increase in demand, which can make housing unaffordable for year-round residents (Halseth & Halseth 2004; Singh 2002). This issue is of particular relevance in towns that have seasonal industries (particularly tourism) and seasonal variations in population (Waegemakers Schiff & Turner 2014). Researchers have also documented the impact of energy-sector initiatives on housing markets, housing availability and rising homelessness (Lee, Budgell & Skinner 2007; Schiff, Connors & O'Brien 2012; Schiff & Brunger 2015). Such initiatives frequently occur in areas that are rich in natural resources (Schiff & Brunger 2015). The influx of workers to such areas often results in increased demand for rental housing from energy-sector workers, which can lead to a rapid inflation of rent prices, making rental housing unaffordable for lower-income earners who inhabit the area year-round (Lee et al. 2007).

Members of rural communities also experience issues with housing availability. There is normally very little construction of new housing for areas that are not experiencing economic growth, since there is little economic incentive, and a limit to contractor options when such projects are initiated (Slaunwhite 2009). This can contribute to low vacancy rates, poor conditions of existing units, and higher operating costs. The housing market in a particular rural area is therefore highly vulnerable to the boom-and-bust cycles of economic development. Even during times of relative prosperity, the construction of new affordable housing units in these areas is not generally supported. A lack of economic certainty, instability in population decline or growth, and a lower demand for housing compared to urban centres are all factors that

dissuade private investors from building new and/or affordable units in rural areas. This also makes it difficult for rural housing markets to respond to economic shocks quickly (Slaunwhite 2009; Waegemakers Schiff & Turner 2014).

Rurality and the Idyllic

In addition to the singular economic context of rural areas, it is important to consider the cultural context as well, which also differs from that of urban centres in some respects, and is influential in determining how rural communities respond to socioeconomic problems like poverty and homelessness. Much of the literature on rural homelessness in Canada discusses what we could refer to as an idyllic "rural self-perception," what Kauppi et al. (2017: 14) have called "an idealized conception of rurality." Consisting of aesthetically-pleasing agricultural landscapes that evoke a pastoral nostalgia, rural areas are often considered by their residents to be more "pure," serene places where one can live "closer to nature," free from the noise and distractions of city life and abundant in options for year-round outdoor recreational activities (Milbourne & Cloke 2006). Rural residents often perceive themselves as members of close-knit communities where "everyone knows everyone," an aspect of small-town life that is thought to foster a sense of community and belonging (Forchuk et al. 2010). That being said, residents of such communities often live in accordance with a self-image that values property ownership, as well as economic self-sufficiency and independence (Aron 2006). Individuals often possess certain pre-industrial "life skills" that are more fitting for an agricultural lifestyle, a knowledge base that many people from urban areas lack (Hänninen 2006). This has led some to suggest that homelessness might be a phenomenon that is ignored or even denied in rural areas (Halseth & Ryser 2012). However,

the accuracy of this statement remains largely unexplored (Waegemakers Schiff & Turner 2014: 16).

When researching poverty and homelessness in rural areas, this idyllic conception of rurality held by local residents potentially acts as a barrier to obtaining information about homeless populations. The lower visibility of homelessness in these areas can seemingly lend credibility to local claims of its absence, a perception which has dampened enthusiasm for researcher initiatives even among researchers (Kauppi et al. 2017: 14). This is not to say, however, that this denial of homelessness as a part of rural life is pervasive among all individuals and localities. A study of homelessness in Alberta revealed that most of the interviewees in twenty different localities across the province understood homelessness as an issue that had become more prevalent over time (Waegemakers Schiff et al. 2016: 79). While research on rural homelessness has been growing, this often "hidden" nature of rural homelessness can potentially lend a perceived legitimacy to claims that homelessness is not a rural issue. We will further discuss this notion of "hidden homelessness" below.

Research on Rural Homelessness in Canada

Compared to the amount of research literature on urban homelessness in Canada, there is still very little that is available on rural homelessness (Bruce 2006; Forchuk et al. 2010; Kauppi et al. 2017; Waegemakers Schiff & Turner 2014; Waegemakers Schiff, Schiff & Turner 2016). Most available studies began to appear in the early 2000s (Waegemakers Schiff et al. 2016: 74). These studies have shown that, in many ways, the dynamics of rural homelessness are similar to those

found in large urban centres. However, there are some important differences, a reality that is further complicated by the fact that rural areas in Canada are regionally diverse in terms of geographic location, population composition and size, economy and proximity to urban centres. The needs that each community has and the challenges they face will therefore vary considerably. As noted above, rural housing markets also have their own unique dynamics, a factor that contributes to the appearance of homelessness in these areas. Heat and utilities also tend to be more expensive in these areas, a factor that can contribute negatively to suitable housing availability for certain disadvantaged groups. As mentioned above, it can also be difficult to obtain services in more remote areas.

Using the 2014 General Social Survey, Kauppi et al. (2017) compared the data collected from urban centres in Ontario with that collected from rural areas. They found that individuals living in rural areas are actually slightly more likely to experience homelessness (2.1%) than those living in urban areas (2.0%) (Kauppi et al. 2017: 29). The data also reveals that more women (2.6%) experience homelessness in rural areas than do men (1.5%), whereas the inverse is true for urban areas. The age group most likely to have experienced homelessness in both rural and urban areas were those aged 45 to 54. In both urban and rural areas, a higher proportion of Indigenous people reported having experienced homelessness, but there was more of a gap between Indigenous and non-Indigenous people in urban centres.

A form of homelessness that tends to be more pervasive in rural areas is often referred to by researchers and practitioners as ‘hidden homelessness’. While hidden homelessness is not specific to rural areas, it tends to account for a larger proportion of the homeless population in

these areas (Waegemakers Schiff & Turner 2014). The Ontario dataset extracted by Kauppi et al. (2017: 30) from the 2014 GSS shows that individuals living in rural areas of Ontario are 2.2% more likely to experience hidden homelessness than those living in urban areas. In both urban and rural areas, more men have experienced hidden homelessness than women, however the gap between the two is larger in rural communities. We will elaborate on the notion of hidden homelessness below.

Hidden Homelessness

In Chapter One we discussed the homelessness typology designed by the COH. Within this classification scheme was the category "provisionally accommodated." This category can be further broken down into subcategories, one of which is hidden homelessness. Like homelessness more generally, hidden homelessness is not easy to define, and so definitions of the term will vary depending on the purpose of the research being conducted in a particular instance (Kauppi et al. 2017: 9). Another difficulty in formulating a definition is that people experiencing hidden homelessness often do not consider themselves to be homeless simply because they currently have a place to stay. This, coupled with the fact that these individuals and families might not approach service providers for help, makes them very difficult, or even impossible, to count accurately.

Hidden homelessness - also often referred to as "couch surfing" or "doubling up" - is provisionally defined as "living temporarily with others with no guarantee of continued residence, or with no immediate prospect of permanent housing" (Gaetz et al. 2013; Rodrigue

2016). The term can therefore describe a wide variety of living situations, including temporarily living with family, friends or even strangers with no security of tenure (Eberle, Kraus & Woodward 2009); living in short-term transitional housing such as hostels or motels; or living in institutions like hospitals or correctional facilities. While these individuals and families have a temporary place to stay, they do not have any permanent housing that suits their own needs (Gaetz et al. 2013; Kauppi et al. 2017), and in many cases alternate between absolute homelessness and staying with others over longer periods of time (Kauppi et al. 2017). Those residences where individuals and/or families stay with friends, family or strangers are sometimes referred to as "concealed households" (Fitzpatrick et al. 2015). The majority of individuals who fall into this sub-group are not accounted for in homelessness statistics, and in the UK it has been estimated that at least half of them have never approached authorities or service providers (Robinson & Coward 2003). Some researchers have also included those with inadequate housing in their definition, as well as those with extreme overcrowding (Eberle et al. 2009).

While Statistics Canada does not collect data on the national homeless population, a report on hidden homelessness was published using data from the 2014 General Social Survey (GSS). The report provides an analysis of a sample of Canadians aged 15 and over. It was found that 8 percent (2.3 million) of the sample had experienced hidden homelessness, however those who self-identified as Indigenous were more than twice as likely to have experienced it (18%). The probability was much lower for immigrants (6%) and visible minorities (4%). Over half (55%) of the sample reported a duration of hidden homelessness of somewhere between one month to a year, while 18 percent reported more than a year, and 27 percent reported less than a month. The age group with the highest proportion of those who had experienced hidden homelessness were

those between the ages of 25 to 54 (10%). Those who were more likely to fall into a state of hidden homelessness included people who self-identified as Indigenous, people who reported being the victim of both physical and sexual abuse as a child, people who reported having two or more disabilities, and people who reported having moved three or more times in the past five years. Those who reported being victims of either physical or sexual abuse as a child were three times as likely to have experienced hidden homelessness, while those who reported being victims of both physical and sexual abuse as a child were more than twice as likely to have experienced it, and five times more likely than those who had never been victims of abuse. Those with experience in the child welfare system were more than three times as likely to have experienced hidden homelessness than those who were not (Rodrigue 2016).

Those who reported having a disability were more than twice as likely to experience hidden homelessness. It is interesting to note that the likelihood of experiencing hidden homelessness increased with the number of times an individual changed residence. A weak sense of belonging to a community, as well as having fewer family members and friends, were also risk factors for hidden homelessness. Individuals who reported being the victim of a crime in the past year were also more likely to have experienced hidden homelessness than those who did not. This likelihood increased with each crime reported by an individual (Rodrigue 2016).

Scholars have also emphasized that hidden homelessness has a gendered dimension (Kauppi et al. 2017; Rodrigue 2016), as the number of women experiencing homelessness in Canada is frequently underestimated (Schwan et al. 2020). This is because women experiencing homelessness are less likely to access homeless services such as shelters and drop-in centres, and are less visible in public spaces (Bapitista 2010; Maki 2017). In order to avoid potentially

dangerous outdoor and shelter spaces, many homeless women enact high-risk survival strategies such as staying in short or long-term exploitative relationships that involve “survival sex” (a term used to refer to the exchange of sex for shelter) or the provision of domestic services such as cleaning or child care (Bretherton 2017; Kauppi et al. 2017). This means that “snapshot” methodologies such as Point-in-Time (PiT) counts that focus on shelter usage and street homelessness tend to count populations with more men, leaving the number of homeless women, girls and gender-diverse people underestimated (May, Cloke & Johnsen 2007; Schwan et al. 2020).

Hidden Homelessness and Rurality

The general consensus within existing research is that hidden homelessness is more prevalent in rural areas (Forchuk et al. 2010; Glass 2002, Hallstrom et al. 2013; Kauppi et al. 2017; Lee et al. 2007; Smith & Fuller 2007; Waegemakers Schiff & Turner 2014; Waegemakers Schiff et al. 2015). In one province-wide study of rural homelessness in Alberta, it was found that most of the informants thought that most homelessness in their region was hidden, with couch surfing and doubling up being the most common manifestations (Waegemakers Schiff et al. 2016: 76). Hidden homelessness tends to be more prevalent in rural areas for a number of reasons. For one, rural areas tend to be larger geographic areas that have relatively low population densities, which means that there is a general absence of urban and large commercial spaces - such as shopping malls and big box stores - where homelessness in urban areas would normally be visible. There is also a relatively small number of health, social and other community services in rural areas that not only obscures the number of people who are experiencing homelessness, but in many

cases also prompts their migration to urban centres where these services are generally more readily available, a factor that further contributes to the low visibility of homelessness in these areas (Waegemakers Schiff & Turner 2014). The use of informal social networks to either "double up" with or "couch surf" at the residences of family and friends is also more common in rural areas. These individuals often do not perceive themselves to be homeless, and therefore might not attempt to access social services or local authorities, or believe there might not be any services available that fit their particular needs (Kauppi et al. 2017).

Estimating the Rural Homeless Population in Canada

As mentioned above, homeless populations in rural areas are notoriously difficult – if not impossible – to count with any degree of accuracy. It is therefore impossible to say how under-represented the experience of homelessness is in these areas. Much of the difficulty stems from the amount of hidden homelessness in rural populations. It is also more difficult to fully account for those who sleep rough, squat, or live in unsuitable conditions in expansive geographic areas with low population densities. Methods typically used to enumerate homelessness are generally not as effective in rural areas due to a lack of service sites where homeless individuals can be counted. American researchers have suggested that homeless rates in rural areas could be even higher than in urban centres when substandard or unfit housing is taken into consideration, as such housing often goes unnoticed by officials in these areas (Waegemakers Schiff et al. 2016: 74). Mobile home parks are also prevalent in rural Canada, and are part of an ageing housing stock; however the extent to which they are affiliated with the hidden homeless population remains unexplored (Waegemakers Schiff et al. 2015: 94). The extent to which the existence of

homelessness is denied by local residents and officials is also unclear, a factor which could interfere with obtaining accurate counts (Waegemakers Schiff & Turner 2014). Higher proportions of hidden homelessness, coupled with idyllic conceptions of rurality, could make the existence of homelessness easier to deny. These difficulties in conducting research are the reason that rural poverty and core housing need are often used as proxy indicators of rural homelessness. It has also been suggested that levels of housing instability experienced in rural areas are similar to those experienced in urban areas (ESDC 2015). While the number of studies on rural homelessness in Canada are growing, those that currently exist are either specific to certain regions, or focus on a single sub-population. It has been suggested by Waegemakers Schiff et al. (2016) that provincial studies be conducted in order to put together a national picture of the problem. So far, such provincially specific information only exists for Alberta (Waegemakers Schiff et al. 2016), as well as that which was gathered for the national study on hidden homelessness (Rodrigue 2016).

Depending on the type of rural community being researched, the size of at-risk populations can also be difficult to determine (Slaunwhite 2009). The poor condition of an aging housing stock can increase utility costs, which can negatively impact affordability. In communities that are geared toward tourism/vacationing that have high-income earners moving into the region, groups that are more vulnerable such as the working poor and single parents might become at-risk due to declining housing options and higher costs (Halseth & Halseth 2004; Halseth & Rosenberg 1995). A similar effect is often present for low-income seniors in growing retirement communities as costs rise (Slaunwhite 2009). Seniors can also become at-risk in all types of

housing communities because of the costs associated with maintaining older homes. In addition, rural communities often do not have the services required to assist at-risk populations.

Affordable Housing Access in Rural Areas

Access to affordable housing in rural areas can be limited compared to the supply that is often available in urban centres (Bruce 2000; Kauppi et al. 2017; Waegemakers Schiff & Turner 2014, 2015; Waegemakers Schiff et al. 2015; Waegemakers Schiff et al. 2016). The rate of new rental housing development is comparatively low in these areas, which means that the existing stock often has low vacancy rates, is in relatively poor condition due to age and disrepair, and generally has higher utility costs (Bruce 2006). Other social and legal factors can also prevent the development of affordable housing in rural areas. Social factors include not-in-my-backyard syndrome (NIMBY), and community opposition to non-traditional housing types such as apartments and multi-dwelling homes. Regulatory restrictions in rural areas might also prevent compact development, which is more affordable for developers and purchasers. Zoning by-laws can also exist that prevent the creation of secondary suites in existing homes that would improve the availability of affordable housing by making better use of existing housing stock (Slaunwhite 2009).

Related Problems Specific to Rural Areas

In addition to those mentioned above, there are often issues that arise pertaining to homelessness that are specific to rural communities. One such issue is government funding. The small

population sizes of rural areas often mean that these communities receive considerably less government funding than urban centres. This lack of funding is often what makes the social programs and services available in rural areas very sparse and limited (Bruce 2006; Forchuk et al. 2010). This sparsity means that such communities often lack the capacity to respond to homelessness and related issues effectively, and may even cause service providers to encourage individuals and families to seek out services in urban centres (Waegemakers Schiff & Turner 2014: 17). Families and individuals who are at-risk will often move to urban centres simply to access these services (Tota 2004), and more intensive services like emergency shelters and crisis beds are often non-existent in rural communities. The structure of government funding itself can also be a factor that contributes to the ways in which individuals both enter and exit homelessness in rural areas, as bureaucratic entities typically follow funding models that are population-based. This means that not only are the funding sources themselves typically urban, but also that higher levels of funding are provided to urban municipalities and other organizations and services that are located in cities. Such a barrier may be compounded by the fact that small communities often do not possess the human and financial resources to apply for funding that is available (Waegemakers Schiff & Turner 2014: 18).

Another factor that commonly afflicts the homeless and other marginalized groups in rural areas is a lack of transportation options, as centrally managed public transportation is generally not available in such areas. This can be a particularly damaging factor for vulnerable groups such as disabled persons, the elderly, and families with children headed by single mothers, especially when they are trying to escape domestic violence (Bruce 2006; Waegemakers Schiff & Turner

2014). Private services are sometimes available, but these might not be affordable for some, and might not always be reliable.

Mental health problems, which strongly correlate with homelessness, also take on a particular form in rural areas. Substance use is not generally reported at rates as high as those of urban centres, and the prevalence of alcohol use is usually an estimate (Kauppi et al. 2012). In general, rural communities often suffer from a pronounced lack of mental health services. Programs and services that are available generally suffer from staff shortages, including primary care workers or other specialists, contributing to longer wait-lists and overburdening employees who are often unable to adequately meet the needs of their clients. This requires some consumers to turn to the private sector when seeking help, but for many this option is too costly. The lack of transportation options means that individuals are often not able to easily access the services that are available. Mental health services in rural areas also tend to focus exclusively on crisis prevention, which means that those who are suffering from a mental illness frequently report having difficulty accessing housing that is both affordable for them and suitable to their needs (Forchuk et al. 2010).

Finally, although they are not normally characterized as socioeconomic problems, Waegemakers Schiff et al. (2016) argue that natural disasters should not be overlooked as a significant factor contributing to the growth of homelessness in many rural areas. They have the potential not only to contribute to existing homelessness, but also to affect those who are already experiencing homelessness, as well as local service capacity. Emergency housing does not always appear in these regions in a timely fashion following the aftermath of a disaster, with families being forced

to live in motels for extended periods of time. Many are compelled to live with relatives, or to relocate to distant communities, a situation that can last years after becoming homeless. The authors recommend that the long-term effects of such disasters need to be documented, as research has not yet focused on this phenomenon in Canada.

Indigenous and Northern Homelessness

Some scholars have argued that northern regions are considered rural by most definitions (Waegemakers Schiff & Turner et al. 2014: 15). Both northern and rural regions in Canada have relatively small population sizes, and both are often characterized by similar socioeconomic problems and service limitations. However, there are important differences that should be considered before suggesting an equivalence between the issue of homelessness in both rural and northern regions (Kauppi et al. 2017; Wenghofer, Timony & Pong 2011). First, the industry landscape in northern regions tends to be different from those in rural areas because northern communities often depend on resource extraction as opposed to agriculture, which is a particularly vital part of the economy in the rural communities of southern Ontario (Wenghofer et al. 2011). The boom-bust cycles of resource extraction economies can also create sporadic fluctuations in migration levels both to and from these regions, creating logistical problems for obtaining accurate measures of homelessness in these areas (Langdon & Stewart 2014: 13). The Rural Ontario Institute (2013) has also observed that regions of northern Ontario have a higher proportion of Indigenous persons (over 10%) compared to regions in southern Ontario (6%). Another issue is remoteness, as northern communities are often even further from urban centres than those in more southern rural communities, and can face even longer commutes that act as a

barrier to service access not just because of distance, but also due to the more extreme weather conditions in northern regions that can restrict travel. When services are accessed in such areas, they are often more uncoordinated and difficult to navigate than those in rural areas, and are fraught with problems such as long wait-times and/or wait-lists, slow follow-up times and a lack of community outreach (Schmidt et al. 2015).

Northern regions of Canada can be further characterized by unique economic development issues. For example, intermittent bursts of economic growth in these areas can lead to rapid rises in housing costs, which often decreases the number of housing options for middle, low and fixed-income residents. Paradoxically, such developments can potentially halt further growth, as the declines in housing affordability prevent others from moving into these areas. The ability of governments and private developers to construct new housing in these areas is also limited. Municipalities often experience limitations on development either because of a lack of infrastructure funding, or the unavailability of land that can be used for such development (Schiff & Brunger 2015).

Another issue that complicates the study of rural and northern homelessness are the Indigenous reserves that are often located in such areas (Waegemakers Schiff & Turner 2014). As discussed in the previous chapter, Indigenous homelessness is experienced within a historical and cultural context that distinguishes it from other types of homelessness. This raises questions about how Indigenous homelessness should be studied differently in a rural and/or northern context versus an urban one. Indigenous reserves should be understood as both unique cultural spaces and socio-political systems, which are crucial to understanding Indigenous homelessness. Many

Indigenous people living on reserves experience overcrowded housing conditions that are the result of a lack of public funding for the construction of new housing. This forces many Indigenous people to live in substandard housing requiring major repairs, often with multigenerational occupants. Young Indigenous families are particularly susceptible to these living conditions because of long waitlists for housing on reserves. These conditions can potentially lead to high levels of intrafamilial tension, domestic conflict, as well as physical and sexual abuse. These issues may be further exacerbated by substance use and mental illness (Harvey 2016). Indigenous people living off-reserve in rural areas often occupy housing with similar conditions (Bruce 2006).

Another unique dimension of Indigenous homelessness is mobility. Studies have shown that Indigenous people as a whole are more mobile than the rest of the Canadian population, a fact that places them at greater risk of homelessness (CMHC 1996; Norris & Clatworthy 2003; Harvey 2016). While many researchers have argued that Indigenous people frequently move back and forth between reserves and cities (Belanger et al. 2015; Peters & Robillard 2009), a phenomenon that has been referred to as “circular mobility” (Distasio, Sylvestre & Mulligan 2005), there are studies that contest this finding (Thurston et al. 2013), arguing that most Indigenous people who move off-reserve to urban centres usually do so permanently. These individuals often do so for job or educational opportunities, or to access services that are not available on reserve (Harvey 2016; Kauppi, Pallard & Faries 2015; Peters & Robillard 2009; Thurston et al. 2013). Some leave due to family conflict, intergenerational domestic violence or loss of identity, or are forced to leave as the result of a child welfare placement (Harvey 2016; Wickham 2013). Other reasons for leaving a reserve might include poor living conditions,

visiting or moving in with friends or family members in urban centres, or entering a correctional or treatment facility (Peters & Robillard 2009). Peters & Robillard (2009) have found that the reasons that Indigenous individuals return to a reserve are sometimes very similar to those that prompt others to leave. But while migration is a prominent theme in the research on Indigenous homelessness in the Canadian context, there is little research that exists on homeless Indigenous individuals who choose to live in rural areas off-reserve, or the impact that this has on local services and housing (Waegemakers Schiff et al. 2015).

The purpose of this chapter was to clearly articulate the characteristics that differentiate both rural and northern homelessness from urban homelessness. While each of these three distinct forms of homelessness share some risk factors and descriptive characteristics in common, they can also each be understood as distinct problems that require their own unique solutions. Rural communities are often characterized by smaller, culturally homogeneous populations that are spread much more thinly over large geographical distances. Such areas often have singular infrastructural and funding limitations that restrict the ability of service providers to properly address local needs. Shared cultural perceptions can also limit community efforts to address homelessness in both rural and northern areas, as the problem tends to be less visible, and is sometimes even thought to be non-existent. The vicissitudes of the particular industries that often characterize rural and northern economies can affect local housing and job markets in ways that adversely affect local populations and put them at an increased risk of homelessness. The location of reserves in rural and northern regions adds further complexity to these issues, as reserves constitute singular living environments that are characterized by their unique relationship to Canada's colonial history and the Canadian state, as well the distinct cultural

factors that determine local forms of social practice. These realities make Indigenous homelessness an issue of its own that cannot be fully understood without also considering the relationship of reserves to the wider rural and northern environments in which they are often found.

Now that I have laid out the ways in which rural homelessness can be distinguished from urban homelessness, the next chapter will focus on what is known about youth homelessness in Canada. The aim of this chapter is to provide a framework of understanding for the results of my own research which will be presented in subsequent chapters. Particular focus will be given to risk factors that often characterize youth homelessness as a distinct problem, as well as mental health issues that homeless youth commonly experience. Attention is also given to the near absence of research that currently exists on rural homeless youth in Canada.

Chapter 3: Youth Homelessness

Prior to the 1990s, the conceptual framework used to understand youth homelessness was parochial enough to be misleading. Homeless youth were generally understood as "runaways;" however this term was eventually deemed inappropriate to describe youth who had fled abusive situations or were forced to leave home, and who had been without permanent shelter for lengthy periods of time (McCarthy & Hagan 1992). By the early 1990s it was generally understood that youth homelessness was a complex social problem worthy of close attention. Researchers began mainly by looking at the personal experiences of homeless youth, a focus that gradually shifted to the socioeconomic determinants of youth homelessness (Caputo et al. 1997; McCarthy & Hagan 1992). The age range under which individuals are designated as "youth" (as opposed to children) can vary considerably, from as early as 12 to as old as 29; however 16 to 24 is an age range that is used often by researchers (Caputo et al. 1997; Hall 2018). A significant majority of homeless youth are male – there are currently twice as many male homeless youths as there are female. As is the case for many social problems, certain sub-populations tend to be overrepresented, including Indigenous youth (Baskin 2007, 2013; Brown et al. 2007), Black youth (Springer & Roswell 2006; Springer et al. 2013) and immigrants/migrants (CAMH & CAST 2014). Youth are also twice as likely to be part of the hidden homeless population in Canada (COH 2016: 3).

The amount of research on youth homelessness in Canada is extensive. A comprehensive overview of this research would not be possible or even desirable here. The overview provided in this chapter was constructed in accordance with the results of the homeless enumeration

conducted in Bruce and Grey Counties in 2018, which revealed that youth aged 15-29 were the largest group of survey respondents, and that most of them reported experiencing mental health problems. These results were what prompted me to narrow the focus of this study to rural homeless youth. This chapter begins with a review of the definition of youth homelessness provided by the COH, followed by a section on risk factors for youth homelessness in order to provide a general account of the problem. The remainder of the chapter is divided into three sections. The first section provides a review of research that has been conducted on homeless youth with mental health issues, as most of the youth who responded to the enumeration survey reported having such issues. The second section focuses on the use of programs and services by homeless youth, and the third section discusses the paucity of research on homeless youth in rural areas.

Definition of Youth Homelessness

The COH defines youth homelessness as "the situation and experience of young people between the ages of 13 and 24 who are living independently of parents and/or caregivers, but do not have the means or ability to acquire a safe, stable or consistent residence" (COH 2016: 1). The risk factors that precipitate youth homelessness bear similarities to those which cause adult homelessness. However, there are also important differences that characterize the context as well as the experience of homelessness itself. The COH (2016: 2) lists six factors that make youth unique from other groups experiencing homelessness. First, youth are often leaving households in which they were "embedded in relations of dependence" with adult caregivers. Unlike adults, youth are still socially and financially reliant upon such individuals. Gaetz et al. (2013) argue

that this is the key socioeconomic distinction that determines the ways in which we understand youth homelessness as a unique social problem. In most instances, youth become homeless either by leaving their homes willingly, or because they are forced to by adults because of a threat of violence or some other risk to their safety. Second, in transitioning to adulthood, youth may not have acquired personal, social and life experience and skills that allow them to live independently and effectively cope with the pressing trials and mundane necessities of adult life. Third, depending on their age, youth are often still developing physically, cognitively, emotionally and socially. By becoming homeless, they are often losing their contacts in and connections to a wider community that may include friends, school, sports and recreational activities, extracurricular involvement, etc. The trauma that this lack of social connection and community support can cause is compounded by the fact that youth are still at a developmental stage in their lives where their sense of identity is being shaped, and where they are still acquiring the cultural capital (educational credentials and social skills) needed for their futures. Fourth, it is important to remember that youth access and respond to available services in different ways than do adults, with both agency and youth-related factors often coming into play in making the decision whether or not to access them (Garrett et al. 2008). Youth also tend to avoid programs and services that are geared towards the homeless, as they often do not trust or even fear authority figures. Lastly, the age at which one is considered an adult in Canada is not consistent across jurisdictions. This means that youth can experience barriers to access or problems with continuity of access to programs and services (Gaetz et al. 2013b).

Risk Factors for Youth Homelessness

Much like homeless adults, homeless youth are a heterogeneous group when it comes to characteristics such as gender and sexual identity, cultural ethnicity, family constitution and experiences of abuse (Caputo et al. 1997; Gaetz et al. 2013). The existence of such diversity means that there are potentially many different causes of youth homelessness. The term "cause," however, cannot adequately capture the complexity of the problem – the situations that lead to youth becoming homeless are manifold in nature, usually involving a number of intersecting factors that gradually culminate in an event or series of events that force a young person onto the streets. Nonetheless, when looked at broadly, there are risk factors that are common to many homeless youths, as well as harsh realities of street life that these youth are often forced to grapple with. These can include, but are not necessarily limited to: the inability to access and sustain a healthy diet (Dachner & Tarasuk 2002, 2013; Kulik et al. 2011; Li et al. 2009; Tarasuk et al. 2005, 2009); physical, emotional and/or sexual abuse perpetrated by adult figures in their lives (Farber et al. 1984; Janus et al. 1995; Rew 2002; Rotheram-Borus et al. 1996; Whitbeck et al. 1997); sexual exploitation (Wolfe et al. 2018); victimization and involvement in criminal activity (Baron & Kennedy 1998; Gaetz & O'Grady 2002; Gaetz 2004; O'Grady et al. 2011; Baron 2013); family conflict (Alvi et al. 2010; Winland 2013); negative experiences in foster care and the child welfare system (Dworsky & Courtney 2009; Dworsky & Horwitz 2018; Serge et al. 2002); social stigma (Kidd 2009); and substance use and mental health issues (Frederick et al. 2012; Kirst et al. 2011; Kidd et al. 2018; Luongo 2018).

Gaetz et al. (2013) and the COH (2016) have published a rubric of risk factors for youth homelessness in Canada. Similar to the rubric made for homelessness that we reviewed in Chapter One, it includes individual/relational factors, structural factors and institutional/systems failures. A full review of this literature would be too expansive to cover in its entirety here, so I will provide only an overview of major risk factors.

The primary individual/relational risk factor for youth homelessness is family conflict (Gaetz et al. 2016b; Serge et al. 2002; Winland 2013). Factors that induce family conflict can vary widely, but they are often related to abuse and neglect. Researchers have estimated that up to 70 percent of homeless youth have fled families after becoming victims of interpersonal violence, including physical, sexual, and/or emotional abuse or neglect (Caputo et al. 1997; Gaetz & O'Grady 2002; Karabanow 2004; Tyler & Bersani 2008; Whitbeck et al. 1999; van den Bree et al. 2009; Winland 2013). Much of this conflict is identity-based conflict. An individual's sexuality, class, mental health status, disability or ethnicity may lead to conflict at home, as well as to social exclusion and isolation in the wider society (Abramovich 2012; Schwan et al. 2018b). Violence can be a daily reality for youths in their larger neighbourhoods as well as at home. In addition to exposure to physical and sexual violence, homeless youth might be recruited into gangs, or be drawn into drug-related activity (Schwan et al. 2018b). Parental psychiatric disorders and addictions may also be related risk factors (Andres-Lemay et al. 2005), as well as the mental health and addictions issues of individual youths. This will be discussed in more depth later in this chapter.

Structural risk factors stem from the social, political, economic, legal and cultural systems and institutions that form the basis of our society (Schwan et al. 2018b). Such systems are beyond the control of any one individual, and include systemic social phenomena such as poverty, barriers in access to education and other services, lack of affordable and/or social housing, embedded colonial systems, social stigma and stereotyping, and under/unemployment, which can all have negative impact on the household stressors that lead to family conflict (Gaetz et al. 2013b; Schwan et al. 2018b). Youth might also experience forms of inequity and discrimination, age-based, homophobic, transphobic or racial discrimination when applying for a job or trying to access local rental housing markets (COH 2016; Gaetz et al. 2013b; Schwan et al. 2018b). Youth who identify as 2SLGBTQ+ often face various types of discrimination in Canada (Abramovich 2012; Cochran et al. 2002; Gattis 2009). Available research on 2SLGBTQ+ youth experiencing homelessness is relatively sparse in the North American context (Abramovich & Shelton 2017). These youth are overrepresented in the homeless youth population, and often experience a lack of personal safety in both emergency shelters and homeless programs (O'Brien et al. 1993; Ray 2006; Savin-Williams 1994). It is currently estimated that five to ten percent of the North American population are youth and that twenty to forty percent of the homeless youth population identify as 2SLGBTQ+ (Crossley 2015; Josephson & Wright 2000; Quintana et al. 2010). 2SLGBTQ+ youth, and women in particular, who experience homelessness are also more vulnerable than other homeless youths (Frederick et al. 2011; Whitbeck et al. 2014). While family conflict is understood to be the most common reason for youth homelessness regardless of gender or sexual identity (Cull et al. 2006; Gaetz, 2014; Hagan & McCarthy 1997; Karabanow 2004), conflict in response to coming out as 2SLGBTQ+ is the most often cited risk factor for

homelessness among trans and queer youth (Abramovich 2016; Choi et al. 2015; Cochran et al. 2002).

A third set of factors – institutional and systems failures – pertain to specific systems of care and support, including child protection services, health care, mental health care and correctional facilities. Many youths are discharged into homelessness as a result of missing or inadequate supports upon exiting such institutions (Nichols 2013; Dworsky & Courtney 2009; Goldstein et al. 2012; Serge et al. 2002). Research in the Canadian context has shown that between 40 and 50 percent of homeless youth have had some foster care and/or group home involvement. In many instances, such forms of care have been described as exploitative, uncaring, unsupportive and even abusive (Nichols 2013; Karabanow 2004; Gaetz & O'Grady 2002; Gaetz 2002; Gaetz et al. 2010; Raising the Roof 2009; Serge et al. 2002). More than half of Canadian youths experiencing homelessness have spent time in a correctional facility, with no firm plans in place for support upon release (Public Health Agency of Canada 2006). The Canadian Mental Health Association (CMHA) estimates that between 10 to 20 percent of youth have a mental illness or disorder, and begin exhibiting symptoms during their teen years. As one might expect, such issues are even more acute among homeless youth (Kidd 2013).

Many have argued that involvement with child welfare systems is the most predictive risk factor in this category (Dworsky & Courtney 2009; Nichols et al. 2017; Stewart et al. 2010; Wade & Dixon 2006; Zlotnik et al. 2012). It has been known for some time that homeless youth and adults with histories of foster care in the U.S., the U.K. and Canada are overrepresented (Serge et al. 2002). Gaps in child welfare and protection services are also a contributing factor to youth

homelessness in Canada, such as the inability to gain access to protection services, and being released from foster care without having acquired independent living skills. The first nation-wide study of homeless youth in Canada revealed that nearly 58 percent reported having a history in the child welfare system (Gaetz et al. 2016b). A more recent study consisting of interviews with 270 youth in the United States found that 63 percent reported involvement in the child welfare system at some point in their lives (Wolfe et al. 2018).

Many youth must cope with poor living conditions after becoming homeless, a reality that worsens their already precarious circumstances. Such conditions can include poor health and malnutrition (Tarasuk et al. 2015); an increased likelihood of developing mental health and addiction issues (Kidd 2004, 2013); increased opportunity to engage in risky sexual activity, and an increased risk of sexual exploitation (Saewyc et al. 2013; Tyler et al. 2000); a heightened risk of criminal victimization (Gaetz 2004); an increased likelihood of involvement with the criminal justice system (Baron 2013; O'Grady et al. 2011); and dropping out of school (Gaetz et al. 2014; Gaetz & O'Grady 2002). Challenges can also arise when there are insufficient programs and services for youth experiencing homelessness. These include but are not limited to: difficulty accessing safe and affordable housing with related services and supports (COH 2016); barriers to accessing healthcare and support services for 2SLGBTQ+ youth due to lack of staff knowledge and/or homophobic and transphobic discrimination (Abramovich 2012); an early onset of adult responsibilities without adequate or stable supports (including those pertaining to income, housing, and adult support) (Collins 2013; Karabanow 2009); obtaining and maintaining paid employment (Gaetz & O'Grady 2002); and participation and achievement in acquiring formal education (Milburn et al. 2009; Saewyc et al. 2013).

Having reviewed the Canadian definition of youth homelessness, the major risk factors that lead to it, and the living conditions that homeless youth are often forced to contend with, the remainder of this chapter will lend closer scrutiny to two particular aspects of youth homelessness, including issues related to mental health, substance use and addiction, and access to programs and services. I will then conclude this chapter with a brief overview of the available research on youth homelessness in a rural context.

Homeless Youth: Mental Health, Substance Use and Addictions

It will perhaps not come as a surprise that a large body of research supports the claim that homeless youths experience mental health problems more frequently than those who are housed, and have high rates of substance use disorders, addictions and mental illness diagnoses (Adlaf & Zdanowicz 1999; Kirst et al. 2011). Homeless youth frequently score higher on standardized measures of psychological distress, and have rates of psychiatric disorders that are at least twice as high as other youth (Kamieniecki 2001). The 2015 National Youth Homelessness Survey reported that over 85 percent of the 1,103 youths who were interviewed across Canada fell within a high range of psychological distress (Kidd et al. 2017). While many youth who become homeless already struggle with mental health problems, these can be further exacerbated by the condition of homelessness, which is itself a risk factor for experiencing psychological trauma. The experience of domestic abuse, losing one's home and having to live in shelter conditions are all factors that are sufficient to induce such trauma (Goodman et al. 1991). Diagnoses of depression, having sexual concerns (often related to sexual trauma), being male, and family

conflict are all factors that significantly predict the trauma-related symptoms of anxiety, posttraumatic stress (PTSD) and dissociation (McCarthy & Thompson 2010).

Research has also consistently shown that homeless youth report higher rates of alcohol and substance use than the general population, and that the latter is a pervasive reality of street life (Adlaf & Zdanowicz 1999; Johnson et al. 2005; Kirst et al. 2011; Slesnick & Prestopnik 2004; Whitbeck et al. 2000). The 2015 National Youth Homelessness Survey revealed that over 35 percent of the youth surveyed had been hospitalized for a drug overdose at least once (Gaetz et al. 2016b). It has also been found that an increased duration of homelessness is positively associated with the risk of developing a substance use disorder (Kipke et al. 1997). Individual homeless youths often have multiple mental illness diagnoses and co-occurring substance use disorders (Slesnick & Prestopnik 2005). Such youth often have histories that involve physical abuse, a higher frequency of moves (transience), street victimization and previous arrests (Kirst et al. 2011). While having enough programs and services to address such issues would be optimal, substance use and addiction treatment and mental health services are often limited, relatively uncoordinated, and unattractive to youth experiencing homelessness (Haley & Roy 1999; Slesnick & Prestopnik 2005). As a result, there tend to be low levels of usage among this group (Carlson et al. 2006; DeRosa et al. 1999; Kort-Butler & Tyler 2012).

Psychological disorders that homeless youth are commonly diagnosed with include depressive disorders, anxiety disorders, PTSD, psychosis, and attention-deficit/hyperactivity disorder (ADHD) (Hodgson et al. 2013). Research in Canada has also shown that stress and depression are positively correlated in homeless youth, and that these youth have higher levels of both as

compared with youth who are housed. These youth are also more likely to engage in acts of self-harm, or turn to substance use as a coping strategy, whereas housed youth more frequently turn to someone they trust for help, and engage in more productive problem-solving behaviours (Ayerst 1999). High rates of suicidal ideation also exist among homeless youth, and rates of attempted suicide outweigh those of the general population considerably, with an estimated 27 to 46 percent of Canadian homeless youth having attempted suicide (Kamieniecki 2001; Kidd 2004; Kirst & Erickson 2013; Kirst et al. 2011; McCarthy & Hagan 1992). The 2015 National Youth Homelessness Survey revealed that 42 percent of the youths included had attempted suicide at least once (Kidd et al. 2017). Histories of child abuse, victimization, self-harm behaviours, depression and substance use all put homeless youth at an increased risk of suicide (Frederick et al. 2012; Kidd 2006; Yoder et al. 1998). Youth who have experienced homelessness understand suicide as a choice, one that is often precipitated by feelings of worthlessness, loneliness and hopelessness, and a sense of feeling "trapped" (Kidd 2004).

The mental health issues and substance use disorders that homeless youth develop often begin prior to their becoming homeless due to a variety of factors, including high rates of parental substance use and criminal behaviour, poverty and family instability, domestic violence, abuse, and histories in the child welfare system (Kidd 2013). However, even when such factors are not present, the risk to personal safety and well-being that youth face when living on the street can often lead to the development of mental health issues (Hodgson et al. 2013; Karabanow et al. 2007; Whitbeck et al. 2000). This claim has been supported by studies showing that youth who have been homeless for longer periods generally experience greater depression and more intense substance use (Hadland et al. 2011). If left untreated, mental health issues and substance use

disorders can create additional barriers to exiting homelessness, and increase vulnerability, which further increases the risk of street victimization (Brakenhoff & Slesnick 2018).

Service Access and Utilization

The modest amount of research on service utilization among homeless youth is puzzling given the extent of research on this particular group in general. Nevertheless, the sub-topics that the research covers are diverse, including youth perceptions of services and their reasons for accessing or rejecting them; common barriers to service access; utilization rates of programs and services; and the types of programs and services that youth tend to access.

A number of studies have focused on the critical perceptions that homeless youth have of the programs and services that are available to them (Aviles & Helfrich 2004; Christiani et al. 2008; Garrett et al. 2008; Kurtz et al. 2000; Stewart et al. 2010; Thompson et al. 2006). While the singular focus of each study varies to some extent, youth criticisms of available programs and services are fairly consistent regarding program availability, staff attitudes and service flexibility. In one study, homeless youth frequently cited caring, trustworthiness, setting boundaries and holding youth accountable, concrete assistance, and counselling as what they want most out of services (Kurtz et al. 2000). Support and acceptance, along with staff availability, emotional support, empathy, non-judgmental attitudes, respect, and flexible policies are also crucial factors (Stewart et al. 2010; Christiani et al. 2008; Garrett et al. 2008; Thompson et al. 2006). Service staff can have a deep influence on youth self-perceptions, impacting whether or not they will continue accessing services and develop a sense of trust with service providers. Without reliable

emotional support, youth can experience more difficulty in trying to formulate concrete goals, which can lead them to an increased sense of hopelessness and lack of motivation (Aviles & Helfrich 2004). Homeless youth also have frequent concerns about confidentiality and safety when accessing services, which is why they often report a preference for a "one-stop shop" type of provider such as a drop-in centre, as this gives them a single service location where they know they can trust service providers and live in the company of friends. Homeless youth have also reported a desire to be treated as partners in service provision rather than as clients, allowing them the autonomy to develop their own strengths with respect and without judgement (Christiani et al. 2008). Unfortunately, both homeless youths and service providers often believe that the various supports that homeless youth require are inadequately met, including instrumental support (housing and improved shelter conditions), financial aid for education and job training, and informational support that provides an increased awareness of available, age-appropriate services (Stewart et al. 2010).

In addition to youth's critical interpretations of programs and services, one recent study from the United States focused on the kinds of reasoning that led homeless youth to either access or reject both the formal and informal resources that are available to them (Samuels et al. 2018). The findings from this study were used to construct a model of "youth logics of engagement," which consisted of three major factors that influenced the ways that youth formulated cost-benefit analyses of the hypothetical consequences of accessing or not accessing particular resources that were available to them. These factors included "identity protection," "accumulated experience," and "personal agency." The authors argue that these three "conditions" explain both the similarities and the differences found in their sample regarding the use or the rejection of

services and other resources available for homeless youth. This analysis allowed them to construct three different "styles of engagement" to explain how youth make decisions about available resources. These styles included "full engagement," "selective engagement" and "disengagement," and are meant to be understood as points on a spectrum rather than as a typology. The authors concluded that perceptions of self, including who one wants to be or become (identity protection), perceptions of services that youth have based on past experience with similar services (accumulated experience), or one's sense of independence and self-reliance (personal agency), all greatly influenced where youth fell along the engagement style spectrum, which further determined if and how each youth would access services. The study ultimately found that youth who accessed services that affirmed their identities and senses of autonomy had a notable impact on the extent of their engagement with those services.

So far, I have presented those studies on youth service access and utilization that focus on the perceptions and reasoning of the homeless youths who access them. However, some studies have taken more quantitative approaches and focused on the factors most associated with program usage. These studies have found that shelter usage is strongly associated with all other types of services available to homeless youth (De Rosa et al. 1999). Significant correlates to service access among homeless youth include those who have experienced physical and/or sexual abuse, being kicked out by family members, spending more nights per week sleeping on the street, and having stayed in a group home in the past (Tyler et al. 2012). Research in Canada on this topic has yielded similar findings, showing that homeless youth attempting to access support services were more likely to have experienced severe housing instability, frequent drug use, recent

interactions with law enforcement, drug dealing, and histories of violence and abuse (Barker et al. 2015).

Barriers to service access for homeless youth are another factor pertaining to service utilization that is frequently studied (Carlson et al. 2006; Ha et al. 2015; Kort-Butler & Tyler 2012). Many of these barriers are psychological, or what Ha et al. (2015) call “attitudinal” barriers. These can include social stigma and the accompanying sense of shame associated with service access, a desire to feel self-reliant, or feelings of embarrassment when discussing deeply personal issues (De Rosa et al. 1999; Ha et al. 2015). Relational barriers might also exist, including a dislike for rules perceived to be too restrictive, negative experiences with staff members such as disrespect or lack of empathy, or facilities that are perceived as unsafe (Hudson et al. 2008; Thompson et al. 2006). Youth often experience relational barriers when trying to access homeless shelters, where they might believe that the specific needs of youth are not met, that the shelter has poor living conditions, or that the shelter only serves individuals in accordance with a narrow definition of homelessness that may not include their particular situation (Johnson et al. 2005; Smith 2008). Homeless youth may encounter informational barriers such as not knowing that certain services are available, or not knowing where to find them (Permagit & Ernst 2010), as well as logistical or financial barriers which might include the unavailability of transportation, the cost of transportation or related services, and other practical inconveniences preventing access to service (De Rosa et al. 1999; Kort-Butler & Tyler 2012; Rabinovitz et al. 2010).

Research has also shown that nearly all homeless youth will at some point access programs and services, including shelters, outreach services, or medical or drug-related services (Carlson et al.

2006). Utilization rates tend to vary depending on the type of service accessed. Food programs, street outreach services and shelters appear to have the highest usage rates (Kort-Butler & Tyler 2012), and drop-in centres are the most preferred service that is sometimes available to homeless youth (De Rosa et al. 1999; Pergamit & Ernst 2010). Perhaps because of this, there exists a more robust research literature for homeless youth drop-in services than for any other type of service (Pedersen, Tucker & Kovalchik 2016). However, different results for homeless youth drop-in centre usage rates have been shown over time. Bantchevska et al. (2011) found that homeless youth visit drop-in centres more often if they are suffering from depression, are infrequent alcohol users, and have parents with legal problems or substance use disorders. However, a more recent study (Tucker et al. 2018) has found that the demographic factors of homeless youth do not affect service usage, and that the likelihood of drop-in utilization depends mainly upon having hygiene-related needs, having a positive perception of the drop-in environment, having friends who had used it, knowing specific staff members who could be relied upon for support, and having a history of attachment-related avoidance with close relationships.

There is also a body of research that focuses specifically on the barriers to mental health care access among homeless youth (Phillips et al. 2014; Solorio et al. 2006). This research has shown that many homeless youths who seek out mental health care initially receive it from crisis centres. For those not accessing mental health care services, but were struggling with mental health problems, the barrier that most frequently stopped them from accessing care was not knowing what services were available. Access to addiction treatment for substance use disorders can also be a challenge for many vulnerable populations (Farabee, Leukefeld & Hays 1998; Milloy et al. 2010; Wood et al. 2005). The barriers to youth accessing services are often

perspectival, as youth have fears of being discriminated against, misunderstood, being treated with disrespect, condescension or otherwise dehumanized (Christiani et al. 2008).

Studies have also focused on barriers to health and mental health care services for youth experiencing homelessness. One study on homeless youth in Minneapolis revealed that 57 percent of the youths interviewed had accessed health care services within the past month, and 88 percent of this group reported positive experiences. This did not mean, however, that these youth did not face barriers to or reservations about service access. They often could not afford care, faced long wait times for services, did not have health insurance, or lacked transportation (Geber 1997). Studies of mental health care access by homeless youth in both Canada and the United States reveal that such services are generally underutilized (Berdahl, Hoyt & Whitbeck 2005; Hughes et al. 2010). Research in the United States on the characteristics of the homeless youth population accessing mental health services has shown that white female homeless youths are much more likely to access mental health services than white males; however, among minority homeless youths, it was found that no such gender gap exists (Berdahl et al. 2005). Homeless youth who are younger, those who use shelters, those with social support networks, and those who had been abused were all more likely to access mental health services. It was also found that minority homeless youth who had been abused at home were far less likely to report having seen a mental health professional (Berdahl, Hoyt & Whitbeck 2005; Hughes et al. 2010; Martin & Howe 2016).

Rural Homeless Youth

There is currently little research that focuses exclusively on rural homeless youth. This can partially be attributed to the difficulties posed by rural areas for data collection, as discussed in the previous chapter. One Ontario study revealed much higher reported rates of youth couch surfing in rural West Niagara than in nearby urban centres (Baker Collins 2013) which, as we saw in the previous chapter, is much harder to count than other forms of homelessness. Additional issues are posed by the fact that rural youth will sometimes migrate to urban areas where services are more readily available (Baker Collins 2013; Beer et al. 2005; Edwards et al. 2009; Elias 2009; Skott-Myrhe et al. 2008).

A number of socioeconomic and geographical factors characterize youth homelessness in rural areas that largely reflect the ways in which homelessness in such areas is generally experienced (Edwards et al. 2009). Social factors include discrimination based on family reputation, which is a major issue for Indigenous people (Beer et al. 2005). Smaller communities might also not be as socially accepting of cultural diversity or sexual minorities. Youth from rural areas are often reluctant to leave what is familiar to them, and often have close social connections with family and friends in these areas, and ties to a geography and setting that they are familiar with, which might partly account for the prevalence of hidden homelessness in rural areas. Economically speaking, rural areas have both labour and housing markets that do not generally favour the young, through a lack of availability of jobs and an emphasis placed on experience for jobs that are available (Farrin et al. 2005). As we discussed in Chapter Two, rural areas often have sparse rental stock, and youth are not generally in a position financially that allows them to purchase a

home. This lack of housing and job availability places homeless youth in a position where none of the possible choices are appealing, including sleeping rough, couch surfing, returning to an unstable, harmful or even dangerous living situation at home, or leaving the only area one is familiar with or has any contacts (Beer et al. 2005; Skott-Myhre et al. 2008). Existing services also tend to be concentrated in urban centres, creating difficult issues of access for youth living in rural areas (Edwards et al. 2009; Farrin et al. 2005; Karabanow et al. 2014).

Edwards et al. (2009) also describe the "competing cultural dimensions" that characterize small town life, similar to the idyllic self-perception discussed in the previous chapter. Such dimensions make small-town social life a double-edged sword. On the one hand, close-knit communities consisting of more neighbourly relationships can inspire collective efforts to address the plight of homeless youth, and in doing so improve the overall living conditions of the town. However, these sentiments might also be influenced by political and religious conservatism, as well as cultural emphases on self-sufficiency, which can lead community members to individualize social problems like youth homelessness, thus ascribing blame to individual choices rather than systemic risk factors. Such perceptions could potentially lead to the unproductive criticism of individuals in the place of sympathy engendered by an informed understanding of the issue, and could even prompt residents to react punitively to individuals who are perceived as threats to the quality and safety of small-town life. These attitudes might also allow people to deny the existence of such problems entirely. Karabanow et al. (2014) found that these contradictory dimensions of rural life had often been internalized by youth growing up in rural Nova Scotia who later moved to urban centres. Many of these youth had an idyllic and nostalgic picture of rural life that often depicted a closeness to nature and a sense of place that

they believed urban life did not provide. However, despite the intimacy of place associated with their rural upbringing, youth often reported feeling lonely, bored and isolated, and have increasingly perceived the choice to stay in their rural communities as a "failure" because of the lack of opportunity it brings (Looker & Naylor 2009). Such circumstances put pressure on rural youth to leave their home communities to pursue education and careers that embrace a modern urban lifestyle, whether or not this is their desire. The conflicting cultural dimensions of rural societies can also pose barriers for youth attempting to access services (Edwards et al. 2009). For example, homeless youth might be reluctant to admit need out for fear of judgement in a place where "everyone knows everyone." Homeless youth interviewed frequently expressed the perception that they were not respected in their communities, and that community members' desire to help was generally disingenuous.

Service coordination and availability in rural areas affects the ability of homeless youth to access the services they require in these areas. Edwards et al. (2009) found that government agencies in rural areas were generally in need of better coordination, and that collaboration between non-governmental and government social agencies was generally lacking. The lack of public transportation characteristic of rural areas can also have a negative impact on homeless youth attempting to access services by making them even more difficult to reach (Farrin et al. 2005). Such distances often demand additional travel planning and waiting time, and might even require booking off work or school. This can have an impact on services as well, requiring costs for service providers to take long commutes to serve homeless youth who might not have the means of transportation required to reach certain locations (Edwards et al. 2009). As a result of

such circumstances, social service providers are often forced to address difficult questions of efficiency and scale that often do not have easy or affordable solutions.

This concludes the literature review portion of my dissertation. The purpose of this review was to provide the reader with an understanding of homelessness as a multi-faceted, complex socioeconomic problem in Canada that is historically recent and contingent, and is most often the result of a confluence of events and circumstances in the life of an individual/family over time that takes place within the particular socioeconomic context in which the individual/family is situated. Homelessness is therefore best understood as a symptom of underlying conditions that converge at a particular time and place in an individual's life. Simply put, it is a problem that is brought about by the intersection of many other individual and social problems that pervade modern societies. While homelessness is often characterized as an urban phenomenon, I sought to demonstrate that it is just as much a rural issue, although one that manifests itself somewhat differently via cultural and economic characteristics that distinguish rural life from urban life. I also provided a partial overview of youth homelessness, as youth became the focus of my study after I conducted a homelessness enumeration in Bruce and Grey Counties, Ontario, the results of which will be presented in Chapter Five. As youth homelessness is a large area of research, I focused my overview on those aspects that pertain to my own study, including mental health and addiction, and service access and utilization. I then provided a brief account of the research literature that is currently available on youth homelessness in rural areas. The following chapter will expound the theoretical framework and methodology used for this study.

Chapter 4: Pragmatism as a Theoretical Framework for a Needs Assessment of Programs and Services Addressing Rural Youth Homelessness

From the time I began my long and arduous PhD journey, I was preoccupied with the notion of social research that "makes a difference." I put this idea in quotations because its meaning will vary considerably depending on who you ask. I reasoned that I needed to figure out what that difference was, and what the capability of research was to "make" it. This led me to begin research on different types of applied and community-based methodologies, and I soon became enamoured with the notions of research impact and knowledge mobilization. I had known for a while that I wanted to study the relationship between youth homelessness and mental illness, and these terms for me were imbued with the potential not just to produce interesting research, but to also bring about broader social change.

In conducting this type of research, one is certainly going to encounter barriers, especially if one is a graduate student working alone with very limited time and money. I had to contend with these limitations and decide not only what type of research was most appropriate, but also feasible, for the problem that I was addressing, and the context in which I was addressing it. After partnering with a local organization in order to conduct research that would be of mutual benefit, I realized that the larger community did not have a substantial stock of research which they could use to design effective social programs. I decided to try to provide them with a study that could act, at the very least, as a starting point, which could then be used to inform future

research and program development. This is when I decided to conduct a community needs assessment, and in doing so narrowed the focus of my study to a specific problem, that being the ability of homeless youth to access programs and services in a rural environment. In Canada, research on this topic is almost non-existent. A needs assessment therefore seemed most suitable for identifying service gaps in the community, and for addressing those gaps by identifying particular strengths. As we will see in the next chapter, Bruce and Grey Counties do not currently possess much research on homelessness in the area, and so a needs assessment seemed like an appropriate type of research to make up for this discrepancy. This will be discussed in more detail below. I will also explain more fully what a needs assessment consists of later in this chapter.

Much like social science methodologies more generally, needs assessments are often conducted in accordance with many different theoretical traditions, and so I wanted to choose a framework that I believed would ensure conformity to two criteria. The first was the potential for knowledge mobilization - I wanted my research to yield results that would have practical value for a larger community of practice beyond academia, including service providers and administrators who work to address the problem of youth homelessness. This ultimately meant that I wanted to produce knowledge that possessed some kind of "use-value" so that it might contribute to addressing the problem of youth homelessness in Bruce and Grey Counties, as well as other rural areas in Canada. As I will further explain below, this attracted me to pragmatism as a theoretical framework. The second criterion was that I wanted ensure that the needs assessment was epistemically pluralistic, meaning that it took into account the unique experiential and practical knowledge of individuals occupying different social positions, and that this knowledge was

utilized in order to inform the creation of suitable programs and services. More specifically, I wanted to conduct a study that would not simply provide a "voice" for individuals with lived experience of homelessness, but would seriously make use of their experiential and practical knowledge in the design and implementation of programs and services. Both experiential and practical knowledge are often overlooked and frequently underused in applied studies; however they do potentially inform program and service design in a way that makes those programs and services more effective for clients. I therefore wanted to present the data in a way that took into account multiple perspectives on homelessness that could be used to construct a picture of service needs in the area.

In order to meet both of these methodological criteria, I decided to draw from the philosophical tradition of pragmatism, which has been used to inform program evaluation in a variety of different frameworks. The use of a pragmatic theoretical framework requires its own justification, and the aim of this chapter will be to provide this not simply by elucidating pragmatic theoretical principles, but by clearly explaining why I believe that principles taken from the pragmatic philosophical tradition are best to apply to a community needs assessment focusing on programs and services addressing rural youth homelessness. The first part of this chapter provides a brief overview of program evaluation and the needs assessment as forms of applied social research with their own objectives. The second section will consist of a brief overview of pragmatist theory and its past application to program evaluation. In the third section I argue that specific principles taken from pragmatist thought can and should be used to meet the two criteria outlined above. In the final section I will provide a brief overview of the study results as they are presented in subsequent chapters, with a final note on why I chose a pragmatic

lens through which to present them. I then conclude this chapter by providing a brief sketch of principles taken from pragmatist thought as they apply to the needs assessment type of evaluation research.

Program Evaluation and the Needs Assessment

Program evaluation (which will hereon be referred to simply as "evaluation") is a form of applied research that became prevalent during the 1950s, and grew rapidly as a discipline during the 1960s and 70s as governments and non-profit organizations sought to justify public spending on the amelioration of social problems like poverty, child abuse, substance abuse, crime and delinquency, and mental illness. As public spending began to wane in both Canada and the U.S. beginning in the 1970s, public pressure to demonstrate the efficacy of social programs was intensified. By the 1990s, despite continuing public funding cuts, evaluation had become a central function of the social welfare policy and program development process in order to justify further spending by demonstrating the effectiveness of particular social programs (Rubin & Babbie 2014).

Evaluation is widespread in a number of different professional fields, including health practice, education reform, social work and international development (Mertens & Wilson 2012). Our focus here will be on evaluation as a form of applied social research. According to Rossi, Lipsey and Freeman (2004: 2), evaluation in this context is "defined as a social science activity directed at collecting, analyzing, interpreting, and communicating information about the workings and effectiveness of social programs." The central purpose of an evaluation is to measure the effects

or outcomes of a "change effort" (social program), sometimes referred to as the "evaluand" (Mertens & Wilson 2012) or "intervention" (Compton & Galaway 1994), or to measure the change process or nature of the program itself. These two purposes denote the distinction between summative and formative evaluations, which are often considered the two major types of evaluation: *formative* evaluations are often exploratory in nature, and are usually conducted during the development or execution of a program to determine whether or not it is structured in a way that allows it to bring about its proposed outcomes effectively. This type of evaluation research allows stakeholders to make informed modifications, enhancements and improvements to programs relatively quickly (Compton & Galaway 1994; Dudley 2014; Mertens & Wilson 2012). *Summative* evaluations, on the other hand, are often conducted shortly after a program is completed in order to determine whether or not the intended goals of the program were reached, and whether or not these outcomes made any greater difference in the lives of the participants. In short, summative evaluations are used to determine a program's effectiveness, paying little or no attention to how the program was designed. This type of evaluation is often used to inform decision-making about whether or not the program should be terminated, or receive additional funding (Dudley 2014).

There are a number of differences between "traditional" research and evaluation research that stem from the political context in which evaluation is often conducted. Greene (2000) argues that evaluation is a process in which politics and research are inextricably linked, since evaluative research often focuses on public programs, and therefore takes place within a political decision-making context characterized by value-judgements about social issues that have to be negotiated within existing power structures. This usually involves multiple stakeholders that have a vested

interest in the program that is being evaluated. These stakeholders might often hold different positions within the research context, and may at times have conflicting values and opinions. Stakeholders will often include individuals from three different key groups, including, a) people who have decision-making authority over the program (e.g. policy makers and funders); b) people who are responsible for the program (e.g. administrators, managers, developers and service staff); and c) the target beneficiaries of the program (Greene 2005). Rubin & Babbie (2014) stress that the political dimension of program evaluation should not be underestimated. Stakeholders will normally have a vested interest in the outcomes of evaluation, and this can restrict the ability of evaluators to engage in an inquiry that is truly scientific, as administrators might see such research as contrary to the goals of the program/organization. This requires evaluators to possess certain strategic and diplomatic skills that traditional researchers might not have cultivated to the same extent in order to ensure that evaluation findings are not outright rejected, or tampered with simply to cast the organization in a favourable light (Rubin & Babbie 2014; Trochim 2006).

A needs assessment is a type of inquiry that often precedes either the development or evaluation of a social program or intervention. It is usually done in the planning stage prior to program development, a step that can satisfy a number of different objectives. These can include: constructing a “snapshot” of the community/context in which the intervention is to take place; determining the needs of a particular demographic group or geographic area; determining the extent to which a new program is needed, and whether or not there are enough clients to demand an initiative; determining resources that need to be allocated to a program; deciding the underlying goals and objectives of an intervention; determining barriers that exist to program

access; inquiring as to what extent informal resources exist in an area (Dudley 2014; Mertens & Wilson 2012; van de Sande & Schwartz 2017). It can also provide a foundation on which to determine the inputs of a program's logic model, an "organizing framework" that is commonly used in program evaluation research to analyze the process and/or results of a needs assessment (Dudley 2014: 110; van de Sande & Schwartz 2017: 129).

There are two types of approaches to the needs assessment that I have tried to incorporate into the study. The first is the environmental scan, which is characterized as a "technique" that considers the factors that will influence service-user needs (van de Sande & Schwartz 2017: 140). The authors explain that this type of needs assessment has a more "tactical or strategic" aim to it in that it uses the information collected to advocate new services, sometimes by anticipating new trends. They provide an example from Cohen & Angeles (2006), in which the authors conducted an environmental scan of a school district and its existing mental health services in order to determine the extent of need and how long the wait times were, in order to bring this to the attention of stakeholders and potential funders. The second type of needs assessment is the strength-based approach. While needs assessments tend to look at what a community is lacking, a strengths-based approach also discerns assets that communities possess (Mertens & Wilson 2012; van de Sande & Schwartz 2017). As we will see in subsequent chapters, I integrated the strengths-based approach into the second phase of my assessment.

Evaluation and Pragmatism

Pragmatic approaches to research are widespread in evaluation (Mertens & Wilson 2012). They originate from the pragmatist school of philosophy that took shape in the United States between the late nineteenth century and the mid-twentieth centuries. “Classical pragmatism,” as it is generally referred to, is a school of thought that is primarily attributed to the work of three major thinkers: Charles S. Peirce (1839-1914), William James (1842-1910), and John Dewey (1859-1952). The social psychologist George Herbert Mead (1863-1931), often called the “father of symbolic interactionism,” and the sociologist and Progressive Era activist Jane Addams (1860-1935) are also often affiliated with this school of thought, as both worked closely with John Dewey and had a major influence on each other’s work. Following a relatively short period of dormancy between 1945-1980, pragmatist philosophy was resurrected as “neopragmatism” during the 1980s by thinkers such as Richard Rorty (1931-2007), Hilary Putnam (1926-2016), Cornel West (1953-) and Richard J. Bernstein (1932-) (Bacon 2012). Finally, beginning in the 1990s, a school of “pragmatist feminism” was developed, notably through the work of Marilyn Fischer, Judith M. Green, and Charlene Haddock Seigfried (1943-). Feminist pragmatism involves not only the study of the work of women pragmatist thinkers and activists whose work was overshadowed by the male-dominated classical pragmatist school, but also interprets the work of the classical pragmatists through a feminist lens (Hamington & Bardwell-Jones 2012).

Over such a long tradition of thought that involves the work of many different thinkers, there are obviously going to be many significant differences between their works. However, there are also many overlapping themes. Pragmatists are generally not concerned with developing a hard

ontological position, preferring to emphasize the "use-value" of knowledge. This means that they are not particularly concerned with developing "capital-T Truths" about the nature of reality. On the contrary, many thinkers from this tradition consider this to be both an impossible and unimportant pursuit. What matters for pragmatists is what difference it makes to adhere to one belief versus another, or put differently, what types of action or conduct will follow from the adherence to a particular belief system, and what real consequences on the world those actions will have. The main focus for pragmatists is on problems and their resolution rather than on uncovering knowledge for its own sake. John Dewey, for example, believed that thought itself could only be properly understood as a response to a perceived problem in one's surrounding environment. It makes sense then that pragmatist research in evaluation and the social sciences more broadly is often epistemologically and methodologically pluralistic – whatever approach provides a manageable grasp of the real issues that people face and how they can resolve or effectively cope with them is the focus of research, as opposed to the accumulation of knowledge for its own sake (Bacon 2012; Mertens & Wilson 2012).

In accordance with the pragmatic paradigm in philosophy, pragmatic evaluators do not assume a detached position in their research, since they do not believe that their purpose as evaluators is to obtain objective truth. They see that the success of evaluations is based on whether or not the results demonstrate that the program is effective in accordance with the problem that is being addressed (Tashakkori & Teddlie 2003; Morgan 2007). The knowledge gleaned from a particular evaluation does not have to be collected in accordance with specific epistemological criteria that allow for the retrieval of unbiased data, but is that which seems relevant to the problem at hand. It is not surprising then that many pragmatic evaluations take a mixed-methods approach to

methodology, since its guiding methodological principle is that the method(s) used should be that which is most appropriate for the purpose of the evaluation, in a particular context with particular stakeholders (Mertens & Wilson 2012; Patton 2002). A certain methodological flexibility is often emphasized so that evaluators can respond to the particular needs of stakeholders, and can adapt to changing situations encountered during the research process (Patton 2008).

Morgan (2014) has argued that, while pragmatist evaluators make extensive use of mixed methods research, this often narrows the scope of pragmatism as a philosophy to the simple guiding principle of engaging in "whatever works" in order to address a particular research problem. While I do not intend to follow Morgan's line of argument in presenting pragmatism as a paradigm for social research (on the contrary, I think such an endeavour contradicts some of pragmatism's most fundamental guiding principles), I am in agreement with him in asserting that pragmatism as a philosophy is simplified when it is reduced to mere practicality. This reductive understanding of pragmatism overlooks some of its most important principles that have important implications for evaluation research as a democratic endeavour. I will briefly outline three such principles that I believe are essential to a pragmatic evaluative framework. It should be noted here that, while each principle presented is derived from a different pragmatist philosopher, they represent common themes that run throughout the writings of all pragmatist thinkers. However, I have focused on what I believe to be three commensurable accounts of different pragmatist thinkers that can be incorporated into a more unified and theoretically robust pragmatic evaluation methodology.

1. Deweyan Naturalism – For a philosopher, Dewey was unusual in that he resented the terms "knowledge" and "truth." For Dewey, these were merely terms that we use to describe the end results of inquiries. He argued that over time, however, they had come to be understood in our vocabulary as terms that connote final, certain conclusions about the nature of reality itself. Dewey rejected the existence of truth and knowledge understood in this way, insisting that the results of inquiry were provisional beliefs that are engendered by inquiries made in particular contexts as a response to specific problems. He eventually came to use the term 'warranted assertibility' as a replacement for terms like "knowledge" and "truth" to connote that all beliefs are fallible, meaning that while they may appear permanent within a particular context of inquiry, all such conclusions are susceptible to challenge and to future modifications, no matter how convincing they might be (Hildebrand 2008).

Understanding Dewey's experimentalist methodology requires a further explication of his notion of experience, as well as his principles of sound inquiry. In his own comprehensive account, Bernstein (1971) isolates five key characteristics of Dewey's organic notion of experience that differentiate it from this notion as it was conceived by previous philosophers. The first is that for Dewey, experience is first and foremost an interaction of a living being with its physical and social environment. This means that seeking knowledge is only one of many human objectives. Human experience is therefore much broader and richer than experience as it has previously been conceptualized by philosophers. Secondly, experience for Dewey consists of both "subjective" and "objective" elements, again emphasizing the fundamentally interactive aspect of human experience. This is in contrast to the "subjectivistic" model of human experience, where individuals are passive recipients of information from an external world that does not become

genuine experience until it is "processed" within the mind of the exclusive, private subject. For Dewey we are part of this objective world and always modifying it by responding to things in it, and it is therefore fallacious to describe experience as an exclusively private, subjective event. Thirdly, Dewey emphasizes the experimental nature of human experience. While philosophers traditionally focus on what is given in the present and what we "know" from past experience, Dewey emphasizes that we are always "living forward" through "projection" rather than "recollection." As Bernstein describes, the "primary situations of life are those where there is something to be done, where we manipulate the world…to achieve desired ends, where we actively seek to transform the situations within which we find ourselves" (207). We thus interact with our world in accordance with our own purposes as we are constantly being propelled forward into the unknown. His fourth point is that experience is holistic, consisting of overlapping complex experiences that we draw connections between. It is not the atomistic process of putting together individual experiences that philosophers have portrayed; we do not "put together" experience from individual parts, but rather are given many pre-constructed wholes that we attempt to make sense of and give meaning to using the conceptual resources we have inherited through culture. Finally, Dewey makes the point that, in the past, experience has always been contrasted with "thought" and "reason." As Bernstein puts it, experience "supplies the input and reason is the faculty or capacity by which we order, arrange, and draw inferences from this input" (210). But Dewey argues that, although experience can be irrational, it can also be guided by intelligent activity. It is not simply raw sensory data that has to be "processed," but can contain many different activities, including that which he calls inquiry.

This brings us to what is often referred to as Dewey's epistemological naturalism. For Dewey, what can properly be called "thinking" is prompted when we confront a problem in our environment, when there is a "difficulty" or "something wrong," and we become "at odds" with our environment. This is what Dewey calls an "indeterminate situation," and is the first of five "phases" of inquiry that Dewey outlines. The second is the "institution" of a problem, which means turning the indeterminate situation into a problem by locating and clearly defining it in precise terms. The third phase of inquiry consists in the formulation of a hypothesis, what one thinks one should do in order to address the problem. In other words, this stage of inquiry consists of proposed solutions, which inquirers come up with by using past experiences of a similar nature to try to predict the consequences of specific sequences of actions in an observed environment. The fourth phase consists of a "quality check" on hypotheses by trying to outline all possible consequences, and reject any hypotheses that might not seem viable. The final phase consists of the "experiment," or the testing and evaluation of specific hypotheses. This is where theory becomes "validated in practice," where meanings are supported through action. Therefore, for Dewey, inquiry is ultimately about finding solutions to problems we face in the world.

2. Rortyan Anti-foundationalism – Rorty frequently referred to Dewey as his "philosophical hero," and in many respects this is evident in his work. While Rorty rejected the idea that there was anything like a "scientific method" that could be uniformly applied in all cases of inquiry, he did borrow considerably from Dewey's anti-epistemological position. In fact, Rorty saw much of his own work as fleshing out the linguistic implications of Dewey's notion of experience. Following Dewey, Rorty argued that there are no absolute, unchanging foundations of knowledge by which a statement can be judged to be "true" in any absolute sense. Rorty even went so far as to call this position "anti-epistemological," as epistemology in philosophy has

always been concerned with uncovering such foundations. This position is clearly laid out in *Philosophy and the Mirror of Nature* (1979), the work that brought Rorty to prominence as a contentious figure. The core argument of this work is that the notion of knowledge as accurate representation of the world, which can be understood as the underlying objective of epistemology, is no longer tenable. Rorty's work presents a detailed argument against epistemological foundationalism, claiming that it is impossible to uncover an objective, unchanging set of criteria upon which the validity of all knowledge claims can be determined. He infers that, without such epistemological foundations, it is not possible to construct a language that perfectly "captures the truth" about reality, as there are no ultimate foundations that allow us to decide what is true and what is not. According to Rorty, we therefore have to give up this epistemological project that modern thinkers have been pursuing for centuries:

> "When Galileo said that the Book of Nature was written in the language of mathematics, he meant that his new reductionistic, mathematical vocabulary didn't just happen to work, but that it worked because that was the way things really were. He meant that that vocabulary worked because it fitted the universe as a key fits a lock. Ever since, philosophers have been trying, and failing, to give sense to these notions of 'working because,' and 'things as they really are'" (Rorty 1994: 46-47).

The only "foundation" upon which we can base knowledge claims, Rorty argues, is human behaviour, which is why he adopts the term "epistemological behaviourism" to describe his anti-epistemology (see Rorty 1979, pp. 173-182). This idea is simply that what our peers in a community of inquirers allow us to say, what they are able to agree upon, is what can be thought of as valid knowledge, understanding that no claims are ever immune from criticism, and can potentially be shown to be ineffective at some point in the future (note the similarity to Dewey's notion of warranted assertibility). What this means for language use is that – and it is here that he invokes pragmatism – instead of being thought of as a "mirror of nature" that "gets at the truth"

about the universe, it should be thought of as an imperfect tool that allows us to do certain things instead of others, or do a better job at one thing than another. He therefore thinks of paradigms as "vocabularies" (a word he uses often) that are better or worse for a particular purpose. It is here that Rorty argues for a shift from the semantic theory of language use, or one that is based on meaning, to a pragmatic one, by arguing that a particular vocabulary should be adopted or disposed of for a particular task based not on how well it describes the "truth" about something, but based on what it allows us to accomplish: "Objects are not 'more objectively' described in any vocabulary than in any other. Vocabularies are useful or useless, good or bad, helpful or misleading…but they are not 'more objective' or 'less objective'…" (Rorty 1994: 57). It is this pragmatic, anti-foundational conceptualization of language use that we will discuss in more detail below.

3. Bernstein's Engaged Fallibilistic Pluralism - Bernstein (2016) delivered an address at Beloit College in which he outlined what he calls the "pragmatic ethos," which consists of six general themes that have repeatedly occurred in the work of pragmatist thinkers over time, however different their positions are. For Bernstein, 'fallibilism' is an intrinsic property of all knowledge claims "in the sense that we can never claim that we know anything with a type of certainty that cannot in principle be questioned" (Bernstein 2016: 32). This means that no knowledge claims are immune from potential modification or even abandonment in the future, and that any inquiry is best understood as a "self-corrective" pursuit in which all assertions involved are put to the test in experience (note how Bernstein also echoes Dewey). For Bernstein, however, fallibilism is not simply an epistemological (or anti-epistemological) stance, but also an "ethical and political attitude," one that can be understood more precisely as "a cultivated disposition to be open to

other points of view," one that is founded on "the imagination to transpose ourselves into understanding persons and ideas that are radically different from ours," and "the courage and humility to enlarge our horizons in light of new evidence and new encounters with others" (33). Fallibilism is therefore not simply a characteristic of the practice of inquiry, but is a genuine attitude that manifests itself in practice as a kind of openness to the possibility of doubting one's own convictions if a reason to do so arises, namely new empirical evidence and/or sound reasoning offered by others.

For Bernstein, this fallibilistic ethos is inseparable from a pluralistic one that he calls 'engaged fallibilistic pluralism', which involves accepting the responsibility of

> "[T]aking our fallibility and finitude seriously – and resolving that, however much we are committed to our own biases and styles of thinking, we are willing to listen to others without denying or suppressing the otherness of the other. It means being vigilant against the dual temptations of simply dismissing what others say or falling back on one of those defensive ploys where we think we can simply translate what is alien into our own familiar vocabularies. It means learning how to expand our horizons – even when this may be painful. Such an engaged pluralism is hard work and it is a task that is never finally completed" (Bernstein 2016: 34).

Bernstein's notion of engaged fallibilistic pluralism clearly implies that not only is the pursuit of knowledge an inherently social activity, but that it is also inextricably intertwined with democracy as an ethical way of life in that it takes seriously the different experiences and perspectives of others in the process of inquiry understood as a naturalistic approach to problem-solving. It requires a certain self-cultivation that allows one to be open to another's understanding of the same phenomenon, even though it might be described in different terms. However, it is important to keep in mind that a pragmatist approach to inquiry is not relativistic. It does not mean to imply that all assertions are equally valid. There is still a deliberative component to pragmatic inquiry in that hypotheses must be selected through rational

argumentation, and that not all assertions will turn out to yield results that are helpful in ameliorating the adverse effects of the problem at hand. What it means is that all assertions are deserving of equal consideration, and that the knowledge of a problem possessed by researchers might very well be of equal or lesser value than the more direct knowledge of the problem possessed by those with lived experience.

"A Dialogical Pragmatism:" Combining the Insights of Dewey, Rorty and Bernstein into a Single Theoretical Framework

A pragmatic approach to social research has its own underlying assumptions about the nature of reality and knowledge, research as an active process of intervention in the world, and normative assumptions about why one should do research and what this process should entail. Pragmatists believe in a single reality of which we are all a part, but also that differing interpretations of that reality exist. For pragmatists, the purpose of research is not to create more or less accurate descriptions of the social world – they are not concerned with establishing the "true nature" of human social life that can be described in a totalizing set of propositions that capture all that is possible to know about social reality. They do, however, believe that experience can tell us much about the consequences of our actions through the continued testing of hypotheses, favouring descriptions of the world that have been shown to have efficacy within particular contexts of purposeful social activity. A pragmatist will only assume the "truth" of certain descriptions of social reality if doing so leads to actions that have demonstrably effective results in addressing specific social problems within specific local contexts. As we saw with Dewey, the purpose of formulating propositional statements about the world is to provisionally guide our actions until it becomes apparent in experience that certain beliefs are either more or less useful for us. As far as

we know, there is an external reality that we are all inextricably a part of that we can manipulate and have an impact on. However, there are seemingly infinite possible interpretations of this world, and so those that are most useful to us are the ones we should assume unless proven otherwise.

Following Dewey, Rorty took a similar anti-foundationalist approach to knowledge production. For both Deweyan pragmatists and Rortian neopragmatists, establishing a finite set of internally consistent criteria on which to decide what is knowable or unknowable is neither possible nor desirable. It is not possible to establish, with absolute certainty, what these criteria would be, and could potentially limit the scope of the knowable prematurely. For pragmatists of this persuasion, language is understood as an imperfect set of tools that are better or worse for fulfilling different purposes. The "paradigm" through which the social world is understood is therefore not "accurate" or "inaccurate," but only better or worse in its use toward reaching certain goals, and should therefore either be adopted, modified or abandoned according to its measured effectiveness. For pragmatists, what people call "knowledge" should always be understood as a set of hypotheses that can be "put to the test" by observing what results are yielded by dictating action in accordance with those understandings. Simply put, understandings of reality are not "more or less accurate" in describing social reality, but are instead considered "more or less effective" pertaining to the outcomes yielded by actions carried out in accordance with these understandings in order to address a particular problem.

What Bernstein adds to this experimentalist, anti-foundationalist philosophy is the political and ethical notion of engaged fallibilistic pluralism. This is part of Bernstein's "pragmatic ethos,"

and as he puts it, is best understood as an ethical and political "attitude." It is here that Bernstein implicates the dialogical and co-creative nature of knowledge production, arguing that inquirers should be open to the claims and perspectives of others, even if they make us feel uncomfortable, as all knowledge claims are intrinsically fallible. It is this fallibility that allows others to enter into the process of knowledge creation, as it makes all knowledge claims equally worthy of consideration until they are found to be more or less useful in addressing a particular problem. What I would further like to add, however, is that as a philosopher, Bernstein leaves out the sociological implications of this kind of attitude, the most important one being the recognition that our "subjective" understandings of experience are at least partly determined "objectively" by the differing positions that each of us occupies in a larger economic and cultural hierarchy. The most important sociological implication of engaged fallibilistic pluralism as a dialogical – and therefore fundamentally ethical – practice is that individuals occupy different economic and cultural positions that determine the cognitive, conceptual, symbolic and behavioural resources that are available to them, which allow them to understand their different experiences in different ways, and thus dictate their actions in accordance with the strengths and limitations of these resources. This means that not only do individuals occupying different social positions have different experiences of the world, but that those experiences are understood through the lens of the abstract and behavioural resources that are socially available to them.

Before we move on to discuss the application of pragmatic theoretical principles to a needs assessment research framework, I will clearly recapitulate the central underlying ontological, (anti-)epistemological and normative assumptions of a pragmatic theoretical framework. Ontologically, pragmatism assumes that individuals are inextricably connected to their

immediate environments, and that their beliefs about that environment, as well as their values, will dictate how they act upon it. Dewey argued that, while there are many reasons for individuals to interact with their environment, and many ways for them to do it, perhaps the most common phenomenon that we interact with is that which we understand as a "problem." Dewey believed that it is primarily problems that prompt us to think and act on our environment in innovative ways. For a pragmatist, however, individuals do not adopt or re-formulate their beliefs in accordance with pre-established epistemological criteria. Instead, beliefs are adopted, maintained or discarded based ultimately on how useful it is to us to adopt or maintain them, or in other words, how well they serve us in reaching particular ends. For a pragmatist, the only two criteria that makes an assumption "true" is the evidence that is available to show that believing it will lead to particular results, and that there is a social consensus that this is in fact the case. And since all beliefs are fallible, knowledge creation is fundamentally an inclusive, dialogical, self-correcting practice through which all points of view, though not equally valid, deserve equal consideration in how effective they are in bringing about certain ends. In practice, this means that social position should not be a determinant of someone's participation in a conversation, as their knowledge of a particular problem is potentially just as useful as anyone else's.

Before moving on to elaborate the application of this framework to a needs assessment examining programs and services addressing rural youth homelessness, I would here like to explicate some general methodological implications for a pragmatic framework in practice. If we assume that: a) both the abstract and behavioural resources for understanding and acting in the world are determined by the social position that individuals occupy; and b) that constructing epistemological foundations with which to justify or reject the validity of knowledge claims is a

fruitless endeavour, then the only other two criteria by which different descriptions can be said to be more or less effective for a particular task are their efficacy in experience (that is, their practical relevance, or more specifically, the observable consequences of actions performed as a result of assuming a particular state of affairs to be the case) and by social consensus, meaning that all or most of the involved parties agree that the propositions put forward are plausible. Furthermore, if we agree that different understandings of a social issue (such as homelessness) can only be said to be more or less effective once they are put into practice, or "tested in experience," and if there are no ultimate foundations that constitute valid knowledge aside from their efficacy in practice and the agreement of the community addressing the problem, then experts no longer have a monopoly on knowledge production, as the applied understandings of those who have direct experience with the issue, while perhaps not as nuanced and verbose as certain forms of propositional knowledge that are produced by institutions, might prove to be more efficacious in practice than the understandings of those who, while more formally educated, do not have the same direct experience of the issue, and may therefore conceive solutions differently. Dialogical pragmatism therefore implicates a kind of "epistemic democracy," a methodological approach to knowledge formation that seeks to "level the playing field" with regard to which understandings of the social world should be considered more or less effective in practice.

Pragmatism and the Needs Assessment

The aim in using a pragmatic lens for a needs assessment might at first seem obvious, as a needs assessment is easily understood in pragmatic ontological terms. In discerning the needs of a

particular population, both service providers and individuals with lived experience are part of an environment in which they are trying to address a persisting problem using the tools available to them. However, it is important to consider how needs assessments are typically done. Similar to traditional research, a needs assessment as a completed inquiry is itself a representation of a social environment, a problem within that environment, and a finite set of programs and services that are currently being used to address that problem. It is thus primarily a descriptive account that requires the simplification of a totality (the environment) in accordance with the assessment's aims, since what I want to do with the study will limit what I look for, what I find, and therefore how I represent the social environment under observation. This means that the "picture" of this environment that I construct, while it may be the result of rigorous observation and analysis, is both reductionistic and univocal in character – reductionistic in that I am constructing an abstract environment as a totality using limited characteristics, and univocal in that this totality is a description that is meant to subsume all other possible descriptions in order to give it a "universal" and "accessible" quality. This means that, if we understand the completed needs assessment as an abstract representation of the problem I am addressing, as well as the system of programs and services that exist to address it, and the larger social environment in which these manifest themselves, then in constructing that representation I am ultimately "editing out" different possible descriptions of those things that could also be used to address the problem at hand.

I will here elaborate and provide an example: the term 'environment' is itself an abstract notion: a single individual can only perceive a small fraction of her physical environment at any given moment. The notion that we have of our environment – whether physical or social (though in

experience the two are inseparable) - can therefore be nothing more than an abstract totality, but one that is inherently contradictory in the sense that this totality is never complete: we are incapable of experiencing a "god's-eye view" of reality, or even our small sphere of existence. So instead, using all of the cognitive abilities we have at our disposal (language, memory, imagination, etc.), we interpret our world by constructing an incomplete totality out of the perceptual fragments that we have collected from experience and from the testimonies of others, and then act as if this construct were, in fact, a totality. For example, if I ask the question, "What is Toronto like?", most people will describe it in much the same way they describe an apple: as a particular thing with a finite set of identifiable characteristics. This is not because Toronto actually is this way in its entirety, but because we have interpreted it as such in order to make our experience of it communicable to others, which always involves a simplification of reality using the categories that are available to us through our native language, as well as our immediate physical locations and our social positions.

My aim, therefore, in applying a pragmatic theoretical framework to a needs assessment is to provide a descriptive account of an environment that is more polyvocal in character, that cannot be reduced to a single set of characteristics described in an "objective" vocabulary. I wanted to include in my analysis the different voices of the respondents who were higher-level administrators, front-line support workers, and individuals with lived experience. My reasoning was that, if I interviewed groups of individuals who occupied different social positions, then I would notice two different things. One would be that the respondents would describe the local system of programs and services in terms of their relation to it. I reasoned that respondents would describe the problem of homelessness differently depending on whether or not they had

experienced homelessness themselves, and that they would describe the system of programs and services addressing it based on whether or not they were service providers, or had accessed services in the past. By including individuals from all of these groups in the study, the aim was to acquire a number of different perspectives on and understandings of programs and services addressing youth homelessness, and in doing so not simply include the perspectives and understandings of service providers, but those of youth with lived experience of homelessness. This would further allow me to compare and contrast these perspectives, and allow me to discern what was commensurable and incommensurable about their conceptual content. By outlining both points of agreement and disagreement within the varying perspectives, I reasoned that I could isolate solutions that could be followed collectively, as well as those that would require further discussion for the parties involved.

In addition to the different perspectives and understandings communicated using different vocabularies, I wanted the data constituting the needs assessment to be provided in accordance with three major categories, including "problems" (or "gaps"), "strengths," and "solutions." This would not only provide differing understandings and descriptions of the problem of youth homelessness, as well as gaps in the system addressing it, but would also reveal the different understandings of the system's strengths and different proposed solutions. Again, the emphasis was on finding different perspectives and understandings from individuals occupying different social positions that could potentially be used to address the problem of youth homelessness in Bruce and Grey Counties, or other rural areas.

A pragmatic theoretical framework was applied to a needs assessment as it fit best with the underlying goals of the latter. As we saw earlier in our account of Deweyan experimentalism, Dewey understood thought to be the outcome of individuals confronting a problem in their environment. I therefore understood the needs assessment as compatible with a pragmatic theoretical lens because the former is concerned with isolating certain problems in a particular "environment," in this case a system of programs and services. As my aim was to find not only the "strengths" in the environment that individuals could make use of, but also potential solutions to the problem of youth homelessness, Rorty's anti-foundationalism seemed fitting as it allowed one to equally consider all perspectives on and understandings of the problem, as they were not bound to any other criterion than whether or not they led to efficacious actions. This anti-foundationalist stance was also compatible with the attitude of engaged fallibilistic pluralism, as it allowed equal consideration of all the understandings of the problem of youth homelessness generated not just from the work of academics and services providers, but also from youth with lived experience of homelessness.

This concludes my explanation of why a pragmatic lens was applied to the qualitative needs assessment. I will now review some of the concrete particulars of my methodology before moving on to a presentation of the study results.

Needs Assessment (I): Period Prevalence Count (PPC)

The first part of the needs assessment consisted of the construction of a demographic profile of the homeless population in Grey and Bruce Counties. I did this as coordinator of the 2018 provincial homeless enumeration for the two counties.

In April of 2017, the Government of Ontario published a guide to conducting PPCs written by Dr. Carol Kauppi, a professor at Laurentian University in Sudbury, Ontario who has conducted a number of PPCs in northern Ontario (Kauppi et al. 2012; 2015a; 2015b). As Kauppi (2017) explains, Point-in-Time (PiT) counts are beginning to be used extensively in Canada due to the growing nation-wide awareness about homelessness. However, PPCs tend to be more useful in areas where there are fewer places for homeless people to access, including urban and commercial spaces, shelters and other services. A PPC is designed to provide a demographic "snapshot" of the homeless population in a particular geographical region over an extended time period, usually about one week. PPCs act as a benchmark from which to measure changes in the homeless population over time, and assist policymakers and program administrators in monitoring progress toward the goal of ending homelessness. Rural communities across Ontario and the rest of Canada are increasingly making use of PPCs to monitor efforts to end homelessness (Kauppi 2017).

The April 2018 PPC count that I coordinated was the first of its kind to be conducted in Bruce and Grey Counties, the result of a mandate set by the provincial government in 2016 with the

passage of the Promoting Affordable Housing Act. Beginning in 2018, all Ontario municipalities are required to conduct a homeless enumeration every two years with the goals of:

- Improving community awareness and understanding of homelessness,
- Helping to monitor and assess developing trends over time,
- Providing a method through which to measure progress, and
- Strengthening efforts to end homelessness.

PPCs provide a count of those who are unsheltered, as well as those who are using emergency shelters or other local services. An advantage to the PPC is that, because it monitors a larger area over a longer period of time, it tends to be able to account for more of the hidden homeless by providing more opportunities for people to complete surveys. It also includes more opportunities for those sub-populations who experience hidden homelessness to complete the survey, including women, 2SLGBTQ+, Indigenous Peoples and racialized groups. It also provides opportunities to conduct a neighbourhood survey either over the phone or door-to-door, a process which allows for the count to be conducted over a period of several weeks (Kauppi 2017).

It should be noted that the data provided by PPCs have a number of recognized limitations. It is possible for those who use a number of local services to be counted more than once; however, this can be remedied by creating a unique identifier for each different respondent. In addition, people who experience hidden homelessness may not consider themselves to be homeless, as

they may, at the time of the survey, have a place to sleep, or may be staying with relatives or close friends. Information about the count also has to be circulated at least six months in advance across a large area; otherwise people may be unaware that the count is taking place. Time is also needed to solve issues regarding transportation – respondents might not have the means of getting to a place where the survey is being conducted, and a survey phoneline may need to be made available, along with transportation arrangements for some of the respondents.

The homelessness enumeration conducted in Grey Bruce was an essential component of the needs assessment and involved the help of many service providers in the area. Before, during and after the count I worked with many area service providers including the Bruce Grey Poverty Task Force, an organization of local service providers that shared in many of the tasks related to the count's coordination. These specific roles will be elaborated in the next chapter, however it can be stated here that much of the advertising, research materials and actual coordination of the count were done with the help of many of these service practitioners. Knowledge mobilization was one of the primary goals of the enumeration, as it helped achieve the objectives outlined in each county's Long-Term Housing Strategy, and was conducted with the intention of being made public and available to local service providers for program planning purposes. While there was no "action phase" to the study – a component in which an intervention is planned following the analysis of the data collected (Stringer 1999) – information was gathered with the intention of being used by both service providers and community volunteers for planning such actions. Following the completion of this dissertation, I will also be aiding community organizations in preparing the research results for educative purposes, as well as for program design. If, under the current Ontario government, the Counties continue to have the means available to conduct PPCs every two years, then they will continue to yield information about the scope of homelessness

experienced in the area, and will be better equipped to use this knowledge to outline strategies that will assist in effectively meeting the needs of the homeless population. In this sense, phase one of the study was conducted with participatory principles in mind.

Needs Assessment (II): A Pragmatic Interview Analysis Using A Grounded Approach

The second phase of the needs assessment consisted of an analysis of 18 semi-structured interviews, including ten program administrators, five youth support workers and three individuals with lived experience. The interview questions asked were in compliance with the objectives that are typically ascribed to a needs assessment: what programs meant to address homelessness currently exist in the area, and how adequate are they; what, if any, informal resources exist; how accessible are the programs to targeted clients; what new programs or other solutions might work best for those experiencing homelessness (Dudley 2014). Questions did vary somewhat based on the three different groups that were interviewed: 10 senior-level service providers were asked about "problems and solutions" to homelessness, service accessibility, and the adequacy of available programs and services addressing homelessness more generally (as opposed to simply youth homelessness). Five additional service providers for homeless youth were also asked about these topics, but with an emphasis on youth homelessness. An additional three individuals were asked about the same topics. Regardless of their age (two of the respondents were adults), all three of these individuals had experienced homelessness during their youth. As noted in the previous section, the primary objective of interviewing both respondents with lived experience and service providers was to compare how respondents from each of the groups would perceive and construct their understandings of the same problems, and

what, if any, different solutions they would suggest. I therefore used constant comparative methods (Strauss & Corbin 1998) to discern the differing understandings (as well as key conceptual differences underlying those understandings) of programs and services addressing homelessness, and youth homelessness more specifically. Open coding (Charmaz 2006) was used to code the interview data gradually; however the coding did begin with three general themes in mind, which included "problems," "strengths," and "solutions." I also kept in mind the categories of "concepts," "understandings" and "keywords" for each of these three themes.

In order to make this phase of the study as participatory as possible on a limited budget, an advisory committee was formed with area practitioners, and two meetings were held during the fall of 2018. The objective of these meetings was to give area service providers a forum in which they could suggest ways that the assessment might be conducted in order to benefit to local community organizations that provide services to people experiencing homelessness. In addition to holding these meetings that would allow local service providers to play a role in study design, the intent of the qualitative portion of my analysis was to develop a comparative account of the ways in which actors occupying different social positions formulate, understand and articulate the problem of homelessness, as well as the problems and solutions that characterize it. This comparative schema was meant to be "pragmatic" in that it could act as a tool for speculating on ways that different actors' perspectives might be negotiated in an actual participatory discussion. This hypothetical model is meant to pinpoint different ways in which problems are articulated and potentially resolved, and which views could potentially be applied in order to provide solutions to the problems related to homelessness. Simply put, a pragmatic approach to qualitative research is meant to establish tools and resources that can be used for practical

problem-solving, and while I did not have the resources available at my disposal to facilitate an actual participatory project where stakeholders from different standpoints were able to come together to take action toward solving the problem of homelessness, I was at least able to elicit and compare ideas from different groups for the common purpose of collective action.

The ten service providers were asked questions pertaining to the problem of homelessness generally, and were asked to identify strengths and weaknesses in the system of programs that currently exist in the area. The first major aim of the interviews was to see if a common picture emerged among service providers of gaps and strengths in local homelessness services, or if their accounts differed to some extent. Secondly, I wanted to closely examine the ways in which service providers characterized problems related to homelessness, and compare their accounts with available research summarized in the first three chapters. Thirdly, I wanted to observe the kind of language that service providers use to construct their accounts of problems, as well as the ways in which they use this language and the kinds of value assumptions that act as the foundations of their accounts. In addition to the analysis that this would provide on its own, I further wished to compare their accounts with the language used by youth service providers and by youth themselves, to determine if the problems in question were constructed differently using different vocabularies, and if so, whether or not the perceived "problems," "needs" and "gaps," and potential solutions differed between groups.

This concludes my discussion of the aim of this study, as well the theoretical framework and methods used. Chapter Five will present the results of the study's first phase, while Chapters Six and Seven will present the results of my interview analysis.

Chapter 5: The 2018 Ontario Homelessness Enumeration in Bruce and Grey Counties

This chapter is divided into two main sections. In the first section I present an environmental scan of factors contributing to homelessness in Bruce and Grey Counties. It should be noted here that the existing body of research on this topic is scant - no scholarly research that focuses on this area currently exists, and the research that does exist consists of socio-demographic profiles compiled by Statistics Canada, as well as a small amount of grey literature that consists mainly of reports produced by local government agencies and non-profit organizations. I have therefore provided a scan that is as large as possible with the data that currently exists. In the second section, I present the results of the 2018 homelessness enumeration. This is followed by a discussion of some of the enumeration's major findings, as well as recommendations for future research. The chapter concludes with a brief discussion of how the enumeration results were used to determine the qualitative portion of the study, the results of which will be presented in Chapters Six and Seven.

Bruce County, Ontario

Bruce County is an upper-tier municipality located in southwestern Ontario with a land area of over 4,090 square kilometres, and a total population of 68,147. This is a population increase of 3.1 percent since 2011 (StatsCan 2017a). The County's most distinctive geographical feature is the Bruce Peninsula, or *Saukiing Neyashiing* to the Ojibway, a limestone rock formation that

forms part of the Niagara Escarpment. The peninsula extends 80 kilometres north into Lake Huron, creating Georgian Bay to its east. It is these limestone rock formations and their proximity to Lake Huron and Georgian Bay, as well as the length of sandy beaches along the shores of Lake Huron, that make it a popular destination for seasonal tourists and retirees (Hilborn 2018).

During the 18th century, the land that is now Bruce and Grey Counties was peacefully occupied by the Saugeen Ojibway First Nations. During this time the Ojibway had only minimal contact with European settlers, usually fur traders that lived in the area during the winters only. The Saugeen also allowed small groups of Methodist missionaries to live in the area year-round with their permission. At the turn of the 19th century, however, European fishermen intruded upon Ojibway fishing territory. These intrusions were backed by the British colonial government that imposed a number of different treaties on the Ojibway over time, appropriating more and more of their lands to satisfy the growing demand of settlers for farmland (Hilborn 2018). Some of the major treaties of this time include the Saugeen Tract Agreement of 1836, the seizure of the Indian Strip in 1851, and the Saugeen Surrenders in 1854, which broke the Tract Agreement to protect the Peninsula, and transferred what is now the Bruce Peninsula to the Crown (Surtees 1984). Ojibway lands were gradually reduced to what are now two Indigenous reserves, including Neyaashiinigmiing 27, known as the Chippewas of Nawash Unceded First Nation located at Cape Croker on Georgian Bay, and Saugeen 29, known as Saugeen First Nation, located between the towns of Southampton and Sauble Beach on the Lake Huron shoreline. In Bruce County, 4.7 percent of the total population is Indigenous compared to 2.8 percent of Ontario's total population. Grey County, however, has an Indigenous population of only 2.6

percent (StatsCan 2017b). This is likely because both reserves are situated in Bruce County, and most of the region's social and Indigenous services are concentrated in the City of Owen Sound which, although situated in Grey County, is in close proximity to the county line, and a relatively short drive from both reserves.

In addition to its two Indigenous reserves, Bruce County's population is divided among eight municipalities. These include, in descending order by population: Saugeen Shores, Kincardine, Brockton, South Bruce Peninsula, Huron-Kinloss, Arran-Elderslie, South Bruce, and Northern Bruce Peninsula (see Figure 1 below). A majority of the population is working-age (60 percent between ages 15 to 64); however the largest individual age groups are those between the ages of 50 and 69. The County is predominantly English-speaking, with 94.3 percent speaking only English, 5.2 percent of the population speaking both official languages, and 0.5 percent that can speak a language other than French or English. The total visible minority population – in addition to the Indigenous minority – is 2.7 percent (StatsCan 2017a).

Figure 1 - Map of Municipalities in Grey and Bruce Counties (GBHU 2011)

In the Bruce County Census Profile, income levels, educational attainment, employment levels and housing type are comparable to those found at the provincial level, so I will only point out some relevant exceptions here. Under the income category, notable differences include the median amount collected in government transfers per individual, which was nearly double the provincial median in 2015. Another notable difference can be found among the low-income

population: when the low-income cut-off after tax (LICO-AT) was used as the low-income measure, this low-income population is much smaller in Bruce County than in the province as a whole (StatsCan 2017a).

The acquisition of educational credentials within Bruce County's population are at comparable levels to those of the province, although the proportion of people with no credentials is slightly higher in Bruce County. The largest difference, however, is in college diploma versus university degree attainment: Bruce County has a much higher rate of college diploma attainment compared to the province, and a much lower rate of university degree attainment. This is potentially explained by the types of industries that exist in Bruce County versus those that can be found in urban centres. For example, the Census uses the North American Industry Classification System to measure population proportions in different labour force sectors. When applied to Bruce County, this measure reveals that the proportion of the population employed in agriculture, forestry, fishing and hunting, as well as utilities and construction, are all well above provincial levels, which would generally require trade apprenticeships and skills obtained through a college diploma program. The measure also demonstrates that information and cultural industries; finance and insurance; professional, scientific and technical services; company and enterprise management; educational services; and public administration are all much lower than provincial proportions, which are all industries that require or are more likely to require university degrees. The difference could also be explained by the proximity of university versus college campuses to student households, as well as the length and cost of university versus college programs.

According to the County of Bruce website, Bruce County's key industries are tourism, energy and agriculture (County of Bruce 2020). The largest number of workers are employed in utilities (4,000+ workers) (StatsCan 2017a). This is due to the presence of Bruce Power, a nuclear power plant located in Tiverton on the Lake Huron shoreline, as well as the presence of Hydro One facilities throughout the county. Other large industries include retail, health care and construction (3,000+ employed in each), as well as agriculture, accommodation and manufacturing (2,000+). The unemployment rate in Bruce County is 6.2 percent, which is 1.2 percent lower than the provincial rate of 7.4 percent. Unemployment on the two Indigenous reserves in Bruce County are disproportionately high: Nawash has an unemployment rate of 14.3 percent, while Saugeen's is more than twice as high at 28.9 percent (StatsCan 2017a).

Private households are predominantly owned (81.5%) as opposed to rented (18.3%), proportions that are very similar to those found in the studies on rural homelessness discussed in Chapter Two. This further demonstrates the tendency of rural housing markets to have a much smaller amount of rental housing stock compared to that which is generally found in urban centres. About 0.2 percent of housing in Bruce County consists of Band housing on reserves. It was also found in the census that 7 percent of private dwellings in Bruce County were in need of major repairs, and that 23.5 percent of those who owned private dwellings were between the ages of 55 to 64. In owner households, 14.8 percent demonstrate core housing need, which is lower than the provincial proportion of 19.8 percent. In 2015, 45.4 percent of tenant households were in core housing need, which is similar to the amount of need in the province as a whole. About 16.3 percent of tenant households in Bruce County are in subsidized housing, compared to 15 percent

across the province (StatsCan 2017a). We will return to some of these figures in the environmental scan below.

Grey County, Ontario

Grey County is an upper-tier municipality located in southwestern Ontario to the east of Bruce County, with a land area of over 4,513 square kilometres, and a total population of 93,830. This is a growth in the general population of 1.4 percent since 2011 (StatsCan 2017b). Grey County is comprised of nine municipalities, most of which are made up of smaller towns and townships. These include Owen Sound, Grey Highlands, Meaford, West Grey, Hanover, Chatsworth, Georgian Bluffs, Southgate, and The Blue Mountains (see Figure 1 above). Like Bruce County, a majority of the population is working-age (61 percent between ages 15 to 64), and the largest individual age groups are those between the ages of 50 and 69. Grey County is also predominantly English-speaking, with 93.7 percent speaking only English, 5.7 percent of the population being able to speak both official languages, and 0.6 percent that can speak neither official language. Indigenous Peoples make up 2.6 percent of the population, and the total visible minority population – in addition to the Indigenous minority – is 2.1 percent (StatsCan 2017b).

As with Bruce County, Census results for income levels, educational attainment, employment and housing type in Grey County are comparable to results for the province. The median employment income among recipients for the year 2015 was notably lower than the provincial

median, as was the median income of households that same year[1]. The median amount in government transfers per individual for the year 2015 was also much higher than the provincial average, a finding similar to Bruce County. The prevalence of low-income in each age group was slightly higher than provincial data when using the LIM-AT, but was much lower in each group when using the LICO-AT (StatsCan 2017b).

Another finding similar to Bruce County was that the proportion of the population in Grey County with no educational credentials is notably larger. A larger proportion of the population have college diplomas than the provincial proportion; however, the proportion with university degrees is much smaller than the provincial proportion, a finding similar to Bruce County. A notably smaller percentage of the population have careers in business, finance and administration, as well as in natural and applied sciences when compared with the provincial proportion. A larger proportion are in management occupations, the health sector, trades, transport and equipment operation, natural resources and agriculture, and manufacturing and utilities (StatsCan 2017b). According to the 'Made in Grey' website, the growing health sector, employing nearly 6,500 people, is largely the result of a large aging demographic in the county. The service sector is also growing in Grey County, with over 5,200 employed in retail. Top employers in this sector are corporate, including Walmart, Canadian Tire and Loblaws, which suggests that precarious, low-wage work is a growing trend in this sector. The food and hospitality industries are also growing, employing nearly 4,500 individuals, as the Southern Georgian Bay area is experiencing a large growth in tourism. This is particularly true of The

[1] The median income for most income groups was lower than the provincial median in each category. The proportion of the Grey County population in each income group between $10,000 to $99,999 was higher than the provincial median in each category, whereas the groupings above $100,000 all make up a much lower proportion of the population when compared to the provincial median.

Blue Mountains, where year-round tourism at the Blue Mountain Resort is located, as well as growing cottage/summer home and retirement populations on the South Georgian Bay coastline. Construction is also booming, however housing prices have risen by 45% in four years (County of Grey 2020).

The difference in private household type is not quite as pronounced as in Bruce County; however it is close to what is expected in rural areas, with 76.7 percent being owners, and 23.3 percent being renters. About 7 percent are in major need of repair, and about 2.2 percent of private households are considered not suitable for occupation. In 2015, 17.4 percent of private households were in core housing need, which is a slightly higher proportion than that of Bruce County. Nearly 18 percent of tenants are in subsidized housing, and 46.5 percent of tenants are in core housing need. Both are numbers that are slightly higher than the provincial percentages (StatsCan 2017b).

In Summary: Bruce and Grey Counties: A Socio-Demographic Profile

There are notable differences between the socio-demographic profiles of Bruce and Grey Counties compared to the province taken as a whole. In general, there is much less cultural heterogeneity, with the Counties being an enclave of white racialized identities. In the areas of income, education, labour and housing there are also differences that are pertinent to the topic of homelessness. Incomes are very similar compared to the rest of the province, however in Grey County they tend to be slightly lower than the rest of the province, while in Bruce County they are notably higher. The major factor contributing to this difference between the Counties very

likely has to do with the size of Bruce County's energy sector, which provides many unionized jobs with relatively high salaries and generous benefits. This number becomes even larger when the number of companies that contract with both Bruce Power and Hydro One are taken into account. Many skilled engineers have moved to the area from urban centres in southwestern Ontario, as the plant offers generous salary and benefits packages that are comparable to those found in public sector employment. The differences in educational attainment are understandable given the different types of industries that are prevalent in rural areas, which often require skill sets that are acquired through college diploma programs and trade apprenticeships as opposed to university degree programs.

The Census findings on housing are very much in line with the research on rural housing discussed in Chapter Two. There tends to be a higher percentage of privately-owned housing stock than that which is found in urban areas, and a much lower percentage of rental housing stock. We can see from the Census data that this trend is also present in Bruce and Grey Counties. When looking at core housing need, however, demand among owners is actually lower in both counties compared to the rest of the province, whereas the percentage of tenants in need is very close to the provincial percentage. The percentage of tenants in subsidized housing, however, is slightly higher in both counties when compared to the province.

It is difficult to infer anything about poverty or homelessness in Grey Bruce using only what is available in the Census Community Profiles. In an attempt to provide a more robust data set, I have also provided a summary of the grey literature that is available in the region on issues related to homelessness, such as poverty and food insecurity. This literature has recently been

compiled and shared through an open data initiative called the Bruce Grey Data Information Sharing Collaborative (BGDISC). While the data available on local social problems is still comparatively modest, and the focus of individual studies and reports is often beholden to the mandate of the particular organization in question, the website provides a comprehensive and accessible inventory for local changemakers. Below I have provided an environmental scan of Grey Bruce based on these individual studies.

Environmental Scan: Grey Bruce, Ontario

Housing Affordability

Much of the data that exists on housing in Grey Bruce has to do with the current affordability of housing. As we saw in previous chapters, a lack of affordable housing is an environmental factor that can contribute to rates of homelessness. A number of local reports and publications in Grey Bruce suggest that housing affordability is becoming an issue for an increasing number of residents in the area. One indicator is the demand for social housing, which has gone up in the past several years. Between 2015-18, the waitlist for subsidized housing in Bruce County increased, from 306 individuals in 2015 to 489 individuals in 2018, an increase of nearly 60 percent in three years. The report also claims that only 20 percent of the Bruce County population can afford to purchase a home at the average resale price ($351,681) or above, as typically only households making $90,000 or more annually can do so (Bruce County 2019). The last reported numbers for social housing waitlists in Grey County were at 113 families, 310 singles, and 156 seniors in 2013, with a total of 579 applications on file (Grey County 2013). The

average number of individuals and families on a waitlist for subsidized housing in Grey Bruce per year between 2009-2013 was 873 (Community Foundation Grey Bruce 2016).

If the growing demand for social housing is a sign that housing is becoming increasingly unaffordable in Grey Bruce, then what are the factors that are contributing to this decreasing affordability? One issue is that new housing stock is not diversified, and tends to be concentrated to lakeshore areas, which means that it is difficult for local municipalities to encourage the private sector development of affordable and social housing. Changes in employment trends have also contributed to the affordability crisis. Similar to trends in many other parts of Ontario, manufacturing jobs with good wages and benefits have almost entirely disappeared, replaced by low-wage service sector jobs that are often part-time and do not come with benefits. This means that an increasing number of individuals are unable to afford housing as prices continue to outpace increases in wages (Bruce County 2013; N. Barry Lyon Consultants Limited 2018). The maintaining of an older housing stock can also create affordability issues for residents, as they are more likely to have to pay for home repairs. Poor housing conditions can also impact utility costs, leading to "utility poverty" for some residents, which can increase their chances of becoming at risk[2] (Bruce County 2013). The situation is similar in Grey County. A trends and analysis summary prepared by local government claims that 68 percent of housing stock in the county is over 30 years-old, and that nearly one quarter (24%) of the housing stock was built prior to 1920. Less than nine percent of rental units were built after 1991, and less than 20 percent of owned housing units were built after this time (Grey County 2013).

[2] According to the Vital Signs report released by Community Foundation Grey Bruce in 2016, 1,300 residents in Grey Bruce successfully applied for the United Way's Utility Assistance Program from 2015-16.

Recent home sale statistics clearly show that housing affordability is declining in Grey Bruce. According to research conducted by the Canadian Real Estate Association (CREA), the year-to-date average home resale price for 2021 in Bruce and Grey Counties taken together was $639,670. This is a 38.5 percent increase from the first nine months' average of 2020 (CREA 2021). A large part of this rapid increase in house prices is the result of an increase in sales prompted by factors pertaining to the COVID-19 pandemic, and there is currently evidence to suggest that many urban dwellers have been relocating to rural areas either to retire or work remotely, further driving up housing prices (CMHC 2021; OECD 2020). However, even prior to the pandemic, shifting population demographics were having a significant negative influence on housing affordability, as an increasing number of affluent retirees and seasonal residents were moving into Grey Bruce. For example, the population of South Georgian Bay – an area that includes the Grey County lakeshore municipalities of Meaford, Thornbury and the Blue Mountains – grew by 16 percent between 2006 and 2016, outpacing the provincial growth rate of 11 percent. Residents aged 55 and above currently account for 45 percent of the population, and 22 percent had moved to this area from elsewhere, which is double the provincial rate of 11 percent. Such an influx can impact the affordability of housing because higher incomes brought into the area can drive up housing prices. For example, the average price of a single-family home in the South Georgian Bay area increased by 34 percent to $433,000. By 2017, prices had risen an additional 18 percent to an average price of $512,000. Assuming a 20 percent down payment, a qualifying household income of $121,000 would be required, which is nearly double the region's median income. At local wages, residents are forced to compete with homebuyers and renters who have significantly higher incomes. Market prices are driven up even further due to cottage and other accommodation rentals (such as Airbnb), that not only take properties off the

rental market, but also increase the cost of rental housing (recount Slaunwhite 2009 in Chapter Two) (NBLC 2018).

Much of the decline in housing affordability has been shouldered by tenants. Figures 2 and 3 shown below display four income groups of renters in both Bruce and Grey Counties. In addition, the Index divides the proportion of income spent on rent and utilities into three categories: affordable, unaffordable and severely unaffordable. 'Affordable' refers to tenants who spend less than 30 percent of their household income on rent and utilities. 'Unaffordable' refers to those who spend 30 to 49 percent, and 'severely unaffordable' refers to those who spend 50 percent or more. In Bruce County, rental housing and utility costs are severely unaffordable for tenants in the bottom quartile: 57 percent is the average amount of household income that is spent on rent and utilities. In Grey County, the average amount of income spent on rent and utilities by households in this group is even higher, at 58 percent. For households in the second lowest income quartile in Bruce County, the cost of rent and utilities is unaffordable, with households spending 37 percent of their income on rent and utilities. In Grey County, the percentage is the same for this group. For the moderate-income quartile and highest income quartile, rental housing is affordable in these regions, which includes anyone making above $35,482 in Bruce County, and anyone making above $32,855 in Grey County.

Figure 2 - Proportion of Renter Household Income Spent On Rent Plus Utilities - Bruce County (CRHI 2020)

	Name	Household Income Range	Quartile	Average Income	Studio	1-Bed	2-Bed	3-Bed	4-Bed	All U..
Ontario	Bruce	$0 to $20,534	Q1	$14,186	48..	43..	70..	74..	80..	57..
		$20,534 to $35,482	Q2	$27,344	-	32..	39..	38..	39..	37..
		$35,482 to $60,854	Q3	$47,110	-	20..	24..	25..	26..	24..
		$60,854 +	Q4	$102,048	-	10..	13..	12..	13..	12..
			All		39..	26..	25..	20..	17..	22..

Figure 3 - Proportion of Renter Household Income Spent On Rent Plus Utilities - Grey County (CRHI 2020)

	Name	Household Income Range	Quartile	Average Income	Studio	1-Bed	2-Bed	3-Bed	4-Bed	All U..
Ontario	Grey	$0 to $19,810	Q1	$13,733	42..	47..	67..	76..	14..	58..
		$19,810 to $32,855	Q2	$25,864	-	33..	41..	37..	43..	37..
		$32,855 to $54,184	Q3	$42,398	-	22..	26..	27..	31..	26..
		$54,184 +	Q4	$85,882	-	13..	16..	15..	14..	15..
			All		29..	28..	27..	21..	20..	25..

Assessing the Environment

The environmental scan provided here was restricted to a discussion of housing affordability, as there is no other pertinent data available for housing in this region, and until recently there was no data on the homeless population. While research on housing and housing-related issues in Bruce and Grey Counties is sparse, what does exist provides a picture consistent with the

existing body of research on rural housing issues in Canada discussed in the second chapter. The lack of affordable housing is a pervasive issue, as developers are not keen to support initiatives where profits will be limited, and governments are not providing adequate funding for new social housing projects, which is demonstrated by the rising waitlists in both counties. Changing demographics are also contributing to the affordability crisis for local residents. Bruce and Grey Counties both contain beautiful protected natural areas, long shorelines/beach areas, and have relatively small populations. This has made them attractive both to segments of nearby urban populations looking to invest in seasonal properties, and to seniors looking to retire in areas that are not characterized by the frenetic bustle of urban life. Outside investors have therefore driven up housing prices to levels that are not affordable for those earning local wages, which have generally not kept pace with housing prices. Many new housing projects target these populations or a relatively small population of professionals, which leaves tenants and more vulnerable populations with long waits for subsidized housing and a highly competitive rental market that largely offers inadequate housing from an aging housing stock. This phenomenon has only been exacerbated by the COVID-19 pandemic, as those who are able to move to work remotely from home tend to be individuals in higher-income professions, which reduces the availability of housing stock for low-income earners (CMHC 2021).

Homeless Enumeration 2018: Bruce and Grey Counties

In August 2017 I established a working partnership with Safe ‘N Sound Residence in Owen Sound, Ontario, Canada. Located at 310 8th St. E. in Owen Sound’s downtown core, the grassroots organization was established in 2007 (then called the Safe ‘N Sound Homelessness

Initiative) to act as a drop-in centre, residence and advocacy group for people in the area experiencing homelessness. At this time[3], Safe 'N Sound was open between the hours of 9 am and 2 pm Monday to Friday, where it provided a free lunch. The eating and rest area were named 'The Space', and were meant to act as a non-discriminating environment where individuals experiencing poverty and homelessness were free to relax and socialize without judgement or harassment. This area also provided free computer and internet access for clients. Washrooms, showers, and laundry facilities were also available for clients free of charge, as well as a "thrift store" in the back of the building where clients could take clothing for free at their need. There was also a smoking/social area behind the building. Both the meal program and the thrift store were entirely reliant upon donations. Safe 'N Sound received a core amount of base funding from the Grey County municipal government, and has received small grants in the past from other charitable organizations such as the Grey Bruce faction of the United Way, and the Bruce Grey Community Foundation.

After establishing a verbal agreement with the Program Coordinator and the Chair of the Board of Directors[4] to provide the information from the study to them to assist with local advocacy efforts and to inform program development, I did a small amount of volunteering with kitchen staff to further establish a working rapport with the membership. In December 2017, I was invited to attend a Housing Sub-Committee meeting of the Bruce Grey Poverty Task Force, a group of local service providers who meet several times a year to share information and update

[3] Since the time of my involvement with Safe 'N Sound, which lasted from August 2017 to December 2018, the organization has undergone both administrative and personnel changes, and has experienced some significant internal conflicts between board members, staff and volunteer members. The details presented here may not reflect the organization as it currently operates.
[4] To the best of my knowledge, neither of these individuals currently occupy either of these positions, and at least one of them no longer works for the organization in any capacity.

one another on housing-related developments within their respective organizations. The meetings also act as exchange forums for new ideas and initiatives, and provide opportunities for members to collaborate on shared initiatives and establish jointly-run programs.

After attending two of these meetings, I was temporarily hired on March 7, 2018 by the Bruce County municipal government to act as coordinator of the homelessness enumeration in Bruce and Grey Counties that was to be conducted in April. The enumeration was initiated by the passage of Bill 7 by the Ontario government in 2016, called the Promoting Affordable Housing Act, 2016. The bill made it mandatory for every Ontario municipality to conduct a homeless enumeration every two years, beginning in 2018[5]. At the time I was hired, neither Bruce nor Grey County had ever previously conducted a homelessness enumeration. I worked in this capacity until August 31st of that year.

The Province provided two documents that were meant to act as a set of guidelines for municipalities conducting their counts in rural and northern parts of Ontario: *Period Prevalence Counts of People Experiencing Homelessness: A Guide for Rural and Northern Communities*, which was prepared for the Ontario Ministry of Housing by Dr. Carol Kauppi (2017), and *Guidelines for Service Managers: Homeless Enumeration*, prepared by the Province in consultation with service providers and released that same year. The Ontario Ministry of Housing (MHO) also provided the Counties with a survey consisting of 16 questions. Two additional questions were added to the survey with County approval, and so the survey

[5] In November 2019, the Progressive Conservative Ontario government, voted into power in June 2018, announced that they would be "pausing the requirement for service managers to conduct local homeless enumerations to give us time to review in more detail enumeration requirements" (Jeffords 2019). It is this "pause," coupled with the outbreak of the COVID-19 pandemic, that prevented a second province-wide enumeration from occurring in 2020.

distributed to respondents consisted of 18 questions (see Appendix A). My own duties involved drafting an informational letter for smaller organizations who were not participating directly in the count, so that they could direct their clients to hub sites, including churches and food banks. With two other local service managers, I helped to construct a list of hub sites for the count – usually local government or non-profit sites – where questionnaires were to be given to individuals who visited these locations during the week of the count and who claimed to be experiencing homelessness. Although this "master list" of hub sites had mostly been completed before I was hired, it was my job to confirm the participation of several outstanding organizations. In accordance with provincial guidelines, I also facilitated a training day in April at the Grey County government building in Owen Sound for the service providers of participating organizations who would be administering questionnaires at hub sites. The day consisted of a presentation that I prepared which informed the service providers in attendance about the purpose of PPCs, sensitivity training, as well as the questionnaire that was to be administered during the enumeration week. I also answered other logistical questions that service providers had. Another part of my role was to finalize the survey questionnaire provided by the Province. At the request of several local service managers, four questions were added to the survey, including whether or not the respondent had used an emergency shelter during the past year, where they last resided, for how long they had resided there, and if/where they had resided previously. I also prepared a French translation of the survey at the request of one of the survey administrators. Many email and phone communications were exchanged regarding any questions that volunteers had about the survey in advance of the enumeration. In addition to these duties, 80 "gift bags" were prepared to provide to survey respondents, which included a Tim Horton's

gift card, as well as basic necessities such as socks, toothbrushes and toothpaste. I then distributed these gift bags to hub sites across Bruce and Grey Counties.

During the week of the count, I was in communication by phone with a few of the service managers who had questions about survey administration and other logistical matters, or who wanted to provide updates about their progress, or any barriers they had encountered while administering the survey. I spent most of the enumeration week at Safe 'N Sound, which acted as one of the hub sites, where I administered the survey myself with the assistance of two other volunteers. The following Monday I collected the completed surveys at the hub sites across Bruce and Grey Counties, as well as any unused surveys and leftover gift bags.

Admittedly, there were a number of important problems with how the PPC was conducted. Most of these problems were derived from two major underlying issues: a lack of preparation prior to March 2018, as well as both conceptual and logistical disagreements about the count's coordination both prior to and during the count. I was brought into the count as coordinator five weeks before it was to take place, and quickly learned that many of the provincial guidelines leading up to the count had not been followed. This is not to insinuate any incompetence among the individuals I worked with. Most of them were committed individuals who took their professional roles seriously and cared deeply about the problem of homelessness in their communities, and often expressed a wish that they could do more. However, for a number of reasons, there had unfortunately been very little community outreach and awareness-raising about the count that had been done prior to its implementation. If there had been more awareness-raising earlier on, there might have been a higher number of survey respondents. The

other major factor that limited the enumeration results stemmed from a pronounced personality difference between one of the co-coordinators and myself. While I managed this professional relationship as diplomatically as possible, we experienced a number of ongoing disagreements about the logistics of the enumeration, and despite frequent conversations, important logistical decisions were often made without consulting or even informing me. While I insisted on changes in exceptional instances where I thought the matter was of particular importance, I was ultimately viewed as a subordinate by this individual rather than as a collaborator, and so I was unable to circumvent many of her decisions despite my best efforts. I do believe that many of these decisions were ultimately detrimental to the final results of the count.

The PPC was conducted between April 23 and April 27, 2018 in Bruce and Grey Counties, Ontario. In accordance with the PPC methodology, this length of time was chosen to maximize the number of people who were included in the count. “Hub sites” were selected across both counties where service providers that had received enumeration training earlier that month were stationed to ask if clients experiencing homelessness were willing to complete a survey. These sites were either government or non-profit organizations. A list of sites is shown below (Table 1). A total of 11 government and/or non-profit organizations participated in the count, operating a total of 21 hub sites. The highest concentration of sites was in Owen Sound with a total of 7, as Owen Sound has the largest population, and is the only city/major service centre for both counties. All of these sites operated during working hours, which in this case was 8:30 am to 4:30 pm. There were no phone lines or online survey systems made available to respondents – surveys could only be completed in person if an individual experiencing homelessness made a visit to one of the hub sites during this time, and agreed to complete a survey.

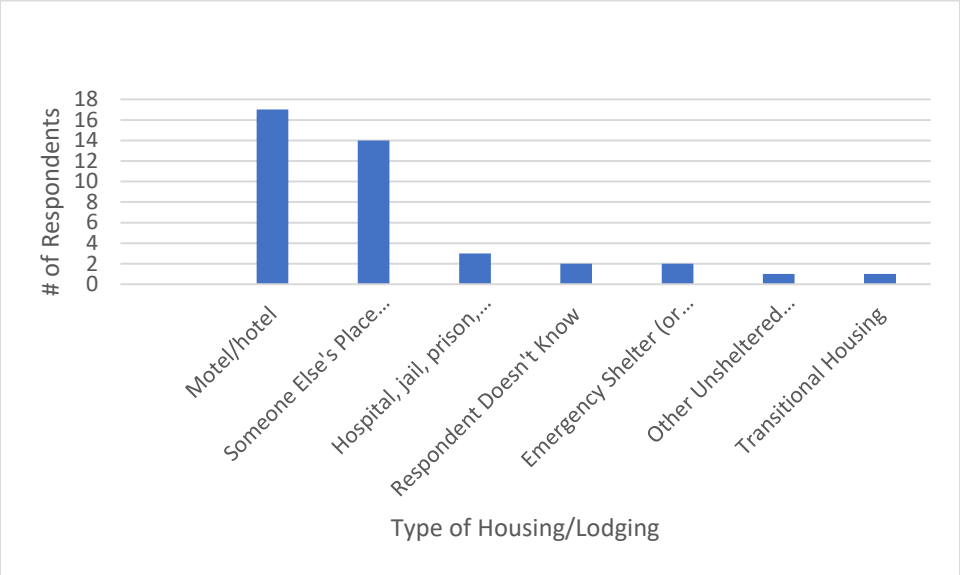
Table 1 - List of Agencies/Services and Hub Site Locations

1	Grey County Department of Housing	Owen Sound
2	Ontario Works (OW)	Port Elgin, Kincardine, Wiarton, Walkerton, Owen Sound, Hanover, Meaford, Markdale, Durham
3	Hope Grey Bruce	Wiarton, Owen Sound, Markdale
4	Y Housing (YMCA)	Owen Sound, Hanover
5	M'Wikwedong Cultural Resource Centre	Owen Sound
6	Safe 'N Sound Residence	Owen Sound
7	Owen Sound Hunger and Relief Effort (OSHaRE)	Owen Sound
8	Grey Bruce Health Services	Owen Sound
9	Salvation Army	Wiarton
10	Bruce County Housing Services	Kincardine
11	Beaver Valley Outreach	The Blue Mountains

By the end of the count, a total of 40 respondents had completed surveys. The Province wished to measure chronicity of homelessness, which they did by measuring the number of days, months or years that a respondent reported being homeless. They also measured the frequency of homelessness during this time, meaning the number of times that a respondent reported being homeless within a particular time frame. The study was not longitudinal, and so it could not be determined whether or not any respondents were transitionally, episodically or chronically homeless. It was, however, possible to determine the type of accommodation (or lack thereof) that each was residing in. This is shown in Figure 4, which shows the distribution of the choices that respondents were able to select. By and large, survey respondents were provisionally accommodated, with 93 percent reporting being in a motel/hotel, staying with friends or relatives, awaiting discharge from a medical or penal institution, emergency shelter or

transitional housing. Two respondents reported that they did not know where they would be staying that night, and one reported an “other” unsheltered location.

Figure 4 - Type of Current Housing/Lodging of Respondents



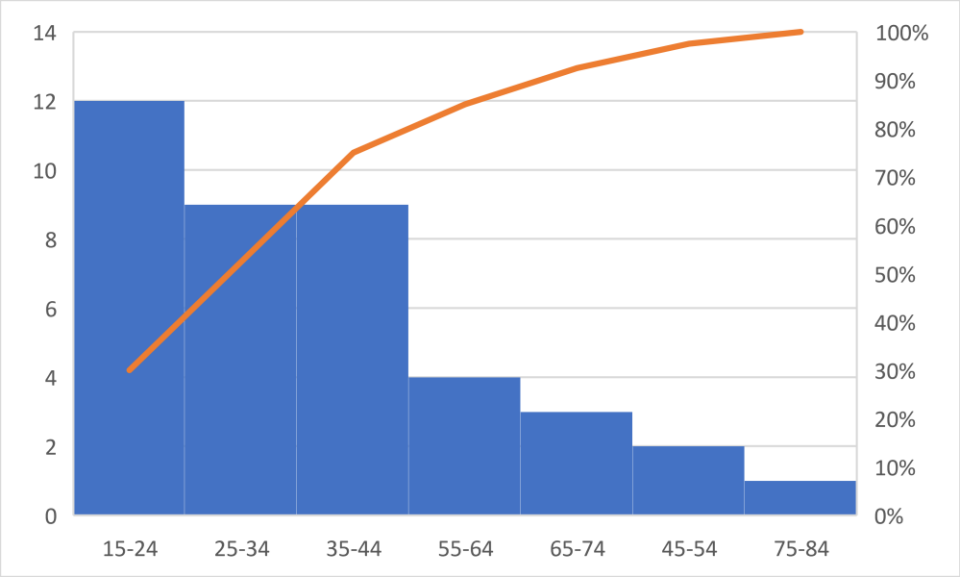
The survey asked each respondent to construct a socio-demographic profile through the identification of specific characteristics. A general profile of the sample is provided in Table 2. Respondents were asked about age, racialized and gender identities, sexual orientation, preferred language, and family status. The table shows that a majority of the sample of individuals experiencing homelessness were men (57.5%). Over one third of the sample were women (37.5). One respondent identified as a trans woman , and another reported having no choice by which to identify that was listed on the questionnaire. As for sexual orientation, most of the respondents reported being heterosexual (82.5 percent). One respondent identified as lesbian, one as gay, and two as bisexual. Another two respondents declined to answer, and one reported that their gender was not listed. The only racialized identities reported were either white or Indigenous (First

Nations/Métis), with the latter representing 17.5 percent of the sample, and the other 82.5 percent identifying as white. For language, however, nearly all of the respondents said that their preferred language was English, with the exception of one who stated that he had no preferred language. The results were also suggestive of a relationship between the age of respondents and their risk of homelessness. The youngest group (15-24) was also the largest age group, making up 30 percent of the sample. With the exception of the 45-54 age category, the number of respondents went down the older the respondent became. Another striking finding in this regard was that exactly 3 in 4 respondents (75 percent) were under the age of 45, meaning that most of the respondents were middle-age or younger.

Table 2 - Characteristics of Counted Homeless Population in Grey Bruce (2018)

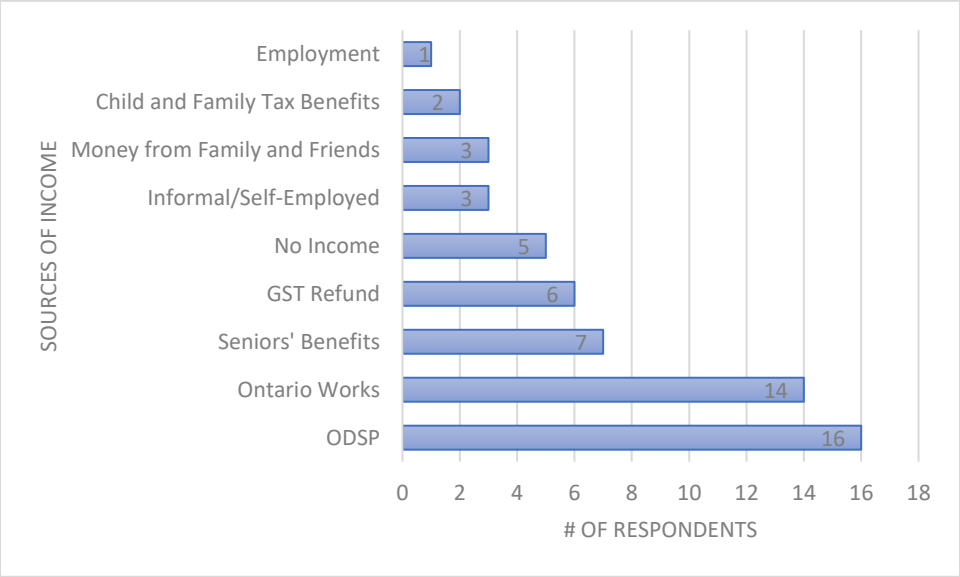
	N	%
Gender:		
Female	15	37.5
Male	23	57.5
Trans Female	1	2.5
Not Listed	1	2.5
Sexual Orientation:		
LGBTQ2S	4	10
Straight	33	82.5
Not Listed	1	2.5
Declined to answer	2	5
Racialized Identities:		
Indigenous (First Nations/ Métis)	7	17.5
White	33	82.5

Figure 5 - Number and Proportion of Respondents by Age Group



The source of income most often reported by respondents was the Ontario Disability Support Program (ODSP), reported by 40 percent of the sample. A close second-most reported was Ontario Works (OW) at 35 percent of respondents. This means that three in four (75 percent) individuals in the sample were receiving some form of financial assistance from the provincial government. The next three categories with the highest number of respondents were those who were receiving seniors' benefits (17.5 percent), those receiving a GST refund (15 percent), and those who reported having no income at all. The next largest group consisted of those who were either informally employed or self-employed, as well as those who reported that they were receiving some money from family and friends. Two individuals reported that they received a child and/or family tax credit, and one individual reported being currently employed.

Figure 6 - Reported Sources of Income

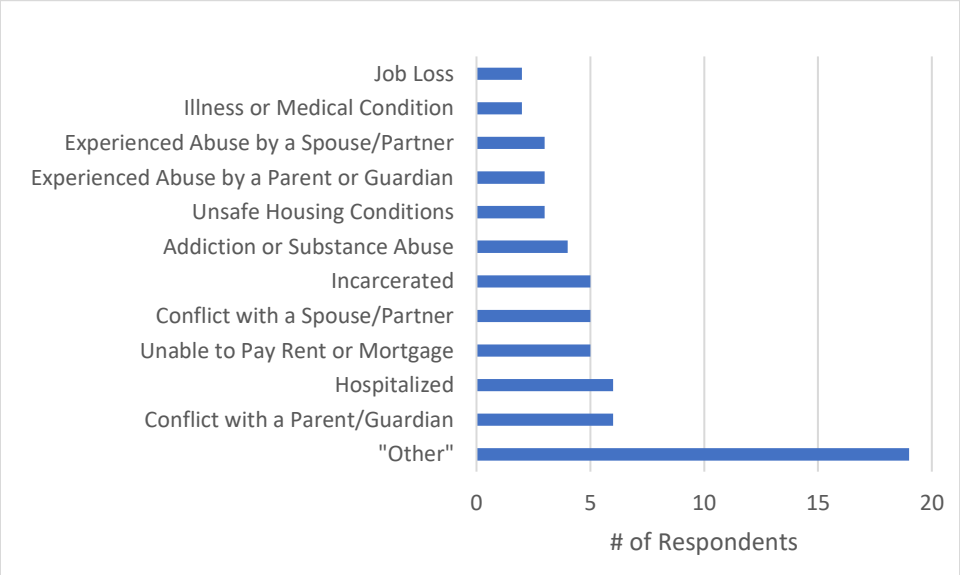


While the survey did not ask about marital status, it did ask about family status. Respondents could either report that they were alone, with a partner, or with children. Nearly two thirds of the respondents reported that they were single (65 percent). Seven of the respondents (17.5 percent) reported being with a partner, and four respondents (10 percent) reported having children. Only one respondent reported having both a partner and children. Another important finding has to do with child welfare – over one third of respondents (35 percent) reported having been in foster care at some point in their lives.

The respondents were also asked to identify what they thought were the reasons for their becoming homeless. They were given a list of choices and asked to identify all that were relevant. They were also given space to write an “other” reason if the reason they became homeless was not listed. The most listed response was an “other” response, which was given by

nearly half of the respondents. These reasons varied, but most involved an individual leaving a place of residence voluntarily or involuntarily because of some kind of conflict. Of the responses that were provided, in descending order, the two most common responses were conflict with a parent/guardian, and having nowhere to live upon discharge from a hospital/treatment facility, together making up 30 percent of respondents. The next three most common responses were an inability to pay rent or mortgage, conflict with a spouse/partner, and nowhere to live upon discharge from prison. The next most common reason cited was addiction or substance use. The next three most common responses were unsafe housing conditions and abuse, either by a parent/guardian or a spouse/partner. Finally, the two least common responses were illness or a medical condition, and job loss. One respondent did not list any reason for becoming homeless.

Figure 7 - Reasons for Homelessness/Loss of Housing



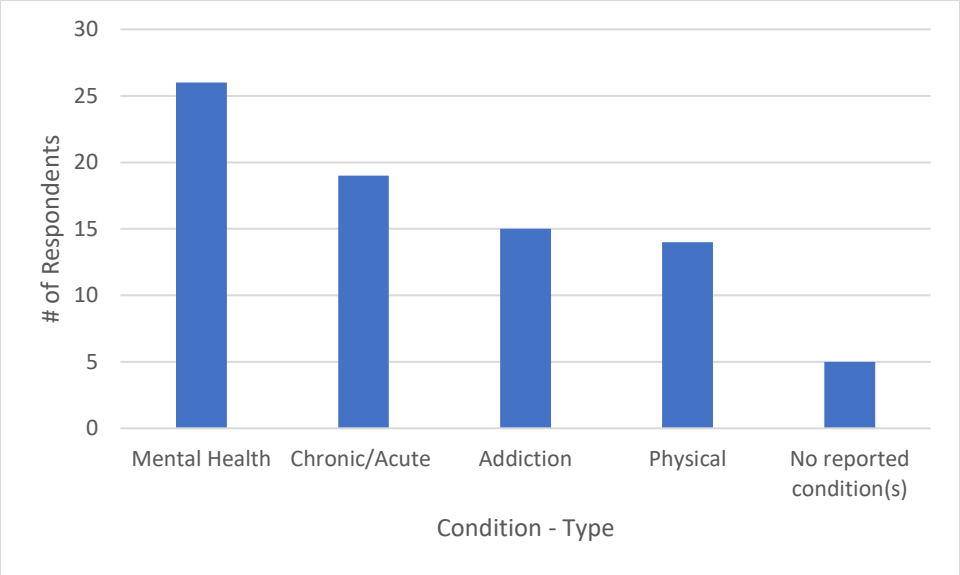
The “other” category in the survey deserves special attention, as nearly half (47.5 percent) cited a reason that was not included on the survey. This finding is relevant because it points to a

potential inability of surveys to fully capture the nature of the complex pathways into homelessness that are often experienced. The situations that respondents described defy easy categorization, but respondents often reported either being forced to leave a place of residence, or leaving voluntarily. Two of the respondents listed formal evictions even though this was provided as a choice on the survey. The other respondents who reported being forced to leave against their will represent a number of different situations having to do with social assistance and disability criteria; conflict with family, roommates, friends or a landlord; the sudden death of a landlord; inappropriateness of accommodations; and being banned from motel rooms. Those who left voluntarily cited that they had recently moved to Grey Bruce, or left their former place of residence because they feared their own safety, were involved in conflict, or for reasons that were not made clear, as the survey provided no space for them to provide any details. There were also respondents who suggested legal matters that were not made clear ("human rights case;" "theft"), again largely due to lack of space.

Survey respondents were also asked about their personal health. A choice of four categories were given, and respondents were asked to reply "yes" or "no" for each, indicating whether or not they had health problems that fell under these categories. Nearly half of respondents reported having a chronic/acute health condition (47.5 percent), while two more reported that they were unsure, and one respondent did not provide an answer. Over one third (35 percent) of the sample reported having a physical health condition, while two respondents reported that they didn't know, one declined to answer, and one did not select a response. A slightly larger proportion reported that they had an addiction (37.5 percent), and three individuals did not provide a response. The fourth category was mental health, which was also the most selected, where nearly

two thirds (65 percent) reported having a mental health condition. One respondent did not provide a response for this category. Only five respondents (12.5 percent) reported having no health problems.

Figure 8 - Reported Health Conditions



The final set of questions we will discuss here are the two that were added to the survey with approval from County representatives, which included whether or not respondents stayed at an emergency shelter within the past year (2017/18), how long they had been living in either Bruce or Grey County, and where they had lived prior to this. It was found that exactly half of the respondents had made use of an emergency shelter during the previous year. Four respondents did not provide an answer to this question. All but one of the respondents reported that the last place they had resided was somewhere in Grey Bruce – six of the respondents chose to name a specific town, and 11 respondents named a particular county. Most respondents simply replied "Grey Bruce." Interestingly, over half of the respondents (55 percent) were not originally from

Grey Bruce. These respondents were usually from another Ontario town, city, region or county. There were a few exceptions, notably a respondent from Michigan, one from Nova Scotia, and one from Calgary. The amount of time these respondents had lived in Grey Bruce (if reported) ranged from as little as one week to as long as 28 years.

Enumeration Strengths and Limitations

In the next chapter, I will present my findings from the qualitative portion of this study. Before we turn to these results, however, I will make some final comments on the enumeration methodology, and summarize its most important findings.

As discussed above, there were major limitations to the Grey Bruce homelessness enumeration as it was conducted, which means that the findings I have put forth here should be treated with some caution. Following the enumeration, the analysis of the data it yielded, and the presentation of the results to service providers in the community, the belief that the number of individuals experiencing homelessness in Grey Bruce was much higher than forty was unanimous. As previously noted, the study had a number of logistical problems that resulted from a lack of planning. My ability to rectify these issues was limited by how late I was brought into the study, and by disagreements with one of the parties involved regarding the extent of my own decision-making autonomy as a researcher and an independent contractor. If outside consultation had been sought well in advance of the enumeration, and if that party had been granted full autonomy over the logistical planning of the enumeration, the study might have yielded a higher number of

respondents. The more positive result of this is that it is now very clear as to which mechanisms need to be put into place for future studies.

While the study presented here has many limitations, it might be worthwhile to explore hypotheses derived from the results. One area of potential investigation (and one that I take up in the following two chapters) would be the factors contributing to the homelessness of youth and young adults. As demonstrated above, a 75 percent majority of respondents were under the age of 45. It is impossible to say whether or not this is a pervasive feature of homelessness in Grey Bruce, however it does warrant an emphasis for future research, as efforts to address homelessness are currently shifting from crisis response to prevention, and many homeless adults first experienced homelessness in their youth (Gaetz et al. 2018). These results also led me to investigate youth homelessness further in the qualitative portion of this study that is presented in the next chapter, as they made up nearly one-third of respondents. It is also a notable finding that nearly 1 in 5 respondents reported being Indigenous. More intensive outreach to Indigenous communities is certainly warranted given the proximity of two reserves and higher population numbers in the area. In the future, it might even be prudent to treat Indigenous homelessness as a separate issue worthy of its own research, including enumerations, as Indigenous homelessness has its own unique dynamics that are the result of colonial and cultural factors that require not only a different understanding of the issue, but also require different solutions. Intercultural dynamics in Grey Bruce between Indigenous and non-Indigenous populations should also be explored further, as these are likely affecting the kind and quality of services that Indigenous people are able to access, and the ability of the larger population to address this problem.

Another important finding is the proportion of the sample that reported using social assistance or disability as a primary source of income. Given the regressive nature of these policies, on which there is an abundance of research in Canada and a number of other Western nations, it is imperative that researchers investigate the relationship between social policy and homelessness. If such a large proportion of the homeless population is in fact on social assistance or disability, then this provides grounds for a re-examination of the ability of these policies and programs to determine what function they are actually capable of providing. If so many can become homeless while still receiving government aid as a source of income, this warrants a close re-examination of what these policies are capable of doing for marginalized citizens, and how they can be reformed in a way that is effective in helping marginalized individuals become re-integrated into society in healthy, meaningful ways.

The survey also revealed an important finding having to do with respondents' reasons for becoming homeless. Nearly half of the respondents indicated that their reason for becoming homeless was not listed on the survey. This could suggest that the reasons a person becomes homeless are so complex and varied that they cannot be adequately represented on a survey, and might take on the character of a narrative more than that of a "reason." We may therefore need to reform our understanding of homelessness, not to be understood as a problem with a finite number of discrete "causes," but rather as life events or circumstances precipitated by a temporal confluence of risk factors, which might have certain common patterns that emerge through more extensive research. This could further suggest that adequate space must be provided on surveys for respondents to give accounts of the events that led to their becoming homeless. Furthermore, it might suggest that service providers administering surveys need to be particularly attentive to

this part of the survey, and ensure that a clear understanding is provided of what the respondent wishes to say.

Studies indicate that housing is an important social determinant of health, and this study would seem to lend further evidence to that claim. It also emphasizes the need for mental health services in Grey Bruce, another topic which I pursued in the qualitative portion of this study. Mental health problems were the most commonly reported health issue among respondents, and was also one of the largest problem areas indicated by service providers in the community. More will be said on this in the following chapter.

There are two other findings that, while I did not discuss them above, might be worthy of attention in future studies. Over one third of the respondents (35 percent) reported having been in foster care at some point prior to the age of 18. This of course brings about questions regarding the efficacy of child welfare systems in Canada, an issue that is well documented in the research literature. Another notable finding has to do with what seems to be a history of migration of those experiencing homelessness. While all of the respondents reported having last resided somewhere in Grey Bruce, over half (55 percent) reported having previously lived in another part of Ontario (usually an urban centre), two reported coming from another province in Canada, and one reported coming from the United States. There is some evidence showing that a higher frequency of moving increases the likelihood of homelessness. This could be grounds for looking at the relationship between homelessness and migration more closely.

Chapter 6: Identifying Gaps in Programs and Services Addressing Youth Homelessness in Grey Bruce

In the previous chapter I presented the results of the 2018 homelessness enumeration in Grey and Bruce Counties, Ontario and discussed significant findings. While the count had many shortcomings, it nonetheless provided the first demographic snapshot of a homeless population in Grey Bruce, one that was ultimately meant to act as a guidepost for further action on the problem of homelessness in the region. This chapter presents the qualitative portion of the needs assessment, for which 17 respondents consisting of service providers, youth workers, and individuals with lived experience were interviewed - service providers were asked about programs and services related to homelessness more generally, and youth workers and individuals with lived experience were interviewed with a focus on the experience of youth homelessness, as well as related programs and services. In keeping with the primary purpose of a community needs assessment, respondents were asked about gaps in services, the results of which are presented in this chapter, and community assets/capacity, the results of which will be presented in Chapter Seven.

Some Notes on Methodology

The following two chapters present the results of the pragmatic needs assessment that was discussed at length in Chapter Four. Here I presented the central underlying ontological, (anti-) epistemological and normative premises of a pragmatic theoretical framework and argued that,

when applied to a needs assessment, it could be used to discern the differences and the similarities in how upper-level administrators, front-line workers and individuals with lived experiences conceptualize and understand the problem of youth homelessness, as well as the system of programs and services that addresses this problem. By discerning these different "points of view" on the same problem, it was thought that these understandings could be compared and contrasted, and then used to formulate different hypotheses about what could work to effectively address youth homelessness, as this fuller, more polyvocal account of the problem and the system used to address it could be used to inform more effective solutions. However, in addition to highlighting differences in how individuals occupying different social positions characterize their shared environment and the problem of homelessness, this framework, when applied to the needs assessment, can also be used to isolate points of agreement that stakeholders could use to derive hypotheses for programs moving forward. Therefore, the central purpose of a pragmatic needs assessment is ultimately to highlight both areas of agreement and disagreement between parties, rather than present the research results from the limited perspective of the researcher. While I did provide some account of methodology in Chapter 4, I will here provide a complete account.

The qualitative analysis presented in this chapter is taken from a total of 18 interviews with 17 individuals (one respondent was interviewed twice in two different roles). These interviews were conducted between September and December of 2018. My objective was to interview individuals from three different groups. The first group was program/departmental administrators, as I had worked with many during the enumeration, and wanted to gain perspective on the overall system addressing homelessness in the two counties. Unfortunately, these were not individuals who

worked directly with youth with the exception of two, and I had worked closely with both of them. They were able to refer me to people who did work directly with youth, and then these individuals were able to refer me to three individuals with lived experience, one who was still a youth, and two others who had experienced homelessness in their youth.

I first conducted ten interviews with government and non-profit service providers and administrators in the housing sector who dealt in some capacity – either directly or indirectly - with people experiencing homelessness (see Appendix B for interview guide). These interviews were conducted with three central purposes in mind. The first was to gather information to construct a general, holistic overview of the system that addresses housing and homelessness in Grey Bruce, what it consisted of and what it lacked. The second aim was to get the opinion of the respondents on what the system is doing effectively (assets), and what it is not accomplishing or unable to achieve (gaps). The third objective of these interviews was to pay close attention not simply to what they said the problems were and how well they were being addressed, but also the particular language they used to describe and characterize the problem of homelessness.

The second group of respondents consisted of five front-line workers employed at non-profit organizations in Grey Bruce who worked directly with homeless youth in a professional capacity (see Appendix C for interview guide). The purpose of these interviews was similar to that of the other 10 service providers, but with a focus on homeless youth. Following the results of the enumeration, my objective was to construct a picture of programs and services in the area that served homeless youth, and to ask respondents about their views on the efficacy and the shortcomings of these programs and services. It was my aim to provide an analysis of the ways

in which these workers both described and understood the problem of youth homelessness, but also to analyze and understand the kinds of solutions that they proposed, and what kinds of actions and values their propositions were founded upon. It was also my aim to compare the language of homeless youth service providers with the language of upper-level, general service providers and administrators to see if there were differences in their thoughts on the quality of programming, in how they conceptualized the strengths and gaps in services that existed, in whether they identified different problems and solutions, and also whether or not they spoke about problems and solutions in a different way. There were no differences in the questions given other than the focus on youth. While there is a difference in scale between the programs and services and the clients under discussion, this research plan allowed comparison in most areas under investigation.

Finally, I interviewed four individuals who had experienced homelessness as youths – three were now above the age of 24, while one was still a youth (see Appendix D for interview guide). All had experienced homelessness between the ages of 15 and 24, and all had since found their way out of homelessness and were working toward better lives. There were certain important differences between the objectives of these interviews and the others. In these interviews, I was not looking to map entire systems, but only interested in finding out if respondents were aware of programs/services in the area, and to get their perspective of what it was like to use those programs and services. I also asked them to identify gaps and assets in available programs and services based on their use of them, and if they had any difficulties in accessing those services, again paying special attention to how these concepts differed based on different vocabularies. I also asked about solutions to some of the problems with programs and services, in order to see

what was suggested and these solutions might differ from what was suggested by service providers.

I will here add a final note on methodology, which is that I took a grounded approach to my qualitative data analysis, one that was informed by pragmatist principles outlined in the fourth chapter, and done in accordance with the aims of a needs assessment. After completing the interviews and transcribing them, I began a process of open coding whereby I inductively derived codes from interview transcripts. As I also mentioned in Chapter Four, questionnaire design was guided by three major higher-level themes pertaining to the needs assessment: ‘problem’, ‘strength’ and ‘solution’. The purpose was to identify these as stated by respondents in order to identify the subtle differences in the ways that individuals with lived experience constructed these problems, and how they interpreted programs and services, as compared with service providers. A further aim of this type of analysis was to, by the end of the study, be able to formulate different hypotheses about the different viewpoints of the different groups (what they identified as problems and how they understood those problems, as well as the same for strengths and solutions). The study would then be able to make recommendations about how service providers could work together and what they needed to discuss, and what solutions to the problem of youth homelessness might offer the most promise moving forward.

The remainder of this chapter focuses on the six major problem areas that were identified by respondents as features of their system serving homeless youth (and in some cases homelessness more broadly). These problem areas included mental health and addiction services, emergency housing services, service collaboration, lack of affordable housing, funding and organizational

capacity, and Indigenous homelessness and minority discrimination. I then determine how differently these problems were conceptualized, as well as areas of agreement and disagreement between individuals and groups.

Mental Health and Addictions

In all of the interviews that I conducted, mental health and addictions were the most frequently discussed topics, and a majority of service providers and individuals with lived experience agreed that mental illness and addictions were very real problems that were pervasive in Grey Bruce, and that there existed significant gaps in the programs and services available to address them. However, as this is a broad category that encompasses many different problems and possible viewpoints, it was discussed in a number of different ways by different respondents. Below I highlight and discuss the different ways in which mental illness and addictions were understood and discussed with respondents.

Perceptions of Mental Illness as a Problem

As one service provider noted, mental health issues are "a huge and agonizingly real piece of what I see daily." While most service providers agreed that mental illness is a very real and pervasive issue among the homeless, not all were entirely sympathetic, and believed the term to be characterized by a certain ambiguity. In this first example, a youth worker provides a brief anecdote, one that denotes ambiguity about the meaning of the term 'anxiety', and implies not only that the meaning of the term is unclear, but also that youth apply the term too liberally:

> The two girls that I'm working with in the [program], they both say, 'Well we have anxiety issues.' Okay, fine. You have anxiety issues. What does that mean? 'Well that means when someone speaks to me in a loud voice, I start crying.' So, you know. And I say to them, 'Well that's something you're going to have to work on. Because people aren't always going to be nice to you.' But you see, I'm still Mommy's little girl. I mean I feel sorry for the teachers (laughs).

The respondent's portrayal of the girls possesses a sardonic quality, belittling their issues and rendering them illegitimate as a result of the coddling of parents, and then ending with a joke about the youth workers being the true victims of children's claims to mental health struggles. Overall, the attitude is dismissive, expressing a certain unwillingness to listen and try to understand such struggles from the standpoint of those who suffer with mental health issues. While we can only speculate on exactly how pervasive this attitude is among service providers working with youth in Grey Bruce, it is representative of the stigma surrounding mental illness, and while a type of understanding in and of itself, it is not one that is conducive to good practice. While even here mental health issues are perceived as a problem, it is not formulated as one that recognizes the other's voice or takes their position seriously, and so not formulated in a way that would allow for any serious action against it. In short, the problem is not so much mental illness itself but the perception of it.

Another youth worker understood mental health issues quite differently and sympathetically, as a pervasive problem that is familial and intergenerational in nature, passed on to youth in their domestic lives through family interactions:

> Addictions, mental health…I do see that…yeah. And not the kind of mental health [like], 'Oh, my mother was a diagnosed schizophrenic.' I mean, 'My mother was' or 'My father was, I think he was really depressed, he never got off the couch,' that kind of [thing]. That's what you hear from the kids. They're not telling you, 'He saw a psychiatrist every three [weeks].'

> No, they just talk about, you know, 'I remember, we didn't do anything, we didn't have any interaction whatsoever.' That's a pretty common story.

Mental illness is here characterized as a domestic issue that has a role in determining the structure of family life, influencing youth from a young age in a way that affects not only family dynamics, but also youth as individuals. Mental illness is thus not characterized as a problem of youth, but as a domestic problem that can potentially influence the life course of individual youths. A similar understanding of mental health issues and their impact on poverty and homelessness was expressed by a formerly homeless youth I interviewed:

> I don't think we're educated enough, in the fields of mental health, 'cause it's only just in the last couple of years where people are now saying, 'No, mental health is playing a large part in these kids' lives…It's not just these kids choosing to go out and do this this this and this. It's a lot of their mental health too…'

> …I'm definitely becoming more of a believer of 'you're a product of your environment.' Because a lot of people… you listen to their stories, and you listen to the way they were brought up, and you're going, 'Wow. It's because of your parents, or it's because of your upbringing, or it's because…you know? And your heart really goes out to them. And that's where the mental health comes in, right?' We're not educated enough to say, you know, 'It's not your fault.' And we're so quick to put the blame on the person: 'You're such a bad person, why couldn't you…?' Maybe it's not the person. Maybe it's that they have a serious mental health issue that they don't know about, or they're working through their mental health issue right now…

Here the respondent presents a compassionate understanding of mental health issues very similar to that of the service provider quoted above, understanding mental health issues among homeless youth as domestic and ultimately social in origin, using terms like "the way they were brought up," "because of your parents" and "because of your upbringing." The empathy that this understanding provokes can be sharply contrasted with the subtle disdain of the first service

provider mentioned above, whose understanding of anxiety as a mental disorder is characterized, at least to some extent, by an individualization of blame that is directed towards homeless youth.

During one interview with a respondent with lived experience, a considerable amount of distress was shown in the absence of a clear understanding of certain medical diagnoses pertaining to mental illness:

> [S]o often, you get this diagnosis…where you get told by a doctor 'Hey, you're bi-polar…you're borderline personality disorder, and you're PTSD.' Okay, well I know what PTSD stands for. PTSD means you're fuckin' out of your mind…Bi-polar Type 2 – what the hell does that mean? 'Is that the same as split personality?' 'Noooooooo, totally different.' Totally different, was told that by the doctor…Well what do you mean? Either I do have split personality or I don't. 'You're borderline.' Well, what's that mean? I to this day don't know what that means...And I sit here everyday going, 'Well what does that mean for me?' Does that mean that one day I'm just gonna switch? When somethin's gonna go off in my head and I'm just gonna…lose it?

The respondent clearly shows concern for her own condition which stems from a lack of a clear understanding about what her condition is. When I later asked her if she thought there existed a broader community awareness of mental health issues in Grey Bruce, she again emphasized a lack of education:

> **HW**: So you don't think that there's very much of an awareness…? Because you've lived in this area for most of your life. Is mental health something that people don't talk about, or that they don't acknowledge?
>
> **Respondent**: I think we don't talk about it enough. I mean there's all these workshops out now, but you have to sign up for the workshop. You have to sign up to this workshop to go and listen to somebody tell you what they think bipolar is. Well, I don't want to know what you think it is, I want you to tell me, scientifically, what bipolar means.

The respondent here suggests that there is a certain ineffectiveness in the ways that local organizations are providing education on mental health problems to community members. This suggests that effective knowledge translation and dissemination pertaining to mental health issues could be a problem in Grey Bruce. In this case, the problem is not so much in how mental health issues are understood, but rather a lack of understanding that could be the result of difficulty in accessing educational resources.

Mental Health and Addiction Services

In addition to asking about understandings of mental illness as a problem affecting homeless youth, both service providers and individuals with lived experience were asked about perceived gaps in local mental health and addictions services. Regardless of who was asked about this, it was evident that local mental health services were often gently criticized and viewed in an unfavourable light. However, the reasons for this varied considerably. For example, one respondent with lived experience generally did not have a favourable opinion of such programs, expressing that while he wanted to believe that mental health service providers were doing the best they could with the available resources, he was ultimately skeptical, insisting that at least some of the services had failed to keep pace with recent changes in best practices. The youth I interviewed focused on what she considered to be unreasonable regulations strictly enforced by addiction recovery programs that were available in the area. While she could not recall many of the details of the programs that she mentioned, she did note that she had not completed any of the programs in Grey Bruce that she had previously participated in, and that she ultimately

completed a program in a city outside of the Counties because of what she perceived to be rules that were too strict.

Youth worker perceptions of local mental health services were also generally unfavourable, even though none appeared to have an extensive knowledge of any of the programs that were available. One frequently mentioned that the reason they did not speak highly of these services was that, in their observation, they did not think that youth showed many changes after going through certain programs, and that therefore these programs seemed to have very little effectiveness in resolving the issues to which they were targeted. Youth workers also mentioned that the duplication of services was a problem, and that on some occasions they had witnessed mental health personnel speak to clients in a callous and unprofessional manner. A point made by one worker is that there didn't seem to be anything preventing substances from coming into the community, and that he did not see the organizations in question really reaching out or doing anything for people generally:

> I mean the other thing…in addiction services…in Grey and Bruce, it seems to be in disarray, because it can't fight the initial problem, right? The police seem to be more interested in stopping, and being able to…seize large quantities of marijuana, and like the meth and the cocaine and the heroine just slip through. So, it doesn't make any sense to me, you know?...I'm sure I'm misinformed, but on the other hand I find it very difficult to understand…And so, when you put the [people with mental health and addictions issues] in [Housing] First situations, [you need to look at] what other programs should be shoring them up… [organization name] should be there… [organization name] should be there for those people who really feel that they need either harm reduction, or they need abstinence, right? And it's not there.

This youth worker provides two different criticisms here. He suggests that local police are not tackling drug and addictions issues in an ameliorative way, and that supportive housing for

individuals with addictions is non-existent, including harm reduction practices. Youth workers therefore perceived not only program effectiveness to be an issue, but also the behaviour – or the absence – of staff providing mental health services.

Upper-level service providers were also in agreement that the current mental health system was largely ineffective, but also believed that there were not enough services in the area:

> There are not enough mental health supports in the community…the system out there doesn't work. And, you know, it's not the people, it's the system. So, I'm not saying that so-and-so is not a good worker, or anything like that. It is a system…Our homelessness system needs to be updated too, but we really need a good mental health, and stable mental health supports, in order for a homelessness system to work well too.

Unlike some of the youth workers, this service provider is critical of the current mental health system as opposed to the individual workers who are a part of it. She also demonstrates an awareness that a system meant to ameliorate homelessness needs to work concomitantly with an effective mental health system. However, one service administrator challenged this idea, contending that it was not the amount of mental health supports that were the problem, but rather a lack of knowledge among service providers and the general public about available services, and a lack of coordination between services in the area:

> I think sometimes people are less informed as to what is actually available, and the ease of access to those supports and services…I actually think that, number-wise, if I look at all of the services operated out of [place name], and all of the services operated by [organization name], [organization name], more coordination of those services is what I think would make a difference. I think there are enough people in the communities doing the work. I think there's a lot of duplication right now, and a lack of one unified direction. And if we had that, and everybody was on the same page moving in the same direction, then I think people would see much less of a gap, and [a] higher use of resources.

Another point made had to do both with the amount and with the temporary nature of the supportive housing stock that was available, claiming that while some supportive housing was available, but that individuals had nowhere to go upon discharge:

> And you have others that have mental health issues, and that's become more and more prevalent within our communities…They can't seem to sort things out, and they need help, and there's just not enough places around. They may have a place to stay, and then they are into some type of care that takes them out of where they were living. But that care may be three or four months. And then after the care is over, well the place where they were living is no longer available. And then, now where do they go?

Some service providers mentioned the regional specificity of services, that this made some parts of Grey Bruce in need of services more than others:

> Like, mental health in general, I don't think is being addressed well. Certainly in Bruce County, because all the services are out of Grey County. Especially in southern Bruce County, there's definitely a gap in services. In fact, when you get into Lucknow, they often go to Huron County, people are using services there. But there's definitely a gap in support services for Bruce, especially in southern Bruce County.

Many health and social services that are available in Grey Bruce are in Owen Sound, which is the only population centre in Grey Bruce large enough to be classified as a city. It is also situated within Grey County, which means that some areas possess a shortage of services to a greater extent than others.

Emergency Housing

In my own observation over time living and working in Grey Bruce over the course of four years, the emergency housing system was perhaps the central topic of contention among both service providers and people with lived experience, which is currently a temporary motel accommodation system. At the time of my research, the system was operated through a partnership between two local non-profit organizations, one that operated the program during the day between 8:30 am and 4:30 pm, and the other that operated an emergency phone line between 4:30 pm and 10:00 pm (on weekends, neither service was available). The day program was operated by paid employees, while the late afternoon/evening phone line was operated by volunteers. Essentially, both employees and volunteers worked directly with those in a crisis situation in order to determine their current housing situation, and what possible solutions might exist to resolve it as quickly as possible. If it was determined that there were no other housing options for the individual, and that there were motel rooms available in the area, the individual experiencing a crisis was boarded in an area motel room for what was sometimes several consecutive nights. During this time, an assigned worker assists the individual to find stable housing. While most agreed that this system was better than having no emergency system at all, as we will see shortly, none of the service providers or the individuals with lived experience with whom I spoke believed that the system was adequate to address the issue of youth homelessness or homelessness more generally. While most agreed that something like a shelter should be in place in the region, what exactly this system should look like varied considerably, and was sometimes a source of contention among respondents. For convenience I have classified the discussion of this particular topic in accordance with the groups interviewed.

Individuals with Lived Experience

The three individuals with lived experience that I interviewed were either critical of the current emergency housing system, or if not, they believed that Grey Bruce needed a place where youth in need of emergency housing could stay. One respondent stated that Grey Bruce requires a shelter for youth, and expressed her belief that the presence of such a place would have made her own experience of homelessness much easier. She also felt that the current emergency housing system had been unable to meet her needs at the time that she experienced homelessness.

Another respondent was scathingly critical of the emergency housing system, saying,

> The [emergency] housing situation here is bullshit. And you can quote that. It's bullshit. And the people down the street, they client-dump for us so bad it's disgusting – "Oh, this person's gonna be trouble. Oh, here's [individual's name] card, talk to him." Like no, do your job.

He also expressed the belief that the system is inappropriate for people suffering from addictions:

> Do. Your. Job. And then you get a guy who has just come out of detox, or CAT. So now he's got a month and a half clean, 'cause he went through CAT, awesome. So, what do we do? We send him to the Traveller's Inn, that's the solution? It's a terrible solution. Like that's just asking him to go back out and do drugs again. So yeah, that's not a…we have no solution in Grey Bruce, if you really wanna know.

Another respondent with lived experience was also critical of the current system, claiming that a charge is applied to the client for a motel, a practice that she did not agree with:

> And lately, I don't know, in [place name], I just know a lot of people that don't have anywhere to go, like, at the end of the day. And it makes me sad, because I was in a situation like that. And especially when it gets close to wintertime too, in Toronto, a lot of homeless

> people die, because they have nowhere to go, and I mean…my friend…he doesn't have anywhere to go right now, and, he's just doing the same as I was doing, he's just hanging out with friends and stuff, but, what [organization name] does sometimes…is they'll hook you up with a hotel for a few nights, but the thing about that, is a hotel room costs us like $60, the cheap ones where they make you stay, and what they do is they take that…so he was there for about four days, that's 60 times four, so $240. So they would take that money away from his monthly cheque, which I don't agree with, you know? I wish there was somewhere to go instead of a hotel, you know what I mean?

Youth Support Workers

Youth support workers tended to be equally critical of the current emergency housing system, and at times spoke at length about their own experience with it trying to help youth experiencing homelessness:

> **HW: So, the emergency system then, for housing…you would say is probably not adequate to deal with the…**
>
> **Respondent**: Totally not adequate…I mean basically it's not there right now.
>
> **HW: What happens in a situation where they can't get a motel room?**
>
> **Respondent**: Well, they sleep in the graveyard, or the park, or they couch surf.
>
> **HW: So have you ever had to tell people, like, "I'm sorry, there's just nowhere we can put you right now?"**
>
> **Respondent**: Yeah, all the time I have to tell them that.

Later in the interview, when I asked about strengths and assets in the community, the respondent began to speak critically of the emergency housing system again. She specifically talks about the hours of operation of the emergency housing system, and the conditions of motels as being problems:

…I mean [individual's name] is trying very, very hard with people like [individual's name], but the trouble with [individual's name] is, in many ways she's got her hands tied with all kinds of policies, procedures and protocols. One of the reasons why I love working with [organization name] is there's actually more openness to trying different things and stuff. [Let's say] you come to me, and you've had a great big fight with your mom's boyfriend, and so they've decided they don't want you, a big long fellow of seventeen years-old, inhabiting the house anymore. So, you come to me and say 'What do I do?' Right now, I probably couldn't phone [organization name] because it's probably after 3 o'clock, so that gives you the whole weekend, right? So I've given you the whole weekend that you've gotta go try and find somewhere to stay, and you haven't got anything, and you haven't got any money, so I might say, 'Okay, I can give you a bag of food to take with you, if that would help you'…So I'd say 'Okay, present yourself again on Monday morning.' So on Monday morning I get a hold of [organization name], and I say, 'Okay, you can talk to this young fellow,' and then you'd be able to describe your situation to her. So then, she might say, 'Well, you know we can put you up in a motel for a couple of nights.' Well you're seventeen. Do you want to stay in a scuzzy old motel for a couple of nights?

HW: I mean I'd rather do that than sleep under a bridge…

Respondent: Well yes. But then after the couple of nights, then what? 'Cause you're in school, you don't necessarily…I mean, what I ran into – more in [city name] than here – but what I ran into is often the kids didn't want it openly known that they weren't at home. They'd want to keep going to school, and then also school presents some security, right? They'd want to keep trying to do their subjects, and whatever, right? So here you are, you're not on your bus route, you're not at home…And then, you're trying to figure out how you're going to survive.

Other youth service providers agreed that the current system was inadequate, but tried to provide some perspective relative to what they knew was available in the region:

HW: Do you think the motel system is an effective emergency service?

Respondent: Given the fact that, you know, they provide service over a greater span of area than we could ultimately provide, it's probably a reasonable method for emergency one-night, three-night stays, right? As long as there are resources available to help them, to find housing for those individuals moving forward. I mean, I don't know what the solution would be. It's rather like asking the question, 'If the lights went out, would a candle be better than being in darkness?' That's about all I can say, right? Is there a better solution? I would hope that there could be, but I don't know what that is.

When the issue was discussed further, it was clear that the program could not provide clients with real alternatives. As one youth worker explained, there were at times a shortage of motel rooms available for this purpose, and service providers were left with no choice but to try to get clients to do their best under the circumstances:

> **HW: What do you say to people whenever there's that situation, like when there's just nothing available? Do you just sort of have to say, 'I'm sorry there's nothing,' or 'Come back tomorrow,' sort of thing? Or what have you done in the past, as an alternative?**
>
> **Respondent**: What have I done in the past?
>
> **HW: Yeah, like when there's no motels left?**
>
> **Respondent**: Most often, I tell them where the 24-hour services are, open 24 hours a day, and suggest to them that they go to those places, and act normally, and try to make it through the night.
>
> **HW: What are those 24-hour places that you're talking about?**
>
> **Respondent**: Like…Tim Horton's is probably the main one.
>
> **HW: I see, so like any…you mean commercial…**
>
> **Respondent**: Yeah, like any commercial space where you're not going to get into trouble for being there. And I know that…various police services in Grey and Bruce also do the same thing, right? But they do it in a different capacity, by going to the business owner and saying to them, 'you know, I don't think this person's going to be a problem, but they're gonna sit here most of the night.' But they're not under any obligation to do anything about it. And other than that, I can't say anything. You know, 'Manage the best you can. Call some other friends. See what you can find. Go to a bar, see if you can meet somebody. I can't tell you how to do it, 'cause I'm not familiar with how to do it.'
>
> **HW: Oh wow…**
>
> **Respondent**: Where you really know that there's a sincere, absolute emergency for housing, and you can't provide it, it's difficult.

Service Administrators

Among the service administrators interviewed, the belief that the current emergency housing system was inadequate and needed to be replaced was nearly unanimous. Some did not specify, or admitted to not knowing what a new system would look like. A majority, however, believed that some kind of emergency shelter needed to be put into place. As one service provider said:

> …we need to have a barrier-free crash shelter… We don't have that anywhere…in the absence of that, what are people getting right now? What are they getting? They get a night or two in a hotel, but then they're maxed out – maybe two weeks – if they've got other professionals working around them as an advocate. But right now, if you're, you know, you're using crystal meth, and you got a record, and you kicked a hole in the wall at the Traveler's, and ticked off the last couple of landlords you were with, what's your option? Your option is to leave the place you're trying to stay, or sleep on a bench, or crash on somebody's couch until they get sick a' yuh and then move, or sleep in a hallway.

There was, however, some opposition to this mindset, with some service administrators disagreeing that a shelter was an adequate substitute for the current system. As another service provider said:

> There has to be an emergency system, but it doesn't necessarily have to be a shelter, right? And you know, I've had people say, 'Oh well, you send them to motels and then they get kicked out.' But they're going to get kicked out of the shelter for the same thing, and then what happens, right? The shelter is going to have the same rule as a motel – you trash the place, you're out, right? You use, you're out. You get in a fight, you're out. So that's where people tend to think that it's just a free-for-all inside a shelter. And if you've never actually been to one, you've never actually worked in one, you don't know that. And I think that people just don't understand that.

Both within and outside of the interviews that I conducted, I noticed that this "shelter controversy" was a recurring topic of discussion characterized by a certain tension between

different service providers. As I mentioned, a majority did agree that something like an emergency shelter should be put into place, but certain individuals, though a minority, made it clear that they were against this. However, another service administrator who was in favour of an emergency shelter believed that some other service providers saw less of the brute realities of homelessness than others did, and so did not fully understand how urgent the need for a different emergency housing system actually was:

> We're seeing people in stairways and hallways, that I don't think a lot of other service providers see…I'm in the apartments when they're overcrowded with eight people in them, and people are leaving in tears with nowhere to go. Pregnant mothers, not even twenty years of age, people in transition from [childhood] to adulthood, people that you would suspect as having a dual diagnosis, really street vulnerable, very limited supports, nowhere, nowhere, nowhere to go. And when somebody looks at you and says, 'If I go back there, my only way to keep paying rent is to keep having sex with the person who owns the building.' As a health and human service provider, it's a traumatic experience to go through, even to hear that, let alone not be able to have a response to that situation. And when you hear it for the first, second and seventh time, you know, you try to treat it as a unique situation with wraparound supports, and you try to come up with something, but eventually that wave gets so big, you realize what you're doing, and what other service providers are doing, is actually what they've been doing all along. But the client population and the client needs have been rapidly changing. And if we don't change at the same process and pace as the people we're trying to support, then we're going to find ourselves out of lockstep, and drastically disconnected with the people that we're trying to support, which is a tragedy.

What the service provider says here consists of a passionate account of why he believes an emergency shelter is needed in Grey Bruce. He makes a particular note of the real consequences of such an absence, and the trauma and frustration that is caused when service providers are unable to respond to dire situations. His ardent testimony highlights the difference in perspective that service administrators working on the same problem can have provided that their roles are different and they occupy different spaces. This emphasizes the need for strong communication between service providers who may be witnessing different symptoms of the same problem. He

also brings up an important point about the need for services to adapt as the problems that they are meant to address will inevitably change over time. He also stressed this point not only in relation to the changing nature of problems pertaining to homelessness, but in adapting to changing client needs, and how an emergency shelter could play an important role in this process in terms of meeting a need that was not being met:

> But in terms of that crash site where there's very little intake, extremely high tolerance of where people are at, and the services they need, I think that's really important, because if we continue to try to have people conform to what we need as a program, if they're not ready to make any of those changes, then basically we're constantly going to be working against the client that we're trying to support, versus recognizing where we're at, and rolling with it. There's a lot less friction there. And that's how I think that relationship is supposed to be built. So in terms of community resources, it doesn't exist, and there's some debate as to whether…money should be put into a shelter or not. I think money does need to be put into a supportive shelter where there are staff available, in an accountable situation.

He also emphasized the importance of "meeting people where they're at," which is a function, he believed, a shelter could help with, because some people experiencing homelessness may simply not be ready to conform to the needs of any particular program and may require a "crash shelter." What is also noteworthy here is how he characterizes the ideal relationship between social workers and clients, that the former should be helping them in a way that corresponds to what they are ready for, as opposed to trying to impose a particular solution on them.

Given that the community is relatively small, he continues:

> "if you've burned a lot of bridges from a tenant perspective, it's really difficult to get an apartment. And if it's really difficult to get an apartment, and you're using, and individuals are coming to your place at all hours of the night, it's going to continue to be more and more difficult, until you find yourself in a place where…actually, you're not really ready to change, but you'd like to put your head down at night and not worry about physical or sexual assault,

> having your belongings stolen, and knowing that the next night you're going to have a warm place to sleep again. We don't have that anywhere. Actually, specifically for men in Owen Sound, or the Counties.

It seemed clear from this and other testimonies that people experiencing homelessness needed somewhere to go that was safe, and that the current emergency system could simply not provide this service.

Service Collaboration

While not a topic discussed with the individuals with lived experience, I included a question about service collaboration in my interviews with service providers (including youth workers). It was also a topic I often heard service providers discussing in daily interactions. There was a palpable ambivalence that pervaded discussions on this issue. While it was often acknowledged that improvements had been made in service collaboration, and that it was a source of strength within the service community, it was also frequently characterized as a problem-area that required further attention and improvement.

This dichotomy between collaborating well and requiring more or better collaboration expressed itself in a number of different ways. For example, some service providers noted organizational restraints as being a barrier to stronger collaborative relationships, including formal restraints such as funding structures and organizational mandates:

> I think the way that we're all funded separately to do everything in the community can sometimes be a barrier. I think maybe there could be better collaboration…But in saying that, I also think that we work very well with local partners.

The service administrator quoted here clearly articulates this ambivalence by characterizing collaboration among local service providers as both a strength and an area in need of improvement. Another service provider also spoke highly of his organization's collaborative efforts, but later says that organizational mandates are often a barrier to better collaboration:

> **HW: Does _____ operate entirely independently, or are there other organizations that you work with to deliver programs and services?**
>
> **Respondent**: Yep. Every agency you would be able to come up with…We're constantly looking for partnerships. The more the better. So I would flip the tables and say, if you can come up with an organization we don't partner with, then, I'll figure out a way to partner with them.
>
> **HW: [A]re there barriers to making these partnerships a bit more smoothly operating, or do you find that they operate fairly smoothly? Is there some sort of a…to use your words, a "unity of vision" between people, or is it kind of difficult? Are there some areas of conflict, or things like that?**
>
> **Respondent**: I think theoretically, in a meeting room, there's lots of unity. Then when you're looking at…people get stuck on mandate…And it is hard to pry people away from that. Which…prying people away from rigid mandate is required if you're looking at more community-oriented and preventative responsiveness to housing and homelessness issues.

The administrator here implicates the governance structures of organizational mandate and funding as providing a barrier for developing partnerships between service providers in different organizations. Such organizations have to possess a clear, measurable mandate in order to sustain funding, and this can preoccupy service providers with meeting certain targets rather than developing programs that might have a greater impact on problems pertaining to housing and homelessness.

Some service providers also indicated that the lack of a shared definition or conception of homelessness often impeded progress in developing strong, sustainable partnerships. As a result, service providers, in their view, were often working under different assumptions. When I asked service providers for their views on changes or adaptations that they felt were needed in the area, one answered:

> It's hard to get a read on that from other service providers because there's a whole host of definitions when it comes to homelessness. I'm not always sure we're even operating under the same definition. When I take a look at the…homelessness situation…I don't know that we do enough work together. So, I might not be able to answer whether or not we're moving in the right direction.

Another reality that impeded effective service collaboration, according to some service providers, were the limitations of the individual roles that employees were assigned by their respective organizations. While it was generally acknowledged that caseworkers often worked closely together, their effectiveness in addressing problems cooperatively was often limited by the requirements of their individual roles. Some service providers believed that this often resulted in service duplication, and potentially impeded client progress:

> To some extent, my perception would be that there is little coordination between the agencies that are working with the homeless, so that you might have five counsellors dealing with an individual who has a multitude of problems. But none of them seem to…I don't get the sense that the participant, the person involved, that any of those five people are working together in terms of establishing a relationship with that individual which will enable them to have the security that they need to go forward, right? They're all doing their own thing, right? And sometimes those decisions, you know, don't seem to be understandable from another point of view.

Other service providers were even more critical, going so far as to criticize the professionalism of individual service providers based on their own observations, claiming that some local service

providers often did not really work to establish strong working relationships with the people they sought to help:

> There is no discussion [between service providers and clients]. None. They are here for an hour, and they sit at the table, and there is no meaningful discussion as an individual or even as a group, at all. And I'm not exaggerating, I'm not minimizing, zero. So if I go up to the table - and they usually will sit – and these are nice people…But how it translates, in a meaningful way, to the person coming in the door, who's struggling to get clean…
>
> …[S]o if I go up to the table, three of the workers are sitting together. One may be talking about the upcoming trip to Switzerland, somebody else is talking about how they're going to visit with their daughter who's studying in France…And these are normal discussions that people would have, perhaps, but not in an environment where no one is relating to what you're saying whatsoever. Or, the purpose for your being here. So they've been here for two years, coming up three. So the faces change, at both ends. But the issue remains the same, if not worse. So I have lost it with this group, and said, 'I have no idea what you're doing here.' But more importantly, they don't either, so…And you know, this is from the administrative level … who is planning the program with those workers. And nothing is happening.

Some service providers went beyond thinking of issues between organizations, and between organizations and clients, and suggested that there was a need for service providers to work together with regular members of the community as well:

> I've been here for seven years – I'm starting my eighth year – and I can say that my communication and the working together has changed completely in that time, to be stronger, and more supportive of each other, and more aware of what each other is doing. We still have more work to do on that. Some agencies have just started, and other agencies, because of funding, have had to close down. Within communities, you have a changeover, so some of us have had to pick up what others might have done, and also see…and also do an assessment to see, is that really needed, and would that program – if it no longer exists – do we need to keep it going, or should it drop down, because it's not needed, or as effective as it needs to be. So those are all things that can be part of the dialogue within a community…I think in the [place name] area we've done really well at understanding and developing those relationships, and an awareness of what to do, from the town council, to the various social agencies, to the churches, and the key people in the community that want to help.

Lack of Housing

Perhaps not surprisingly, a lack of housing, particularly affordable housing, was discussed as a major problem area among all respondents. The way that this problem was characterized, however, was somewhat different among many of the respondents. These included unaffordable housing prices, a scarcity of affordable rental units, the poor quality of the available rental units, the rising cost of rent, a complete absence of affordable housing for youth, the targeting of social housing to particular groups (mainly seniors and single mothers fleeing domestic violence), the targeting of affordable rental units to families over and above individuals, and years-long waitlists. Out of all of these problems, the most frequently mentioned were the lack of affordable rental housing, the poor quality of affordable rental units, targeted housing, and long waitlists. It is notable that the specific mention of Housing First strategies did not come up often, perhaps because rural communities often have issues with this approach due to the lack of rental housing that is available. While one organization did mention having many supportive housing units, they still did not think there were enough, and noted that the quality of these units was sometimes poor. However, organizations in other areas mentioned that they did not have nearly enough housing units.

Funding and Organizational Capacity

Another frequently mentioned area of need was organizational funding and capacity. A majority of service administrators agreed that they did not have enough staff or funding to fully meet the demands of their client base. One service provider noted that staff often had to try to balance

between meeting the immediate, everyday needs of their clients and taking the time to develop new programs that would allow them to design and implement preventative programs:

> **HW: Do you feel that, like with the client base that you are serving, do you feel that your organization is overtaxed? Do you feel that you have enough staff to adequately address…?**
>
> **Respondent**: Oh never enough…No there's never enough. And there's always that balance between trying to meet or help clients access those basic needs on what they need today, and balancing that out with staff time to dedicate towards providing and developing programs and services that move upstream to try to prevent that. …So it's always a fine balance, right? Because when somebody needs something, you want to be able to respond quickly to meet that need, or work with that client or family. But at the same time, you can see some things that are clearly preventable that you have to try to carve out that time to get to that.

This problem was common to many service providers, who often had to balance multiple duties that ideally would be assigned to different staff members, if they could they have afforded more staff. When asked about whether the service is operating beyond capacity, one respondent declared:

> Yeah, absolutely. We could easily hire another 30-hour a week person, just to help with the individuals coming in the door…
>
> **HW: Like outreach, kind of thing?**
>
> **Respondent**: Right, yeah, outreach. And have the program coordinator really do the program coordinating. Because now she's… [dealing with] … Every individual situation as well as overall programming, right? Very difficult. I mean, you know…when we look at the records from when they started out in offering a [service name], we were lucky to have four people…25 people a week. Now we get 70 a day. So it's, you know…it's just getting…and it's not, we're not…we certainly see a lot of the same people that are currently part of the community … . We're seeing an ever-increasing number of new people. Ever-increasing number.

These findings are perhaps not surprising in light of the fact that not only were these organizations rural, which meant that less government funding was allotted to them, but also that three of the organizations I spoke with had grassroots funding structures, meaning that they had minimal or no government funding. While two of these organizations operated social enterprises, only one of them said that the enterprise provided enough profit to sustain them financially. The other felt that they could barely make ends meet, and the third organization that did not have a social enterprise was in a similar financial position.

Some service providers also talked about government funding as a "numbers game" in the sense that they often had to report back to government entities to illustrate that enough people had been helped in order to continue to receive funding. A limit that this kind of funding structure often imposed was the amount of time that service providers could spend with more complex clients, since staff had to work with a certain number of clients in order to continue receiving funding. Some of these service providers also noted that there were extremely limited government funds aimed at the prevention of certain problems because these initiatives often took longer to produce measurable results, and so were not easily reconciled with government funding criteria:

> [T]here's very little funding opportunities that really address…it's easier to fund episodic care, because it's measurable. But it is harder to fund…prevention programs, because they take longer…to have an investment that can be measured…
>
> …[A] lot of it has to do [with]… our funding source and the funding requirements… the reporting back. So, if we get money to…so for instance, our [role name], we have to report back on her duties, her roles…like I have to report back to the Ministry to say this is what she's done, how many client encounters she's had. So that is a big limitation about what we can and cannot do, is the reporting back. 'Cause…if we don't produce the numbers, their minimum threshold, then they can pull the funding from us. So it is…it's hard.

Service providers also mentioned having to constantly look for additional sources of funding whether or not they had the staff to do so, and to form partnerships with organizations addressing similar or related problems so that they could share resources.

Indigenous Homelessness and Minority Discrimination

As previously mentioned, there are two Indigenous reserves in Bruce County. In addition to the services that are available on reserve, there are three other organizations that offer health and other services specifically to the Indigenous population, all of which are located in Owen Sound. Unfortunately, making inroads into this community turned out to be even more difficult than I had previously expected, and I was ultimately only able to interview one Métis service provider who worked at one of these organizations. Our discussion, however, provided me with new understandings of Indigenous homelessness that prior research on the issue had not. The topics we discussed pertaining to Indigenous homelessness included the strong family ties of Indigenous communities, overcrowding and the absence of homelessness on reserves, intergenerational poverty, racism and discrimination in the rental market, and the differences between the housing system on reserve and the private market. I will not be providing extensive detail on our discussion here, as I was unable to make connections with other respondents about this topic. I will, however, take the liberty of discussing what I perceived to be an absence of a discussion about the Indigenous community among service providers generally which, in my view, points toward a major need in the community.

In the first meetings with local service providers leading up to the homelessness enumeration, the local Indigenous population was never mentioned. This eventually stood out in my mind as a glaring omission. When I decided to ask about this during one of the meetings, I was told that the reserve populations were not being included in the count because it was a provincial count, and the reserves were under federal government jurisdiction. Following this, a service provider made a joke about trying to count Indigenous people living in overcrowded conditions, which was met with silence from the room and condemnation from her superior. Like everyone else in the room, I was somewhat shocked that she had said this, but was also not satisfied with the answer I had been given. I did however notice that the Indigenous organizations in Owen Sound had been included as hub sites for the enumeration, and I did not have a guaranteed involvement in the count at this point, and so in an effort to be tactful I let the issue drop.

After I was hired to coordinate the enumeration, there were two service providers with whom I worked closely to help with preparations for the enumeration. I was trying to follow the provincial guidelines as closely as possible, even though I knew it was too close to the enumeration date to follow every recommendation. One of the recommendations had to do with cultural sensitivity training for working with Indigenous or ethnic minorities during the count, and so I wanted to incorporate this into the training that I was to provide to those who would be administering the questionnaire during the enumeration. While this idea was encouraged by one of the service providers, it was wholeheartedly rejected by the other for reasons that were entirely unclear to me. At one point this service provider suggested that we risked offending the local Indigenous population if we sought to provide this kind of training in the presence of local Indigenous service providers. This did not make sense to me, as I had suggested that Indigenous

representatives lead this training. However, we were unable to come to an agreement on this issue, and so for this reason, coupled with time restraints, the issue was again dropped.

Over time, I noticed that service providers in the region never brought up the issue of Indigenous homelessness in meetings. When I was conducting interviews following the enumeration, while I admit to not asking most of the service providers specifically about Indigenous homelessness, there were many opportunities for the issue to come up, but it usually did not. For example, none of the service administrators I interviewed brought up racialized or sexual identities as being potential barriers for access to services. During the youth service worker interviews, I specifically asked about discrimination based on race and/or sexual identity. The workers provided answers that ranged from denial of the issue ("It's not an issue, of why you're necessarily homeless, that I see. That we see."), to acknowledging it as a major issue. As one worker recounted, she did not perceive the issue as being prioritized within the community, even though she considered it to be a priority:

> Well, I think, as an agency, we also mirror the community we live in. By that I mean, we…this area is surrounded by two fairly large reserves, right? So you can't help but have a larger First Nations population, as compared to a Black population…But, if you went right now, and took a picture of every existing Board of Directors…how many [Indigenous representatives would it have], right? So what I'm saying is, I can speak primarily from the First Nations perspective, and the majority of young people that I see…I'm struggling to find one who had a good entry into the housing market…'Cause it's just so obvious. I can't speak about what happens to other people of colour, because I don't have that relationship [with them].

This worker implies that, while there is a larger First Nations population in Grey Bruce, they remain a separate one from the majority culture, though she works with Indigenous youth often.

Other workers showed an awareness that racism and discrimination were issues pertaining to homelessness in the Counties:

> **HW: How often do you…do you ever get youth who are facing barriers that others wouldn't, … asking about programs and services, or access to housing, or employment…?**
>
> **Respondent**: So you're thinking physical barriers?
>
> **HW: No, I'm thinking social barriers, either because of race…**
>
> **Respondent**: Oh yeah. Not a lot probably, because you're right, we're not very multi-racial… I've certainly had…older…people say, 'I moved here because I don't have to deal with them,' meaning people from other cultures, right?

The issue of racism was recounted by another worker, noting that difficulties accessing services and the housing market because of race was something she had heard about often:

> So I said racism and discrimination because no one really wants to talk about that. But if you are different, you know you're going to drop to the bottom of the list, you know, basically white Anglo-Saxon. Nobody wants to say that out loud, but it's true. There are enough people of colour, regardless of their culture, that tell us that. And then throw in youth, on top of that, right? Good luck. For them to get in, it's a Hail Mary. So, those two things come into play for me.

Perhaps not surprisingly, what seemed to be the best account of discrimination based on being Indigenous came from the Indigenous service provider who was interviewed. As she recounted:

> [R]acism is another reason for Indigenous homelessness. You know, even speaking to…one of my good, good friends…, she is a regional director for [organization name], one of their health program services…. And her and her partner could not find housing …, rental housing. Because every time they showed up to the housing, and as soon as the landlord saw who the potential applicants were, they never got the call back. She had a hard time finding a place to stay, even as a, you know, highly educated successful woman – Indigenous woman,

> Indigenous partner – they showed up, they just could not find rental housing. And so, racism is an underlying factor that permeates our Indigenous homelessness…
>
> …So you know…and leaving the reserves and coming into an urban centre, then part of the homelessness is again, looking for a landlord that will rent to our Indigenous populations. And it's even more exacerbated in rural communities, I find, even harder in rural communities. In our larger centres, where there's a lot more diversity, it's a little bit easier to [find housing]…and there's more selection of housing too, if you look, if you're living in an urban centre.

When comparing responses from different service providers, the need for dialogue about Indigenous issues seemed to take on a certain urgency. Compare what a white youth worker (Respondent 1) and a Métis service administrator (Respondent 2) say about the same topic:

> **Respondent 1**: His main home, I guess you would call it, is very dysfunctional. But he has other…people around, aunts and uncles, 'cause they're all related to each other. So is that a foster home? No. But it's not a nuclear home, or whatever you call it either, right? It's somewhere in between. Several of our kids have been Native kids, so they've grown up in that kind of…and I mean they're, I mean as the Natives will tell you themselves, they have no parenting skills. I worked in a shelter up there, a women's shelter – well that's how I got to know [individual's name], we worked in the same women's shelter, so we got to know a lot about what was going on.
>
> **Respondent 2**: [I]f you drive by [place name], on [place name], you won't see people living…again, you won't see the people living in a tent, without a home. They would be absorbed within their extended families' households. **…** So I see that as a strength of our communities, is that this is, you would be staying with an aunt, or an uncle, unless there are some mental health and addiction issues, then they might, they will cast somebody out of the community, but they will be cast out of the community itself, right? They would be cast out of the community to go into the urban…like go into the urban setting. But they would not be living in a tent. They would find a home.

Another minority group that I asked about was the 2SLGBTQ+ community. While this question was posed to youth workers, most seemed to know little about it, and those who did either

suggested that Grey Bruce was not an LGBT-friendly community, or said that they had never tried to measure this.

Gaps in Programs and Services: An Overview

As previously discussed, the purpose of a needs assessment is to present an account of gaps in programs and services available within a particular geographical region that are meant to address a particular problem, which in this instance is youth homelessness. In applying a pragmatic theoretical framework to the needs assessment, the aim is to present a polyvocal account of the environment in question. In other words, instead of presenting a reductionistic, "objective" account of gaps in programs and services, the intent is to provide an account of gaps in programs and services, as well as the problems those services are meant to address, as they are understood by different individuals occupying different social positions who each have a stake in the issue at hand. In this way the analysis presented here is meant to provide a comparative account of particular understandings of the programs and services available, as well as the problems they are meant to address. In providing this type of analysis, the views of respondents will possess both similarities and differences in the ways that the problem of youth homelessness is conceptualized, in the problems with programs and services that are discerned, and in the solutions that are suggested to address those needs. Our aim here is to isolate these similarities and differences in the form of a needs assessment so that solutions for a particular problem can be formulated and further tested in inquiry.

This chapter presented the problems pertaining to youth homelessness in Grey Bruce as falling under six broad categories: mental health and addiction; emergency housing; service collaboration; lack of affordable housing; funding and organizational capacity; and Indigenous Peoples and other racialized groups that face discrimination in rural communities. Regarding mental health and addiction, gaps in programs and services were discussed, as were local perceptions of mental illness as a pervasive issue. The comments from the two different youth workers each suggest that the workers understand mental health as that which is influenced by one's home environment and the result of parenting or lack thereof. However this is where the similarity ends, as one of the workers understands this home environment as causing legitimate health issues for youth that are passed down from their guardians, and are often a risk factor in determining whether or not such youth experience homelessness. The other worker, however, doubts the legitimacy of the problem as a medical issue, and instead attributes diagnoses like anxiety disorders to a lack of resilience and perseverance by youth in the face of hardship. These attitudes are founded upon different values that are the basis of how each understands mental health issues as a problem. It would be prudent to conduct more research on this issue to see how prevalent each of these attitudes are, and to uncover a more in-depth understanding of the underlying values, conceptions and life experiences that ground them.

In addition to how mental illness was perceived as a problem, respondents were also asked about gaps in the current mental health system. Different answers were provided depending on which group the respondents were in. Respondents with experience of homelessness felt that the problems were either that programs and services were outdated or too restrictive in the regulations they imposed on clients. It was also clear from one respondent's comment that she

believed that misunderstandings of mental health diagnoses are also prevalent in the community, and suggests that mental health education might need to be amplified or provided for clients in a more accessible way. Most service administrators also believed that local mental health services were inadequate, but did not necessarily agree on what the inadequacies were. One administrator believed that much of the problem stemmed from service providers outside of the mental health sector simply not knowing what programs and services were available. However, most administrators agreed that there was not enough supportive housing, that it was too localized (all supportive housing units were in Grey County, mainly in Owen Sound), and that even when clients successfully applied for supportive housing, it was on a short-term, transitional basis. It was also suggested that there was a general lack of communication/coordination between programs and services within the mental health sector, let alone with organizations outside of it.

Another area that received a lot of criticism was the emergency housing system in Grey Bruce; however, the focus of these criticisms varied. While the individuals with lived experience whom I spoke with believed that there was a need for a shelter in the area, there was some controversy about this at the administrative level. Based on my own observation, it seemed that much of this controversy stemmed from the different ways in which the notion of a 'shelter' was conceptualized. Those who resisted the idea attributed particular characteristics to it that they believed would make it ineffective in practice, while those who vocally supported the idea had a particular vision which allowed them to assert the opposite viewpoint. For those with lived experience who had used the system, or who knew individuals who had used it, the issue did not seem so complicated: both the formerly homeless youth I spoke with and youth workers asserted that there needed to be a place that was clean, safe, private and less temporary. Youth workers

also spoke at length about the fact that sometimes there were not even any rooms available. There was clearly some dissonance between the discussion that service administrators were having, and the opinions of youth workers and formerly homeless people.

Three of the other areas discussed were mainly among service administrators and youth workers, including service collaboration, lack of affordable housing, and funding and organizational capacity. Overall, service providers considered the collaborative relationships between organizations to be a source of strength in terms of the openness of individual service providers and their willingness to work with and cooperate with one another. However, many also viewed it as a problem area, believing that the governance and funding structures of government and non-profit organizations frequently acted as barriers for service providers trying to work together effectively. Examples of such barriers included different working definitions of homelessness that organizations adopted, the defined roles that circumscribed the actions of service providers, as well as available funding and the way it is administered. It is interesting to note that, while many senior-level service administrators criticized the structure of local delivery systems, much of the criticism that came from youth workers was targeted much more directly at actual service providers. Unfortunately, I would only be able to offer speculation here to account for this difference, however it might be worthy of further investigation.

The discussion of service collaboration and the structure of local service delivery systems overlapped with another frequently discussed topic, that of funding and organizational capacity. Service providers unanimously agreed that their organizations never had enough funding or staff. Many also believed that the structure of government funding was itself problematic. The funding

that local organizations received was never permanent, requiring frequent applications, that often came with restrictions on how the funding was spent, which service providers said often limited the services they were able to provide. This meant that some organizations had to combine their resources on a regular basis. As mentioned above, many perceived these collaborations as positive, but they too were often characterized by certain limitations. Service providers were sometimes pleased with what they were able to do with fewer resources, but still widely agreed that additional funding and a stronger capacity would greatly expand the scope of their abilities to address local issues.

The lack of affordable housing was another frequently mentioned gap in services among respondents. The criticism that came from service providers was often targeted specifically at the local rental housing stock, which they said was unaffordable for many, and that the available units were often in poor condition. While many service providers expressed gratitude for the social housing that was available, some complained that it was somewhat discriminatory in that it favoured particular groups, thus excluding many eligible candidates from consideration. All agreed that the waitlists were far too long, and believed that demand for social housing was quickly rising, but that solutions were difficult to realize with limited government funding.

Finally, it is clear from my own observation that there is a gap in local services in Grey Bruce for addressing racism and discrimination. This blind-spot was seldom mentioned among service providers during the enumeration or the individual interviews, sometimes even when prompted, which is strange considering the proximity of many of these services to two Indigenous reserves. One youth worker even voiced her own prejudice without seeming to realize it during an

interview when she said that Indigenous people are known for being “bad at parenting.” It would seem that this could be a particularly sensitive topic that needs to be brought to light and more rigorously discussed with the inclusion of minority groups.

As previously stated, the purpose of this chapter was to characterize problems with local youth homelessness service provision as it was conceptualized by people occupying different social positions. While differences in position often did determine how a respondent understood a particular issue, this was not always the case. In fact, contrary to my initial expectations, respondents from all groups frequently pointed out the same problem areas that they thought needed to be addressed, sometimes almost unanimously. Most of the differences in understanding became evident upon further discussion as to *how* these issues were a problem, i.e. what it was about local mental health services that made them problematic. As can be expected, there was therefore a certain amount of discord regarding how problems were characterized, but there was at least a general agreement on what the problem areas were. It is, however, imperative that voices with lived experience be brought to the table in a discussion of such problems, as they offer observations and insights that cannot necessarily be seen from the point of view of service providers. In the following chapter we will focus on respondents’ differing views on the strengths/assets of local services, and the potential solutions they offered to address youth homelessness and gaps in related programs and services.

Chapter 7: Community Strengths and Assets

In the previous chapter we looked at perceived gaps in the programs and services that address youth homelessness and related mental health issues in Grey and Bruce Counties, Ontario. Using data taken from the same 18 interviews, the following chapter presents the strength-based portion of the assessment, in which respondents were asked about what they perceived to be the greatest strengths of local programs and services (and the wider community, if applicable), as well as potential solutions they might be able to suggest to address gaps. In being consistent with the application of a pragmatic framework to qualitative data analysis, the foundational assumptions of this framework (presented in detail in Chapters Four and Six) are similarly applied here.

As noted near the conclusion of the previous chapter, it was my assumption going into this study that service providers, youth workers and individuals with lived experience would each possess different understandings, and thus ways of describing, the problem of homelessness. The analysis presented in Chapter Six revealed that while the problems under study often were characterized differently, the respondents generally showed agreement regarding what the major problem areas were. Another important finding was that, when it came to Indigenous homelessness and related issues, there seemed to be a major "blind spot" among members of all three groups in that Indigenous homelessness was seldom mentioned by most respondents, and was rarely characterized as a unique problem that would require different solutions from Indigenous as well as non-Indigenous service providers.

Following the general format of the previous chapter, the following chapter will present an analysis of my interviews with service administrators, youth service providers and individuals with lived experience. Interpreted through a pragmatic theoretical framework, the results of my analysis fall broadly into two categories: service assets and community strengths, and proposed solutions to the problems discussed. Again, there will be an emphasis on how strengths, assets and solutions are described, and whether or not there exist major conceptual differences between the understandings of the individuals occupying different social positions. The discussion that will be provided as the third section of this chapter will lead us into the concluding chapter, where I will recommend viable solutions to some of the problems discussed based on the insights, understandings and proposals of respondents.

Program Strengths and Community Assets

Acceptance, Listening and Caring

Service providers often spoke of their social acceptance of marginalized individuals as one of the major strengths of their organizations. They often emphasized both the simplicity of this service and its importance, as those experiencing homelessness often require, and sometimes do not want any more than a safe space free from the personal dangers that are often a part of the experience of homelessness. While such services often have to refer clients to other services so that they might find help acquiring housing or employment, they can offer emotional support and opportunities to establish new social connections:

> I think that [our program] allows people to break down their isolation. It gives them some sense of belonging, and a place where they are comfortable with regards to whatever their situation might be. I think that the services that we provide…we're seeing as addressing the needs of the entire person, and trying to find and link that individual to the services that are already available. So when people come in, and…they're experiencing depression, or homelessness, we can advocate on their behalf with regard to the agencies we're working with. So we're becoming, in a sense, a hub, and we're seeing that more and more as we go forward, so it's not the fact that we're going to be able to alleviate poverty, it's the fact that we can address the symptoms of poverty and homelessness, and we can make the life of those individuals better. We make them happier people, right? Not necessarily financially, but happier people. And it gives them a sense of purpose. Because we find that people that come, are also staying and volunteering. Once they get what they have, what they need, they want to give that to somebody else. That's very much like some other programs that you hear about, but we're not talking about anything other than just human dignity…

It is clear from this passage that this service provider is not under any delusions about the extent of the program's powers and what it is able to provide for clients. As she mentions, while the program can address the symptoms of poverty by referring clients to other necessary services, and providing them with a space where they can create social ties to cultivate a sense of purpose, belonging and personal dignity, it cannot alleviate poverty. It does, however, attempt to create a "stigma-free" space where clients can come to develop beneficial relationships that can improve their feelings of self-worth and overall happiness. It therefore assumes that many of these clients are often not treated with acceptance and respect in their daily lives:

> …[W]hat we try to do … is address the individual as an individual, right? We don't care whether you're black or yellow, white, pink. We don't care if you're transgender, we don't care what your sexual preference is, we don't care. If you're isolated, you're hungry, you're tired, you're lonely, [then] you're safe, and you'll be respected. And that's a difficult operation to do. That's difficult.

Another respondent also understood this kind of "radical acceptance" as a core strength of her organization:

> But like, you know, one of the things we say the first time you come in, it's no questions asked, sort of thing. You don't have to have identification, we can work on getting your identification…that's why we take courses about protection, because, you know, even if a person is inebriated, or out of control, we're not going to call the police and have them dragged away, we're going to try to help. Our mission…one of the things we're taught is, for the least and the worst, that's who we're called to help – the lost, and the broken. That's why [organization name] was raised up, and I hope that it never changes from that.

These respondents clearly emphasize individual acceptance as one of the key strengths of their respective organizations. It is therefore assumed by these respondents that, in addition to the issue of personal safety, individuals experiencing homelessness often become socially isolated as the result of different social, psychological and systemic factors that are associated with homelessness. While the idea of acceptance may seem like a simple one, the service providers I interviewed generally emphasized its importance, and that it was not necessarily easy for individuals experiencing homelessness to reach a point where they felt as though they were part of a community. Service providers therefore often characterized their ability to help individuals achieve this as a major strength of their organizations.

This notion of social acceptance that service providers characterized as a key organizational strength was often inseparable from the notion of listening, which was often understood among service providers as an essential part of helping homeless youth to regain their sense of belonging in a community:

> …and also, I encouragingly listened to a boy yesterday, and like so many people, just needs to be listened to in a community. I think we've lost, you know, a lot of the spaces that…like people tend to be isolated. So who's listening, right? And who has time to listen? I mean, I'm afraid that there really is time to listen, it's just about making time.

The notion of listening often overlapped with the simple notion of care, understood as a behavioural approach to youth that organizations provided, one that they were not necessarily experiencing anywhere else:

> One of the things I think is very, very important, and I think we do it relatively well – I wish we were doing it better – is caring…trying to build relationships. … you know, what can you do for these kids in an hour, a month, or in a week. But what we can do 24 hours a week is really, really amazing. And we're not helping hundreds, you know, but the people we are helping, I believe, affects hundreds. One broken person affects 14 people…

While notions of acceptance, listening and caring seem straightforward enough, youth workers emphasized that they were not so simple in practice. Many insisted that homeless youth faced a complex array of problems in their day-to-day realities, and that service providers had to work closely with individual youth in order to help them through unique challenges. In addition, these workers often spoke of the time and effort that was often required to build these relationships, as homeless youth often have many reasons not to trust people. The process of relationship-building required to help these youth was therefore not simply a matter of "listening and caring," but also of patience and understanding:

> I just think that people need to realize that, when anybody's homeless, but especially [when a] youth is homeless, it's not as easy as, like, 'Buck up, let's get this done,' right? There's lots of trauma that might have happened. Like you can't compare one person that's homeless to their peer that's never had to go without, right?...I think you just have to be real and say that, you know, it's probably gonna take a while to make that connection with that person in order to help them. Like I sometimes get stood up like three, four, five times before they meet me. And why is that? Who knows, maybe it's a trust issue, maybe it's that they want to feel like they have some control over the situation. I think that we just have to be open-minded that when we're going to help youth, not to just expect them to like, show up, get it done, you know, it's not as easy as that. There's more going on than people see, right?

The workers went on to provide a heartfelt account of the importance of *actively* listening to youth, a process whereby youth are actively involved in articulating and implementing solutions

to their own problems in partnership with service providers. They argued that this active form of listening is one that even service providers often fail to integrate into their own approaches to or protocols for helping homeless youth:

> **Respondent 1**: And there might be a perception that you know more, you know best, but you really don't. You really, really don't. Like they have the answers nine times out of ten, and it's a better idea a lot of the time.
>
> **Respondent 2**: Absolutely.

> **Respondent 1**: They've built this resiliency, and they're resourceful, and they know more than we would know. A lot of the time. That's where I think it gets lost, like nobody's talking to youth with lived experience to find out what they think is missing, or what they would have needed that would have made a difference for them at that point. What I think is probably not accurate. What I think I would have wanted when I was 16 isn't…isn't it.
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> **Respondent 2**: Yeah, I think really just listening…

> **Respondent 1**: Like we think, 'Oh, we're going to build a shelter and have all these supports,' and maybe they think 'I just need to figure this out on my own.' Maybe they don't want all these supports. Maybe they know more.
>
> **Respondent 2**: Absolutely. And they're always very transparent with that, like 'We hate when we don't feel listened to, we don't feel respected,' and they get talked down to, and you know, I've seen it happen, and it's hard, and you're like, 'Whoa.' If you get the runaround, and you're vulnerable, and you're young, and you don't know how to navigate the system, and someone's telling you to call here and there, and you can get help here and there, you're probably just going to throw in the towel, because you're so frustrated, you're so, you know, like what the heck? Like no one's here to help me.
>
> **Respondent 1**: So I just really think treating them with respect, listening, understanding that we don't have all the answers, they might have some, and just giving it…you just have to have realistic expectations.

These workers clearly emphasize the granting of epistemic privilege to homeless youth as an essential component of ameliorating the problem of youth homelessness. A key implication here is that youth who have experienced homelessness have not only gained an experiential

knowledge of street life (a more passive concept), but have actively developed problem-solving skills that have allowed them to successfully navigate and decisively act within what are often precarious, dangerous contexts. In the view of these youth workers, homeless youth possess not simply a form of knowledge, but also a particular history that makes actively listening to them an indispensable part of helping them address particular challenges in an effective way.

While most service providers understood their ability to listen to individuals and accept them unconditionally as a strength, it was not always discussed in an entirely positive light, as it was thought by some that the importance of such a strength was often overlooked by funders and those who perpetuated the "poverty industry":

> I think we do have strengths, but they're not the kind of strengths that are recognized at large. And I anticipated that, because I think we mirror the people we serve as an agency. I think we are viewed as impoverished, and kind of stupid…We don't have a lot of money. We are very careful about where we get our money, so…yeah, I don't think that we are…our strength is perceived as a weakness by funders who want us to take their money, and then join them in this business of research and prevention, and I'm saying it's a waste of what we do best. And what we do best is what we do, which is recognize and accept people from the moment they walk in through the door. That's it. Is that a strength? It is for us. Is it a weakness, if you're in the business of trying to, in your mind, end poverty, you might see that as a weakness. I don't know…
>
> …Just as, I would hope that, my skill base at this point, is sitting here having chats with people, and not worrying about whether I've taken the right stats, or…just for that moment in time, this person sat, and had a conversation, and left maybe feeling better? Maybe not. But at least they had some time. That's it.

While this grassroots youth worker expresses a certain modesty about her role in ameliorating the symptoms of poverty and homelessness, her words were also laced with bitterness about the way that other service providers devalue the importance of the type of service she provides. For her, addressing the symptoms of poverty through listening and helping individuals directly was

understood as a major strength of the organization she worked for. She believed research and prevention efforts addressing poverty and homelessness to be largely ineffective in bringing about large-scale change, and believed that professionals in these roles often diminished the importance of these basic features of human relationships that she believed were essential to bringing about change.

The importance of acceptance, listening and caring was also understood by respondents with lived experience of homelessness in ways that were similar to the understandings of service providers:

> I'd like to see another place that…it's not so much…about…the staying out of the cold or whatever. Like it is about that too, but people that they can talk to and trust and say, 'Hey, I'm really havin' a rough time. This is goin' on in my life.' And almost be like a confidant, like a Big Brother or Big Sister, but for these adults, these young adults, that need that…sometimes all they need, is a nice warm cup of tea, or a hot chocolate, and just somebody to sit and listen. And then they'll figure it out on their own. And they go, 'Huh, I don't need to be homeless. I've got this person that I can live with, and this person I can stay with, and this person I can stay with.' That for me, would've helped me in that split time of, 'Holy shit, where am I gonna go?'

What is particularly noteworthy here is that the respondent, despite her own experience with homelessness, prioritizes the importance of having someone available to listen over and above a place that simply provides shelter from the weather. Her words would almost seem to confirm many of the statements made by service providers on the central importance of having a place to go to where youth experiencing homelessness have a safe, supportive environment not necessarily for seeking guidance, but just to, in the respondent's words, figure things out on their own. This quote lends support to the assertion that homeless youth are often looking for something no more complicated than someone, or a group of people, who can offer acceptance and the time to listen.

Volunteering and Community

Service providers frequently characterized volunteers as major assets to their organizations, particularly those who identified as "grassroots." Such groups were often highly dependent on local volunteers, and their administrators emphasized that they were a crucial resource that ensured the sustainability of their organizations: "[W]e have a vast volunteer team, which makes it much, much more possible to address some of these situations, where as otherwise we just wouldn't have time. So that's very helpful, volunteers…that's a big asset."

This respondent went on to explain that her volunteer base is what allowed her organization to expand its operations, take on more responsibilities, and put additional resources towards addressing new problems. Some even went so far as to say that they would not be able to operate at all without their volunteers:

> And we know that if it wasn't for the support of the community and our volunteers and, you know, the dedicated staff that we have that we wouldn't be able to do what we do. So it's…you know, what we do really well is we have a network of volunteers that really are the troops behind us that do everything.

Volunteers are here characterized as "troops," hard workers who allow organizations to thrive at no additional cost by providing their time. This praise of volunteers was often intertwined with varying notions of "community." The concept of community is one that frequently arises in a rural context, not just in the interviews that I conducted, but also in everyday life. As we discussed in Chapter Two, the notion of community is pervasive in everyday discourse, something that many residents of rural areas take pride in, understanding small, close-knit populations as a positive feature of rural life. It was also discussed that there is a negative side to

these populations that often contributes to the invisibility of homelessness. Those in need of help are often afraid to come forward for fear of being recognized, and that a stigma will become attached to them as the local population quickly becomes aware of their "personal failing." There is thus a deeply embedded normative contradiction in rural culture between the communal ethic of "helping your neighbour in need," and the individualist ethic of being able to "look after yourself and your own." While many of the respondents, and even community members whom I spoke with in my own daily life, were aware of the pervasiveness of hidden homelessness in rural areas, they often characterized small communities in a positive light, often perceiving the relatively small size of their population one of its major strengths:

> I think we're that first point of contact, or that stepping stone, so lots of people get their needs met here, and never need to go anywhere else, and are amazed. That's the comments that I receive, is that 'Wow,' once they find out about us. You know, 'I thought you were just a [organization type],' right? So someone can come here that might be looking for something totally different, and they end up leaving with food and, you know, a referral to somewhere they can get some support, or…yeah, like we don't do counselling or anything like that but, you know, we have relationships with people. So I think that's maybe one thing is that, you know, we do have relationships with people, and…and we are a community, so we're kind of, you know, community at its grassroots, just…taking it one day at a time.

The respondent here emphasizes the grassroots aspect of the organization, conceptually blurring the lines between the organization and the larger community. She interprets this as a positive feature, because the strengths of the organization work in accordance with the strengths possessed by the wider community base, giving their range of capability in handling problems more breadth.

In an interview with another grassroots service provider, there was rarely any differentiation made between the community and the formal organizations addressing the problem. Instead this

service provider framed the problem of homelessness as a community-wide issue, one that community members were constantly working together to address:

> I think we're frustrated with some of the issues, and we're putting pressure on each other to try to find a response, to find a direction. We're not letting the topic be hidden or buried, we're keeping it alive, and trying to work forward. It's happening here in [place name], and I know this doesn't just happen anywhere. The larger the city, the harder it is for that to happen. We need to put that in its perspective. But here in [place name], with what we're doing, I think that it is…it's an ongoing, developing conversation that is having successes, into how we're reaching out for those who can't help themselves, and need help within the community, so that perhaps they don't get to the point where they're homeless, or have to be evicted as well. I mean, it's the proactive approach as best as we can to help those seniors, as well as those who are on OW and ODSP. So I think we're in the right direction, and I'm very pleased with what I've seen in this community.

Again, a particular pride is shown here in the way that small communities address a shared problem, one that the respondent believes differentiates his community from larger urban areas. He places a particular emphasis on the perception that his community is cooperatively coping with the problem on a more genuine, informal level as opposed to a more formal, institutionalized approach that seeks to maintain a certain disconnection from the problem being addressed. He thus interprets himself not simply as a member of an organization dealing with problems in a top-down fashion, but as one community member among others who are actively trying to resolve an issue together.

It was mentioned in Chapter Two that rural areas in Canada often have a higher number of faith-based service organizations to address social problems. In my own experience both within and outside the scope of my dissertation research, churches were seen not just as brick-and-mortar locations where those experiencing homelessness could go to find a meal or temporary overnight accommodation, but also as groups concerned about the problem of homelessness, sometimes

providing donations, particularly for grassroots organizations. One respondent characterized his town as being within a "bible belt" of rural Ontario, explaining that faith provides much of the impetus and inspiration for addressing homelessness and other local social problems:

> I think, with a response to that, I mean the churches have got involved. And so, on Monday now, I believe the Anglican Church will be having a program open, so that those who are homeless during the day, they can come and spend some time, have a meal and that, get warm and whatever. Tuesday there's the food bank here at our place. Wednesday [place name] where they can go have a hot meal as well. Thursday there's Salvation Army all day as well as the Catholic Church, with their program in the afternoon. And then on Friday I believe that there's another church that is opening up their doors for the cold weather as well. And on Sunday, we're all open, so people can come in for a period and talk. So, they look at the week and try to create a possibility for some people to go. If they're going to stay here in our community, here are the places they can go to get out of the cold for a period of time, and encourage them to make that brown bag available so they can take some food with them, but also make sure they've got socks, things like that, change it on a person's feet, you know, and they even want to wash their feet. Very biblical. Get back to Jesus's teaching, and have some of your people to do that. So some of the practical things which, you know, are so important. When you're out on the street, your feet become a key issue.

It is clear from the respondent's testimony that, in his particular town, churches are working together to provide an informal support for people experiencing homelessness. In addition, this support is provided in a way that quite literally seeks to emulate the actions of Jesus Christ as they are described in Christian spiritual teachings. There is thus a pervasive religious subtext that informs the actions taken by community members to address the problem of homelessness in their communities. I came across many other instances where churches were a part of informal support networks that I would not have known about had I not been discussing my research with them, which denotes that they do not have a "public" character that is often a feature of more formal organizations that often receive government funding. Some of the individuals with lived experienced whom I spoke with were actively involved with faith-based organizations. These individuals claimed to have received assistance from these organizations with recovery from

addictions, or simply providing them with the opportunity to grow and heal, and become stabilized and housed. It was therefore clear that religious belief systems and practices not only characterized respondents' understandings of the notion of community, but were also perceived as a strength that allowed people to effectively address the problem of homelessness without receiving help from formal organizations.

Stretching Funds

Some administrators and service providers acknowledged their resourcefulness in what one respondent called "stretching funds," referring to the ability of her organization to make use of limited funds. For many respondents, this was often considered to be a strength of their organizations:

> I think we stretch our funds very well too, whatever we do get from the Province. We're creative in the ways that we can use it. And I think we're always open and listening to those, open to opportunities. So I think it's good…
>
> …So we're always looking to make sure that we have projects that are ready to go, so if there's extra funding that didn't get used in another community, or there's a one-time funding opportunity that comes up, that we're ready. And I think that's probably one of our bonus, one of our "pro" things too, and that's how we've actually been able to get quite a bit of our housing, is by just being ready…we've been lucky enough that we constantly are looking for those opportunities. So I'd say that's a strength, but also a barrier, because we don't have enough money to do what we want to do (laughs).

The respondent is clearly aware of the irony in referring to her ability to respond to underfunding as a strength. As we discussed in the last chapter, respondents universally acknowledged that their organizations were underfunded. However, many also understood their adaptability and preparedness as a positive response to this challenge, as it allowed them to sustain and create

new projects, and find more cost-effective ways of addressing the problem of homelessness. As the respondent notes, it also forced them to be prepared for new opportunities, and to look for those which they might not otherwise have come across.

Some respondents discussed some of the creative ways that they had obtained and used funding, or mobilized resources that were already available in the community. As one respondent stated:

> I mean that's the other thing that, you know, enables us to do what we do, is our social enterprise, and some of our partnerships of course that we've built in the community, and the partnership we have with the County, and you know, the town gives us some in kind support, through space, using space at the community centre for some programs…So it's just working within our community and knowing our community.

The respondent does mention receiving some funding from the County, but she attributes this result to community partnerships, understood (as discussed above) as the outcome of a group of people working together to come up with their own solutions to local issues. She also understands working with and within a community as being a way to make use of local resources in a cost-effective way. She was also the only respondent to have successfully made use of a social enterprise to sustain her organization without over-stretching their capacity. This was something I discussed with her further:

> It's amazing. For us, like if you look at the example, we are diverting, and we have some numbers, but I don't know them off the top of my head, but we divert so much from the landfill, so we're not only a social enterprise right, but we're recycling, and we're saving the landfill, and we're, so you know, we're contributing to, you know, other social enterprise as well, because, you know, some things we can't sell here go on to other places, so then they have the capacity to take that, and you know, do good with it, and you know, we look at re-purposing different things.

The respondent quoted above was, to my knowledge, the only individual in the region who had successfully established a social enterprise that was able to adequately address the financial needs of her organization. She also understands reusing and re-purposing as strategies not simply

for environmental sustainability, but also as key strategies for the financial sustainability of non-profit organizations that often do not receive enough in government funding to adequately address the issues they face.

A Strength and Assets-Based Approach to Problem-Solving

Some respondents argued that a strengths-based approach to problem-solving in their communities was itself a strength. As one service provider suggests:

> There's a lot of needs and issues, but I wonder if there's maybe opportunities to maybe look into an asset-based approach too, to see what opportunities exist. Typically, rural communities are really resilient, right? I just wonder if maybe that's something I haven't mentioned that might be worth noting, I don't know…

Here resiliency is understood as a defining feature of rural communities, which can again be linked to the notion of close-knit communities and the sharing of collective resources. It was often believed that such communities already had an abundance of resources that had perhaps not been mobilized in a manner that could address an issue as complex as homelessness. This belief is what enabled service providers to further assert that a re-orientation of perspective from a deficit-based approach to a strengths or assets-based approach to tackling homelessness might yield more impactful results. It was suggested by a Métis service provider that this re-orientation was key to tackling the issue of Indigenous homelessness:

> Well, …when we talk about our Indigenous populations,…[we're] always talking about a deficit conversation, right? What's not working for our Indigenous populations. You know, the poor health status, the poor health outcomes, overrepresentation in this group. One of the things is to also use a strength-based language around that. So, it's one of the things…here's my soapbox, is to advocate for that. And that was one of the things that I was trying to say is that, within the Indigenous population it's not homelessness, it's overcrowding. It's because our extended…like if you actually see within our First Nations communities, the strong

> family relationships and the family ties, prevents homelessness. But it does create an overcrowding situation, which does lead to health complications as well…

This service provider suggests changing the discourse or vocabulary within which Indigenous issues have traditionally been framed, and instead more closely examine the aspects of Indigenous life that can be considered strengths in addressing particular issues. She expresses the belief that this change of perspective could be highly effective in uncovering certain tools or community strengths that would be useful in further ameliorating the problem of homelessness.

Solutions

In addition to asking youth workers and individuals with lived experience about gaps in programs and services addressing youth homelessness, I also asked respondents from each group what actions they would take to address these problems. This section presents some of the "solutions[6]" that respondents suggested. My underlying aim was again to examine whether there would be differences between the kinds of solutions that respondents suggested, and whether or not they would be talked about and understood differently. As we will see, there were many commonalities among the suggestions that I previously did not anticipate.

[6] I use the term 'solution' as an expedient here. Neither I nor the respondents I spoke with believed that their suggestions would end youth homelessness were they to be implemented. They simply believed that they might address current gaps in the local system of available programs and services.

Host Homes

Upon further analysis of the interviews I conducted, I found that the idea of providing supportive housing for homeless youth was one that commonly circulated among all groups of respondents. This basic idea normally took shape in one of two forms, either as a system of "matching" homeless youth with individuals/couples who own single homes with vacant rooms (in which youth could stay for a particular length of time), or as a residence to house up to four or five youths with professional supports available. One service administrator I spoke with reportedly had the former idea after witnessing the operation of a program designed for university students:

> One program I saw operating … for new students or grad students coming newly to [the area], they would be hooked up with housing with older adults who would be living in these great big family homes, living all alone, all by themselves, and basically wanted someone else to be in there, for comfort. I actually think that's a program that would work here.

This service administrator here presents the notion of "matching" youth experiencing homelessness with older adults (singles or partners) who have vacant rooms available at their primary place of residence. As we will see in the concluding chapter, these programs are sometimes referred to as "host homes," where youth experiencing homelessness are given the opportunity to live with single adults or couples in their own homes temporarily in order to gain stability in their lives before moving on to more permanent housing. When the respondent says that he believes that this is a program that would work "here," he is referring to Grey Bruce as a specifically *rural* area, which understands such areas as smaller, more cohesive "community" settings that, because of this self-perception, would look favourably on this type of program.

A youth worker to whom I spoke had actual experiencing owning and operating a small supportive housing residence for youth experiencing homelessness in the past. As she recounted:

> One of the things that I did when I started seriously working with homeless youth … doing social service,…I started a program called [program name]. And I actually got funding for it. The flaw…was that I was interviewing largely single women who were willing to take a young person into their home. Well of course nowadays, there are so many checks and balances and stuff like that, you can't do that…So it didn't continue being funded. But, something that I see would be nice is they're a network. Like if there were a network of even three or four… 'cause it's not a huge number. You know, if there were a network of three or four homes, that would open themselves to having a young person stay there for a bit. Even long enough to get the family dynamic situation sorted out…

The notion of a "network" of host homes the respondent presents here bears a striking resemblance to the one offered by the administrator quoted above. She does, however, express reservations about the "checks and balances" that would be involved in such a program, and so expresses doubts about whether or not such a program would be effective, or even possible, in a present-day context. She later recounted an instance in which she informally, and temporarily, established this kind of living arrangement with youth in the past, but again expressed doubts about its effectiveness and whether or not it would be possible to sustain such a program on an ongoing basis:

> One of my … students I had last term, was having an abysmal time at home…He was living with his grandfather. Fighting, fighting, fighting. So, we have what we call [program name] on Tuesdays. So one of the couples, that came … said, 'Well he can come and stay with us.' So he did go and stay with them. And unfortunately, he had a very difficult disposition (laughs), quite unruly, and I gather quite messy. He ended up back with his grandfather. And I don't know whether that's helped, 'cause it gave him about six months where the pressure was taken off, and he could stay somewhere else. But at least it was…we were trying to work something out. And we did sit down with the grandfather and with this couple, and with this young person, and talk about what the issues were. He was completely belligerent and not willing to take any personal responsibility for anything, so you know, where it went I'm not sure. But it was one possible solution that, you know. But how do you…I'm not sure…

While the respondent here expresses the desire to implement this solution, she also seems reluctant, as residents might have behavioural problems that the hosts might not properly know

how to deal with. When I later asked about emergency housing and what might act as a replacement for the current system, she again showed a combination of enthusiasm and reservation for the idea, presenting a rough sketch while at the same time calling it a "pipe dream:"

> **HW: What do you think could be put in place in terms of emergency services? Is there anything that…you were mentioning the houses, like youth shelters, sort of. Is that sort of the big one for you, that you think…?**
>
> **Respondent**: Well…I don't know whether…I mean it's a pipe dream, I guess…But whether you could ever come up with funding or something for small…kind of like a cottage, I guess. So you'd have, like, a couple of people that chose to be parents, and you'd have maybe…well they have it in [place name]. Like the group homes I work in, in [place name], this is exactly what they are. They've got staff, and they've got two or three or four people. And the house is built, to house those people. They're very dysfunctional people, but it functions because there's well-trained staff looking after them. And really, that's the kind of situation we need for homeless youth. And maybe they're only there for a month. Maybe they're only there for a year, you know? It would be wonderful if they could be there long enough to get their feet under them, and go forward. And … then hopefully they could spread their wings.

It is interesting to note that the youth host homes idea and the concept of supportive housing for youth were often mentioned in the same conversation, and conceptually overlapped with one another. The idea that supportive housing for homeless youth would be transitional is also embedded in this concept.

The concepts of host homes and supportive housing for youth were also suggested as alternatives to the current emergency housing system by individuals with lived experience. Below is an excerpt from one such conversation:

HW: So, looking at the programs and services that are available here, and your knowledge of them and what they offer, what do you think is really missing for young people experiencing homelessness?

Respondent: Even just a solid place that they can go.

HW: Like a shelter?

Respondent: Like a shelter, yeah. A solid, concrete place that they're guaranteed to get a bed…I mean, I wish that we could be…like some of the States, where a lot of these people can open their houses to these young people, and they just let them in, and they don't care! They hide all their expensive stuff, they hide whatever, you know, whatever is of value that somebody could potentially take, whatever. But they open their doors to these kids, and more often than not, if you open your door to them, they're less likely to steal from ya anyways, because you're opening the door and saying, 'C'mon out of the cold, let's have a nice warm meal.' Definitely like a nice place that they could go, and just, they can feel safe, they can feel, 'I can crash here.'

…I always wanted to open a big house, and have rooms, where it was free of charge. And you'd come in, spend the night, I'll clean the room, whatever. You'll have a hot meal, you'll whatever. And you go on your way. If you need a week, you need a week, you know? And getcha off the street.

While it is clear that the respondent is talking about the absence of a shelter for homeless youth in Grey Bruce, her answer definitely contains traces of the concepts discussed above. For example, she mentions people "opening their houses to young people" in the United States, and providing them with food and a safe place to sleep in their own homes, and have time to decide on a future course of action. One could assert that there is almost a kind of "wish fulfilment" quality to her description, with welcoming, kind people providing food in a domestic environment. While the word 'shelter' is used, the place she describes does not correspond to the common image of a homeless shelter as a large, more impersonal space where individuals often do not have their own rooms or experience feelings of safety and comfort. She then voices her

desire to have her own youth shelter one day, a hope that another respondent with lived experience also expressed.

Youth Drop-In Centres

As shown above, service providers often perceived listening, acceptance and care as strengths that were reflected in the practices of their organizations, and sometimes even those of the wider communities that they lived and worked in. These strengths were also often implicit in notions of host homes and youth supportive housing that were described by both practitioners and individuals with lived experience. There was, however, another solution that was often suggested as a potential way to address the problem of isolation among homeless youth, which was by introducing them to and helping them maintain social ties that would be beneficial rather than damaging to their lives:

> I guess it really depends on who they're hanging out with, their motivation level, what their interests are - how do we find those youth, and how do we get them out? It's really hard. Like [individual's name] and I would be willing to do social nights, and stuff like that, like try to provide that safe environment, but honestly, are you going to hang out with two strangers, or are you going to hang out with your friends, right? So how do we create that? That's what we struggle with…if there was a youth shelter, or whatever, we'd be able to connect with those vulnerable youth at that centre, teach them life skills, tell them like, 'Hey, there's this guitar group,' or bring it to them, have social activities where they feel like…a part of the community, right? And then it all kind of, you hope it builds on itself, right? Once you feel you're a part of something, you tend to want to keep that connection – you take pride in it…So to have that place for vulnerable homeless youth, who knows what it could look like, but we have the audience there that we could work with, like many places in Toronto do.

This youth worker essentially describes a youth drop-in centre where youth experiencing homelessness could create and maintain social connections and ties to beneficial resources, rather than continue to maintain social connections that might only exacerbate problems they

already have. There is clearly a community-building function that is alluded to here, a place where homeless youth could come to receive the kind of social acceptance that might largely be absent in their day-to-day lives.

Youth drop-ins were also understood by some respondents as places of psychological and emotional respite. As one youth worker described:

> If there was a drop-in centre, if there was somewhere where these kids could go…even a debriefing time. Like one of the kids I'm working with, what I see, is that if she can get away for a little bit, and kind of cool down, and the other side can cool down, then they can come together again, and they can work a little bit more, and she's come a long, long way. That's my vision anyway. Somewhere where they could go and have time out, basically. And be listened to, and I mean, they're not gonna be…that's why the drop-in works, you know? They're not going to be sweet and nice and easy to get along with.

Having worked extensively with homeless youth throughout her career, this youth worker recognizes what we discussed at length in Chapter Three, that youth experiencing homelessness often come from troubled, unstable family backgrounds, which can, of course, induce stress and cause psychological and emotional damage over time. She asserts that not only is it beneficial for youth experiencing homelessness to have a safe place to go, but also to have a space that ensures the time necessary for them to collect themselves and think through the struggles that they are facing. Again, the notion of listening is characterized as a key characteristic that enables service providers to establish caring relationships with homeless youth.

Early Childhood Prevention

Some service providers argued that social and economic problems that begin to affect people in early childhood, if left unaddressed, could develop over time and eventually lead to youth becoming homeless. One service provider I spoke with emphasized that the issue of youth homelessness is not readily solvable in the present because it is usually the result of a confluence of factors that develop and transform over time, sometimes beginning as early as birth:

> I think providing children with safeguards that allow them to speak honestly and openly. But it has to be…it's not easy. It's a whole way of, you know these phrases, 'It takes a whole community to raise a child.' That's probably true. It's just that we don't have any…children are met with barriers. And oftentimes for, you know, 'What takes place in the home belongs in the home,' but it's [a question of] how…do you reach outside if you don't trust what's outside? So there's a whole bunch of changes that have to take place before we can actually say what needs to come into play in order for youth not to find themselves in the street - if we think the puzzle starts to come together starting at the time the kid is born, then, they're probably going to run into all kinds of pieces of that puzzle that don't fit, but they have no way of knowing that until after they try to fit it in.

The respondent here suggests that both social and institutional mechanisms have to be developed and put into place that allow children to have a clearer and louder voice about adverse circumstances that might be affecting them, and that also help others recognize the socioeconomic barriers that might be impeding the child's healthy development. She also suggests that the unrecognition of such barriers is partly a cultural issue, as people are often taught to "mind their own business." However, as she points out, this cultural ethic can often lead to others failing to recognize the signs and symptoms of a child who is having trouble at home, which can in turn have the effect of the child failing to recognize that there is an issue.

Another youth worker expressed similar thoughts:

> I really believe early childhood education is the way that you're going to prevent homeless youth, because it really starts back there…And you're not going to prevent it if you can't prevent it at that end…of the family life. Because, when it boils down to it, it's about relationships, right? And it's about disenfranchisement…I think that most of what's happening, is that you get to those teen years, and you're as tall if not taller than whoever…and they're looking down and they're saying, 'I'm not going to listen to you anymore. Give me my food, give me my room, give me everything, but I'm not going to listen to you anymore.' And so then, panic on the other side – 'Well then get out,' right? But if you have a relationship, from the time the child is tiny, then you don't have those kinds of problems, because you have a different dynamic.

This youth worker astutely observes that the path to youth homelessness often begins with the child's ability to socialize and form relationships, which is something that begins in family life. As we saw in Chapter Three, homeless youth often come from families that are often unstable and even violent. This echoes what the previous respondent said regarding trust, where homeless youth have difficulty developing trusting relationships with authority figures if they are raised in an environment where such trust is not easily cultivated. The issue of having mechanisms to resolve family conflict that are more effective than what we have at present is clearly one that is central to effectively addressing youth homelessness.

Mental Health: Peer Support

As discussed in Chapter Six, most of the respondents I interviewed believed that the mental health services available in Grey Bruce were short in number, and in some cases were even poor in quality. Despite this pervasive opinion, few respondents offered any suggestions as to how such services could be improved or what, if anything, about these services was actually effective. To address this discrepancy, I have included a somewhat lengthier quote from a conversation I had with an individual with lived experience about journaling and peer support as potential tools for self-improvement among youth with mental health and addiction issues. After discussing host

homes programs in the concluding chapter, I will return to this by looking at research on peer support programs and their effectiveness with homeless youth.

HW: Maybe I'll just go straight to the program and service use part. So you were saying, you said that peer support and…what was the other? You mentioned something else…

Respondent: I journal…

HW: Oh journal, okay. And you find that helpful?

Respondent: Oh huge.

HW: Like it's a cathartic sort of thing? Like a release? Or what is it about…?

Respondent: I think it helps me to have my thoughts written out to where I can see them. So then like, if I'm able to…like I still go back and read my stuff. Now it's just to see personal growth more than anything else, 'cause my self-hatred and stuff back then was brutal, but…so to see my negative self-thoughts on paper and be like, 'Wow, how could I ever feel that way about someone like me?' You know what I mean? So peer support, journaling, having those thoughts on paper man, really seeing them. 'Cause then you can even…look at them and then be like, 'That's fucking insane. That's a terrible idea. Don't do that.' And then you have the ability of, you know, if it's just something where it's like, 'Dear [blank], you guys were dumb for putting me on the Board, 'cause I'm a moron.' And then you just pull that out, and you light it on fire, and it's gone, you know what I mean? That's just your way of expressing without fear of anyone else seeing it. I think that's the beauty that I like about it.

HW: Yeah. What is the difference between peer support and more formal counselling? I guess I'm wondering exactly what peer support is, 'cause I don't really know…

Respondent: The difference…So peer support is more of a 'I want to guide you, like "I want to be your bud, and help you through the system and help you through a hard time that you may be having,' and people feel more comfortable because, the majority of people that are certified peer support workers, are people who, I don't want to say 'like me,' but people with lived experience. So people that have lived through it, and then have gone through the certification process first. People evaluate, you know, like how they give feedback, how they take feedback. But they also…another important thing with peer support is that you establish that the relationship has a beginning point and an ending point. It's not a friendship. And that's where…I have a hard time. 'Cause I have to establish my own boundaries (laughs).

…So the idea is to help them through a troubling period of their time, and if they need more supports, to pass them on to other supports, and then kind of be that filler. So with us, we just

> made it available 24/7, and we made it 'a sponsorship without the program,' is how we describe it. So it's like having a sober buddy, just without having to go to a bunch of meetings.

Discussion: Solutions Moving Forward

The goal of this chapter was to present an account of the perceived strengths of local organizations in addressing youth homelessness, as well as "solutions" or strategies that respondents proposed in order to effectively address perceived gaps in local programs and services, some of which were outlined in the previous chapter. In this chapter I presented four major strengths of local programs and services that respondents from all three categories identified, and four "solutions" that respondents suggested to address youth homelessness and related problems such as gaps in the emergency housing system, social isolation, family instability and domestic violence, and mental health problems. The major strengths that were identified were the openness of many service providers and community members to homeless youth including social acceptance, listening and care, the enthusiasm and number of volunteers in the community, the ability of administrators and service providers to use limited funding efficiently, and the strength-based approach used by practitioners to do this. The way that respondents characterized their organization's strengths was often suggestive of how they characterized their clients, as well as the ways in which they understood their clients to be perceived by others in society. In other words, the fact that acceptance, listening and care were perceived as strengths suggests that youth experiencing homelessness have generally been neglected by important authority figures in their lives. This characterization of homeless youth as marginalized was shared among all of the youth workers I interviewed. Therefore, it seems that

service providers possess a shared understanding of their organizations as places where homeless youth could come to be treated with compassion in a way that was often not available to them elsewhere. In addition to being marginalized, some service providers also shared the belief that homeless youth were frequently misunderstood, and that local service providers demonstrated the patience and understanding that was required to work with youth and help them find solutions to the difficulties they were facing.

Volunteers and caring communities, as well as communities of faith, were also characterized as assets of particular organizations. There are a number of observations that are worth noting here. Volunteers and communities were consistently talked about in a positive light by administrators, which directly contradicts the depictions of community that were often implicated by youth workers and respondents with lived experience as being intolerant and unaccepting of marginalized individuals. This, however, was rarely said outright, although youth workers and respondents with lived experience did not mention volunteers and/or community members as being strengths of their organizations. On the other hand, administrators frequently mentioned volunteers and community members. The reasons that I can offer for this difference between groups is mostly speculative, however it could denote the fact that administrators, who are frequently in competition with other organizations for funding, have a vested interest in representing volunteers and their wider communities as generous and compassionate, as this reflects well on the organizations that they are responsible for marketing and maintaining, and is also conducive to generating private donations. This could also account for the conceptual blurring of lines between volunteers, communities, and communities of faith, as if these were not highly differentiated entities.

It was also exclusively administrators who mentioned the other two strengths of “stretching” funds, as well as the strength-based approach that was often taken by administrators to problem-solving. Again, this was frequently in opposition to the opinions of youth workers and individuals with lived experience, who often had much more difficulty identifying the strengths of the organizations they were employed with, aside from the compassion, guidance and spaces they provided for youth experiencing homelessness. This is not to suggest that administrators were unaware of the problems that their programs and services were unable to address. As we saw in Chapter Six, many of the problems faced by local organizations were mentioned by respondents in each of the three groups. The different ways in which respondents from each of the three groups understand the notion of community, however, could be worthy of further study.

As for the solutions that were suggested to address the perceived gaps in programs and services, it was the notion of host homes that was suggested by individuals from each of the three groups. The idea of youth drop-in centres and early childhood prevention were both proposed by youth workers, and peer mentorship to address mental health problems among homeless youth was proposed by an individual with lived experience. While there were two different versions of the notion of host homes, they were all characterized by similar elements including community involvement, and a “home” environment characterized by features of family life (trained workers to offer support or “parents” to provide a similar function), as opposed to a more impersonal shelter environment where such features would be absent. In the concluding chapter I will more constructively address the two gaps in programs and services that were universally identified (emergency housing and mental health) by discussing one of the strengths (listening, acceptance and caring) and one of the solutions (host homes) that were agreed upon by respondents from all

three groups. I will also be expanding on the idea of peer mentorship, though it was only mentioned at length by one individual. This is because I believe that peer mentorship embodies the same ideas of community, belonging and social cohesion that underlie the solutions I have discussed above. We will now conclude this study with a final discussion of these proposed solutions, as well as a “ground up,” pragmatic and community-based approach to addressing the problem of youth homelessness.

Chapter 8: Recommendations for Programs to Address Service Gaps in Grey and Bruce Counties

The exact sciences constitute a monologic form of knowledge: the intellect contemplates a thing *and expounds upon it. There is only one subject here – cognizing (contemplating) and speaking (expounding). In opposition to the subject there is only a* voiceless thing. *Any object of knowledge (including man* [sic.]*) can be perceived and cognized as a thing. But a subject as such cannot be perceived and studied as a thing, for as a subject it cannot, while remaining a subject, become voiceless, and, consequently, cognition of it can only be* dialogic.

Mikhail Bakhtin, *Toward a Methodology for the Human Sciences*

It is unfortunate that Bakhtin never had a chance to complete the work quoted above, for if he had, he might have offered us fresh insight into one of the perennial problems of sociology as a discipline, that being the extent to which the methods of the social sciences should resemble those used in the natural sciences. Bakhtin here emphasizes that among human beings, the possibility of dialogue is always present, a reality that distinguishes our relationship to each other from that which we have with other organisms and natural phenomena. The key implication here is that we cannot study human social life in the same way that we study other natural phenomena. And yet this is traditionally what has been done. The relationship between subjects has so often been treated by researchers as a relationship between a privileged subject and a compliant object. The researcher, possessing the tools with which to produce "legitimate"

knowledge (backed by institutions that have a monopoly over the protocols, processes and procedures that determine the conditions of that legitimacy), occupies a unique position of power which grants her the authority to discreetly objectify the subject not only by unilaterally imposing the terms and conditions of the dialogue (which is always structured in a "question and answer" format that presupposes a fundamentally unequal social relationship), but also by treating the individual's responses as "data" which only the researcher can legitimately collect and interpret in order to turn it into knowledge proper. It is assumed, however tacitly, that only the researcher possesses the tools with which to properly understand the respondent's experiences, or to understand the broader phenomenon under investigation. My experience working alongside service providers who work with people living in poverty and/or experiencing homelessness steadily eroded the substantiality of this claim. Over time I gradually began to believe what one youth worker said, that "9 out of 10 times they have the answer" or that, at the very least, they possessed experiences, insights and understandings that might possess more practical utility than academic knowledge in actually ameliorating the more pernicious effects of various social problems. It dawned on me that, if the point really is to change the world rather than merely interpret it (the Marxian call to arms that is so often the tacit or not-so-tacit motivation of the critical social researcher), that the relationship between the researcher and the respondent would have to become a dialogical relationship rather than a scientistic, monological one, a relationship between individuals with different abilities, skills and experiences who can enter into a sustained conversation among equals about shared goals and the best ways to realize them.

It was this realization that first led me to explore the notion of research impact, as well as applied and critical social research methodologies. One also has to work within one's means, and since Grey Bruce does not have a robust body of research with which to determine program inputs, a needs assessment seemed like a very appropriate type of research to conduct to provide community workers with a document suggesting where they could focus their efforts. As I discussed earlier, I did not want to provide an objective, univocal account of programs and services and their effectiveness, but wanted to provide a polyvocal account that included the perspectives of individuals with lived experience of youth homelessness. The underlying assumption was that these individuals would have unique perspectives on program design, and should therefore be taken into account when designing programs. But in addition to their unique experiential knowledge, it was also an ethical issue for me, that people with lived experience should not be denied their agency to partake in the process of helping create solutions to a problem that they might want to help with after their own recoveries, or even to decide what is best for them while they are accessing services.

It was these considerations that led me to adopt pragmatism as a theoretical framework for the needs assessment. As we discussed at length in Chapter Four, pragmatism understands people as inherent problem-solvers. This implies that they adopt beliefs that serve them well in dealing with those problems. This practical, anti-foundational approach to knowledge production not only makes room for people to experiment with different solutions to the problems they face, but it also allows for a kind of "epistemic inclusivity," since individuals with lived experience, in addition to service providers and researchers, might have perspectives and solutions that are of equal or greater importance for designing effective programs addressing youth homelessness. It

also compels researchers to adopt an “attitude” that Bernstein calls engaged fallibilistic pluralism, where all views on a subject deserve consideration, even if they differ from our own. Guided by these pragmatic principles, my goal was to clearly and thoroughly represent the different perceptions and understandings of the problems with, strengths of, and potential remedies for the existing programs and services addressing youth homelessness in Bruce and Grey Counties, Ontario, Canada. In addition, I used some of the methodological principles from grounded theory (Charmaz 2014) to highlight different understandings of specific issues that could be used to create hypotheses to guide the development and implementation of programs and services addressing youth homelessness. My assumption was that the varying hypotheses would have different levels of commensurability, but that they could respectively be tested to determine which led to the most effective actions. They could also signal different conversations that need to be had among service providers and individuals with lived experience. To my surprise, the understandings did not differ to the extent I believed they would. Respondents commonly highlighted similar problems, strengths and solutions, and spoke about and understood them in ways that were more similar than I anticipated, regardless of whether or not they were service providers or individuals with lived experience. This allowed me to isolate commonalities between them, which in turn allowed me to come up with solutions that could potentially be discussed by all stakeholders in order to determine actions to be taken.

As we discussed in Chapter Four, the central objective of a needs assessment is to provide suggestions for program inputs and development. While there are a number of recommendations that could be taken from this study, I chose here to emphasize the most commensurable ideas that service providers, youth workers and individuals with lived experience shared. By

highlighting these similarities, my hope was that this would encourage service providers to integrate the perspectives of individuals with lived experience into their decision-making processes. I stated earlier that a methodological goal of my research was to formulate new hypotheses about the types of programs that might be effective in addressing youth homelessness in Bruce and Grey Counties. To conclude this study, I will here present two such hypotheses based on my analysis, and discuss "paths forward" based on these hypotheses. In the previous chapter, we saw that the theme of community was frequently brought up among the service providers and the individuals with lived experience I interviewed. Many seemed to suggest, in slightly different ways, that social integration and the connection to a wider community was something that was missing from the lives of youth experiencing homelessness. Many also understood their own organizations as entities that, at least to some extent, compensated for this lack, and wanted to introduce even more programs and services that would help youth to create these social bonds within their larger communities. One of the most interesting findings of the assessment was that, when asked about solutions to youth homelessness, many mentioned community integration – or programs that emphasized this – rather than actual housing or more effective housing policies. While many respondents understood that more social and affordable housing units needed to be built, and that policies such as Housing First were crucial, they often placed more emphasis on community and social supports. The first section will discuss the recent emphasis on this in the research on youth homelessness. In the second and third sections, I will discuss the two gaps that were most frequently mentioned in Chapter Six – emergency housing and adequate mental health services – and argue for two potential solutions that could address these that are in line with the goal of community reintegration: host homes and peer support.

Host Homes and Rural Communities

Hypothesis #1: A respite accommodations program offers a safer and more productive alternative to a motel emergency housing system, and would likely work well in rural areas.

There is a relatively small body of research that exists on the transitioning of youth off the streets (Karabanow, Carson & Clement 2010; Mayock et al. 2011). There are also very few longitudinal studies that measure the overall success of formerly homeless youth in becoming socially integrated into mainstream society (Brueckner, Green & Sabbers 2011; Kidd et al. 2016; Thulien et al. 2018). These studies have generally suggested that, even after attaining stable housing, these youth face a large number of significant barriers to social integration, a finding consistent with previous studies indicating that housing in and of itself might not be enough to allow for a successful transition out of homelessness (Yanos, Barrow & Tsemberis 2004), and that sufficient support to overcome these barriers might not yet exist (Slesnick et al. 2009). Socioeconomic barriers can include intergenerational poverty, insufficient educational credentials, and limited employment opportunities (which might be further limited by a criminal record), and personal barriers such as trauma from childhood abuse and poor mental health (Karabanow 2008; Kulik et al. 2011; Thulien et al. 2018). This research also shows that this inability to integrate into their communities and the larger society can have additional detrimental effects on mental health, their hope for their own futures, their ability to trust others and develop helpful relationships, and overall sense of wellness and self-esteem (Kidd et al. 2016). Formerly homeless youth are often unable to socially integrate due to a lack of social capital, stigmatizing views of homelessness,

and the inability to earn a living wage (Thulien et al. 2019). This inability to integrate most often has negative psychosocial consequences, such as feelings of social isolation and "outsiderness," as well as an inability to formulate and commit to long-term plans because of their inability to escape poverty (Thulien et al. 2018).

The results of this research are consistent with a recognized need, particularly among youth workers, in Bruce and Grey Counties for services that can help homeless youth become socially integrated, in addition being provided with stable housing. In Chapter Six we saw that there was widespread agreement among service administrators, youth workers, and youth with lived experience that emergency housing and inadequate mental health services were the two largest problems with programs and services addressing homelessness in Bruce and Grey Counties. There was also widespread agreement that host homes – or a program similar to it – might be a good solution to address the problems that were inherent to the motel housing system. As a pragmatic and dialogical account of potential solutions would seek to include the voices of as many different stakeholders as possible, I will include a brief account of host homes as a potential solution to the issues with emergency housing. Unfortunately, there were no concrete solutions that were offered across participant groups for the mental health system inadequacies, but I did speak with one respondent at length about peer support, and so I will explore this as a potentially effective program that could be offered for youth attempting to exit homelessness.

Respite accommodation programs, which are often referred to as "host homes" programs, are run with the purpose of preventing at-risk or homeless youth from using the emergency shelter system, which is frequently dangerous, and can actually draw youth further into street life (Ecker

et al. 2021; Gaetz 2014; Sariyannis 2018). These programs are a type of "place-based" youth homelessness prevention (Ecker et al. 2021: 9), as they are administered within the youth's own community and are meant to protect youth from the sexual and economic exploitation that is often a part of street life (Gaetz 2014). They also serve to lessen reliance on emergency-based services (Ecker et al. 2021). A unique feature of the program is that they are community-based in the sense that they require community members to become actively involved in solutions to youth homelessness (Ecker et al. 2021: 9). This provides youth with a safe and comfortable environment where they have time to find adequate housing, and pursue training and/or employment opportunities. Youths are given their own rooms and meals, and receive emotional support from the host home adult or family (Ecker et al. 2021). They are often connected with a support worker/case manager and other needed services to help them reach certain goals, and provide them with direction and referral to other available resources. They are often encouraged to re-connect with 'natural supports' such as family and friends.

There are a number of host home programs that currently exist in the UK, U.S. and Canada, and have a number of notable advantages. As noted above, host homes offer a much safer, home-like environment in the youths' own communities. This gives them the time and stability needed to establish or become reconnected with support networks of family and friends, and can do so with needed emotional support and reduced feelings of isolation (Gaetz 2013; Gaetz 2017). While some hosts have been paid, many are volunteers, which makes host homes programs much more flexible and cost-effective in terms of staff and operating costs, and can be adapted well to community size. Avenues for Homeless Youth in Minnesota, for example, has estimated that host homes can reduce costs by as much as 50 percent as compared with shelter alternatives

(Mirfendereski 2017). They also provide youth with a great deal of autonomy in selecting individuals or families that they might want to live with as opposed to being "placed," and they are often provided with the opportunity to nominate hosts from extended family and friends (Ecker et al. 2021).

While there is still only a very small body of research that exists on host homes, the results have mostly been positive. A recent evaluation of a host homes program in Halton Region, Ontario found that the youth who participated were generally satisfied with the quality of their housing and the neighbourhoods they lived in, and reported improvements in their health and well-being. They were also able to focus more on school and recreational activities, and reported having more hope for their futures (Ecker et al. 2021). A large evaluation study of the 'Nightstop' program operated by Depaul UK found many positive results. The study looked at results in three major areas, including program impacts, changes in service users' feelings and attitudes, and potential long-term outcomes. Immediate outcomes were many, including a reduced risk of harm, improved personal care and access to healthy food. Feelings and attitudes they reported included a greater sense of autonomy, increased feelings of self-esteem and self-worth, and improved optimism about the future. Nightstop was also found to have helped with long-term goals, suggested by interviews with former service users, including access to education and employment, and renewed relationships with family members (McCoy & Kempton 2018). A Nightstop pilot program was evaluated in Toronto, and it was found that nearly all of the participants reported positive impacts that the programs had on their lives, and most of them reported improvements in their mental health (Sariyannis, Traficante & Hermans 2018).

The findings of this study lend support to the suggestion that a host homes program would work well in a rural setting. It could potentially address service shortages that are often found in such areas, and that often require youth experiencing homelessness to move elsewhere to access services, leaving them at a distance from support networks in their hometowns. Youth would not be required to leave their communities, and host homes might offer a more appropriate alternative to shelters, which often do not exist in rural areas. It is also clear from the needs assessment conducted here that both service providers and youth suggested that contacts and community were often seen as equal in importance to adequate lodgings. It would also address palpable issues with the motel system, including a lack of safety, a sense of isolation, the short-term nature of the motel stays, and the frequent unavailability of rooms, leaving youth with no alternative but to sleep rough. Host homes would also be in line with rural communities' self-perception as helping one another. One such program is currently operated in Cochrane, Alberta; however no research on program successes and challenges is available publicly. A pilot program to examine the potential effects of and barriers to the success of the operation of a host homes program in rural parts of Canada is highly advisable.

Peer Support: Mental Health for Homeless Youth

Hypothesis #2: Peer support could act as an effective source of mental health support for youth experiencing homelessness in rural areas.

In 2016, the Mental Health Commission of Canada (MHCC) released a second edition of a report entitled 'Making the Case for Peer Support'. The report very broadly defines peer support as "any organized support provided by and for people with mental health problems or illnesses" (45). This organized support can be grassroots, volunteer-based, non-funded, and operated by consumer-survivors, but some is also more traditional in the sense that it is offered by more formal, top-down organizations that receive government or private funding and are not necessarily run by people with lived experience. Like host home programs, peer support programs are not without their own challenges, but the MHCC report described most respondents as having shared experiences such as belonging to a safe and accepting environment, and feeling a sense of community and belonging based on shared experiences. Most of the respondents reported concrete results such as increased community engagement and less isolation; reaching pre-defined life goals and experiencing a sense of accomplishment; and an increased quality of life. The study concludes that while medical, deficits-based services may offer part of the solution for consumer-survivors to overcome mental illness, peer support initiatives appear to be best to foster self-confidence, resourcefulness and a personal support network, all of which are crucial to the recovery process.

While the amount of research on peer support programs – particularly in the area of mental health and addictions – has continued to increase, very little exists that studies the potential impact of such programs on individuals experiencing homelessness. Barker and Maguire (2017) found 10 studies, all of which had different outcomes. In general, however, the authors found that peer support programs generally had positive outcomes for participants experiencing homelessness. In the area of youth homelessness, available research is virtually non-existent.

Kidd et al. (2019) found one study conducted in Edmonton by Stewart et al. (2009) which demonstrated many positive outcomes, including a decrease in drug and alcohol use among participants, improved mental health, a decrease in feelings of loneliness, social skill development, and social network expansion. In their preliminary study of the Housing Outreach Project – Collaborative (HOP-C), Kidd et al. (2019: 652) report that "while causality cannot be inferred, it appeared that youth who were more engaged in peer programming made more gains in key life areas." Support was lent to this observation by what youth discussed in interviews, saying that peers helped them develop a sense of community, a sense of openness in talking about difficult personal issues, and helped them with social skill development. While clearly there exists no such research in a rural setting, and many more studies would have to be done on how peer programs can be developed and administered, the research that is available echoes the theme of community development that was present in many of the interviews in this study. Like the host homes programs, it would seem that peer support programs could offer a more cost-effective and promising option to address the gap in mental health services that nearly all respondents reported. While it would of course not address them completely, and would very likely need to be connected with clinical services, it might allow youth experiencing homelessness to navigate our fractured mental health system more easily, and help youth come to understand and address their own mental health concerns.

This concludes my pragmatic needs assessment of programs and services addressing rural youth homelessness in Bruce and Grey Counties. This study was the first of its kind in the area, and in addition to its positive findings, it has also demonstrated that there is an urgent need for these programs in the area. As both the existing literature and this needs assessment demonstrated,

rural social services in Canada tend to be underfunded, even though they account for nearly 20 percent of the country's population. While I was able to provide an initial study to inform programs and services in the area, the study also demonstrated that there is much more research in this area that will be required to fully address this issue.

That being said, the research presented here was able to indicate two service areas that each represent points of agreement between those who have experienced homelessness and service providers. Nearly all of the respondents interviewed believed that Bruce Grey's emergency housing system was inadequate to meet the housing needs of homeless youth, and most believed that the system of mental health services available to homeless youth in the region were inadequate to meet their needs. When asked about assets, it seemed to mostly be the human qualities of compassion and openness that were seen as the community's largest strengths, and service providers and individuals with lived experience wanted to see community-building as the main solution to youth homelessness. I therefore concluded this study with community-based or community-focused solutions to the two largest problem areas, emergency housing and mental health services.

This study also has important implications for housing policy in Canada. As we saw in Chapter Two, rural areas have their own unique socioeconomic dynamics that can be detrimental to housing affordability, and to the ability of local authorities and communities to respond to this problem effectively. Federal and provincial interventions that seek to address this issue will need not only to provide a more robust funding model for rural areas, but will need to begin to recognize the different needs of such areas and reflect them in their strategic programs and

policies. While it is too early to tell whether or not the NHS is a step in the right direction, if it does have a positive impact on housing affordability and availability, researchers in this field will need to begin to pay close attention to whether or not this impact is being felt in rural communities.

At the completion of a major research study, the satisfaction that one feels is often accompanied with a certain dissatisfaction that more could not be done. This study, however, is the first major study of the problem of homelessness in Bruce and Grey Counties, as well as on programs and services addressing youth homelessness and mental health. More rigorous and expansive homeless enumerations are required to make sure (to the greatest extent possible) that programs and services are being developed to address the most problematic target groups and the persisting problems that characterize them. Additional research should also be done on community members' views of the issues of youth homelessness and mental health, and what solutions they propose, and what barriers might exist that prevent community members from coming together to address these issues openly and cooperatively. While government-funded programs and services, as well as systems change on this level, is important, the findings here would suggest that the establishment of communities working together collaboratively and democratically to address these issues with the resources available to them might be just as important in addressing a problem like youth homelessness as public programs.

I have argued in these pages that social researchers play a critical role in ensuring that the voices of all stakeholders are heard regardless of the social position they occupy, and in representing those voices in a way that provides convincing data that can be used toward the aim of finding

solutions to difficult social problems. The pragmatist philosopher Richard Rorty once said that it is the role of philosophers to facilitate conversations about social and cultural issues that are of relevance to a particular moment in history. I believe that it is the role of social researchers to not only stimulate and continue conversations about urgent social problems, but to investigate the effectiveness of the solutions that come about as the result of these conversations. Rural youth homelessness remains an urgent social problem of our time, and it is my hope that, at the very least, I have kept a conversation about it going so that we might reach a point when such a conversation is no longer required.

Appendix A: 2018 Ontario Homeless Enumeration Survey

Introduction

Hello my name is _____
Are you or anyone you know facing homelessness and/or don't have permanent housing?
If YES, conduct survey – if NO, say thank you and walk away.

If yes, please tell them the survey will take about 7 minutes of their time and Grey and Bruce Counties are **gathering** information on the "Needs" for homelessness services in the County.

This is completely **voluntary** and there are no right or wrong answers.

You can choose not to answer them all and/or stop at any time.

I will ask you to sign a consent to allow us to share your responses.

(After the survey, you can offer a gift or token of appreciation, for example, "Would you like a gift bag as a thank you for taking part".)

PERIOD PREVALENCE COUNTS OF PEOPLE EXPERIENCING HOMELESSNESS IN GREY and BRUCE COUNTIES

Question A
Have you already answered this survey with a person with this [identification tag]?

□ Yes
□ No

All survey teams should have an identifying name tag (first name only) showing the title of the study. Over the course of the count, it is possible that the same individual may be approached by two survey teams. This question is intended to reduce double-counting.

Question B
Are you willing to participate in the survey?

□ Yes
□ No: Thank and tally

Please provide:

a. Your initials (first, middle and last): _____
b. Your date of birth: _____/_____/_____
day month year

SURVEY

1. Where are you staying tonight? [This is an open question with categories provided.]

□ Decline to answer
□ Own apartment/house
□ Someone else's place (friend or family)
□ Motel/hotel
□ Hospital, jail, prison, remand centre
□ Emergency shelter, Domestic violence shelter
□ Transitional shelter / housing
□ Public space (e.g., sidewalks, squares, parks, forests, bus shelters)
□ Vehicle (car, van, RV, truck)
□ Makeshift shelter, tent or shack
□ Abandoned / vacant building
□ Other unsheltered location
□ Respondent doesn't know

1 b. Where did you last reside?

□ Bruce County
□ Grey County
□ Other

2. In total, how much time have you been homeless over the past year? [Best estimate]

□ Length _____ days / weeks / months
□ Don't know
□ Decline to answer

3. In total, how many different times have you experienced homelessness over the past year? [Best estimate]

□ Number of times _____ [Includes this time]
□ Don't know
□ Decline to answer

****Some participants will be uncertain of the exact number. Enumerators should strive to get a best estimate, if at all possible**.

4. What happened that caused you to lose your housing most recently? [Do not read options. This is an open question with categories provided. Check all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays]

□ Illness or medical condition
□ Addiction or substance use
□ Job loss
□ Unable to pay rent or mortgage
□ Unsafe housing conditions
□ Experienced abuse by: parent/guardian
□ Experienced abuse by: spouse/partner
□ Conflict with: parent/guardian
□ Conflict with: spouse/partner
□ Incarcerated (jail or prison)
□ Hospitalization or treatment program
□ Other reason: _____
□ Don't know
□ Decline to answer

****This is an open question with categories provided. Enumerators would select the categories that best fit the response to the question.**

5. How old are you? [OR] In what year were you born? [If unsure, ask for best estimate]

□ Age (in years): _____
□ Year born: _____
□ Don't know
□ Decline to answer

****Respondents may answer with their age or year of birth.**

6. Do you identify as Indigenous or do you have Indigenous ancestry? This includes First Nations with or without status, Métis, and Inuit. [If yes, please follow up to specify. Note: You may consider including Aboriginal or locally-used terminology in consultation with your community.]

□ Yes
□ First Nations
□ Inuit
□ Métis
□ Have Indigenous ancestry
□ No
□ Don't know
□ Decline to answer

7. People may identify as belonging to a particular racial group. For example, some people may identify as Black or African-Canadian, other people may identify as Asian or South Asian, and other people may identify as white. What racialized identity do you identify with? [Do not list categories. Select all that apply]

□ Aboriginal or Indigenous
□ Arab
□ Asian (e.g., Chinese, Korean, Japanese, etc.)
□ South-East Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)
□ South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
□ West Asian (e.g., Iranian, Afghan, etc.)
□ Black or African-Canadian
□ Filipino
□ Hispanic or Latin American
□ White (e.g., European-Canadian) □ Don't know □ Decline to answer

8. With what gender do you identify with? [Show list.]

□ Male/Man
□ Female/Woman
□ Two-spirit
□ Trans Female/ Trans Woman
□ Trans Male/ Trans Man
□ Genderqueer/Gender Non-conforming
□ Not Listed: _____
□ Don't know
□ Decline to answer

****Note that survey teams should not read the list to the respondent. Also, "other" responses must be specified.**

9. How do you describe your sexual orientation, for example, straight, gay, lesbian? [Show list.]

□ Straight/Heterosexual
□ Gay
□ Lesbian
□ Bisexual
□ Two-spirit
□ Questioning
□ Queer
□ Not Listed: _____
□ Don't know
□ Decline to answer

10. In what language do you feel best able to express yourself?

□ English
□ French
□ No preference
□ Neither (please specify) _____

□ Don't know □ Decline to answer

11. What family members are staying with you tonight? [Indicate survey numbers for adults. Check all that apply]

□ None
□ Partner (include Survey # of partner if partner also participates)
□ Child(ren)/Dependent(s)
□ Other Adult (include Survey # if other adult(s) are participating)
□ Decline to answer

11 a. □ Follow up for Children (optional) - # of Children ____ Gender____ Age ____

12. Have you ever had any service in the Canadian military or the Royal Canadian Mounted Police (RCMP)? [Military includes the Canadian Navy, Army or Air Force]

□ Yes, military
□ Yes, RCMP
□ No
□ Don't know
□ Decline to answer

13. Do you identify as having any of the following?

a) Chronic / Acute Medical Condition
□ Yes
□ No
□ Don't know
□ Decline to answer

b) Physical Disability
□ Yes
□ No
□ Don't know
□ Decline to answer

c) Addiction
□ Yes
□ No
□ Don't know
□ Decline to answer

d) Mental Health Issue
□ Yes
□ No
□ Don't know
□ Decline to answer

14. Have you ever been in foster care and / or a group home?

□ Yes
□ No
□ Don't know
□ Decline to answer

If yes, how long ago was that?
****Refers to the length of time since leaving foster care or a group home**

□ Length (in years) _____

15. What are your sources of income? [Read list and check all that apply]

□ Employment
□ Informal/Self-Employment (e.g., bottle returns, panhandling)
□ Employment Insurance
□ Welfare/Social Assistance
□ Disability Benefit
□ Seniors Benefits (e.g., Canadian Pension Plan/Old Age

Security / Guaranteed Income Supplement)
□ GST Refund
□ Child and Family Tax Benefits
□ Money from family/friends
□ Other source: _____
□ No income
□ Decline to answer

****This is an open question with categories provided, including those related to employment, informal sources (e.g., bottle returns), tax benefits, and family and friends. This question can be used to identify which supports are being accessed and which are not. For example, it could indicate whether homeless seniors are accessing Old Age Security or the Guaranteed Income Supplement.**

16. How long have you been in (Community Name) in the past year?

□ Length [_____] days / weeks / months
□ Always been here
□ Don't know
□ Decline to answer

[If length indicated] Where did you live before you came here?

□ Indicate community & province/country _____
□ Decline to answer

****Some communities experience high rates of migration among the population experiencing homelessness. Recent arrivals may not know where to go to access services in the community. The inclusion of this question can provide your community with information about recent arrivals and their needs.**

17. Did you come to Canada as an immigrant, refugee or refugee claimant?

□ Yes, immigrant
□ Yes, refugee
□ Yes, refugee claimant
□ No
□ Don't know
□ Decline to answer

[If yes] How long have you been in Canada?

□ Length [_____] days / weeks / months / years
or date [_____] [day | month | year]
□ Don't know
□ Decline to answer

****Most newcomers (immigrants and refugees) will have received support with resettlement in Canada. High numbers of newcomers may signal an issue that can be addressed upstream with organizations assisting with resettlement in order to prevent homelessness.**

18. Have you stayed in an emergency shelter in the past year? [Prompt: Give local examples of homeless shelters]

□ Yes
□ No
□ Don’t know
□ Decline to answer

****Many communities have comprehensive shelter use data, but little information on the population experiencing homelessness that does not use shelters. This question can provide information on the size and needs of this population. For the surveys with individuals staying in a shelter, the survey can indicate “yes.”606+0**

Appendix B: Questionnaire – Program and Service Managers/Administrators

What programs and services does [the organization] offer?

Who does the program serve? Does it service the homeless population in Grey Bruce, or is it mainly for those with a low income and/or those who are at risk of homelessness?

What population needs does the program directly address?

How does one apply for the program? Do you think there are any aspects of the application process that might discourage or inadvertently exclude some people who are trying to access it?

What other barriers to access currently exist for those who are trying to access Community Connections?

What are the program's assets? (What needs have been met by the program?) What are the population needs that remain, that you think are not being addressed by the program?

What is the overall capacity of the program? In other words, to what extent is it meeting the needs of its target population? Is it overtaxed? If so, what do you think are some potential solutions to this problem?

How are these programs funded? Is the current funding adequate to meet community needs? What do you think can be done to address this?

Is there anything else you would like to discuss that I haven't mentioned here?

Appendix C: Interview Schedule - Support Workers for Youth Experiencing Homelessness

History/Background

- What is your job title and current place of employment?
- For how long have you been working with youth experiencing homelessness?
- In what capacity do you work with youth experiencing homelessness? What services do you provide for them?

Causes of Youth Homelessness

- Based on your own experience, what do you think some of the most common causes of youth homelessness are in Grey Bruce?

Individual/Relational Factors

- What types of problems do you most commonly see among the families of homeless youth? (family conflict; abuse; domestic violence; guardians with mental health issues and addictions; parental neglect, etc.)

Structural Factors

- Have you worked with youth who have left home because of poverty or inadequate housing, or because their families could no longer support them?
- In your opinion, does Grey Bruce have an adequate stock of affordable housing for youth experiencing homelessness?

- In your experience, how often would you say you encounter homeless youth who have been discriminated against because of race or sexual orientation? What barriers to improving their lives do these individuals face in the community that others might not?

Institutional and Systems Failure

- In your estimation, what percentage of the youth whom you work with are discharged into homelessness from an institutional setting (child protection services; corrections facilities?
- In your estimation, how many have a history of foster care or group home involvement? How many have been discharged from a hospital or prison, or some other facility?
- Roughly speaking, what percentage of homeless youth would you say become involved in some type of criminal activity? What types of activity do they become involved in?

Housing and Mental Health

Housing

- What types of living situations are most common among homeless you in this area? (shelters, institutions, transitional housing, sleeping on the streets, abandoned buildings, couch surfing, etc.)
- What kind of emergency housing is currently available for homeless youth in crisis in Grey Bruce? What function does this type of housing serve? In your opinion, is it effective in dealing with youth in emergency situations? What problems does it address? What is it lacking?
- What type of long-term housing is available for youth in the community? Is there any social housing for youth? What about affordable housing?

Mental Health and Addictions

- During the recent homeless enumeration in Grey Bruce, most youth participants reported having mental health problems. In your own work, what proportion of homeless youth would you say experience one or more mental health issues? Are there a lot of instances of addictions?
- What types of supports are available in the community for youth with mental health issues? Are there harm reduction services and substance abuse treatment programs available for youth?

Strengths and Needs Assessment

- In your opinion, what strengths do current programs and services aimed at serving homeless youth have? In other words, what are their strengths? What are they doing well?
- What do you think the system currently does not adequately address? In your opinion, what programs and services need to be put in place that do not currently exist?
- What do you think needs to be done to prevent youth homelessness in Grey Bruce?
- Looking specifically at mental health and addictions – what strengths do current programs and services have? What do you think is required that the community does not currently have in place?

Appendix D: Interview Schedule - Youth with Lived Experience of Homelessness

1. **History/Background**

   a. Can you tell me about your family history, your childhood and life growing up?

      i. Did you grow up with both parents? Any other guardians? Did you ever live with anyone other than your parents for an extended period?

      ii. Were you in foster care at any point? Did you ever have any kind of direct contact with Child Services?

      iii. Were you ever physically, verbally or sexually abused by a parent, guardian or authority figure?

      iv. Did you ever witness any kind of violence in your home? If not your home, in your neighbourhood?

   b. At what point did you become homeless? For how long/how many times were you homeless? What were the events leading up to this? What factors contributed to your becoming homeless? Abuse? Family conflict?

2. **Experience of Homelessness**

   a. Did you have any physical and/or mental health issues prior to becoming homeless? Did becoming homeless change that? How?

      i. Did you suffer from any addictions prior to becoming homeless? Did becoming homeless change this? How?

b. In which city/town/area were you during the time that you were homeless?

c. Did you sleep on the street?

d. At an emergency shelter?

e. At a motel/hotel?

f. At a friend's or relative's place?

g. At a hospital or prison?

h. In a condemned/unused building? Were you ever in transitional or supportive housing?

i. How many times were you homeless? For how long in total?

j. Were you frequently "on the move" while homeless?

k. Were you employed or unemployed at this time?

l. Did you have any sources of income at this time? How did you meet your basic needs? What did you have to go without that you typically would have used?

m. Which emotions did you experience the most when you were homeless? (fear, shame, loneliness, sadness, depression, anxiety, hopelessness, dread, etc.)

n. Were there times where you felt unsafe? What did you do in these situations? Was there anywhere you could go or anyone who you could talk to?

o. Did you ever feel like you were being treated differently by people because you were homeless?

p. Did you witness, or were you a part of, any violence, abuse or crime while homeless? Before you were homeless?

q. What was the most difficult experience you had when you were homeless?

Program and Service Use

3. Did you have any kind of support system when you were homeless, i.e. family or friends you could stay with, or who could provide you with some other kind of help/resources? Did you have to leave these supports at any point to access services elsewhere?
4. What programs and services were available to help you when you were homeless? How did you find out about them?
5. Which programs and services did you access? Were there any that you could have accessed that you chose not to? If so, why?
6. Where did you access these services? Were they close to where you previously lived? How did you access them? Did you experience any difficulties while trying to access these programs and services? Were any of them located outside of Grey Bruce? If so, why did you have to access them there?
7. What do you think are the biggest gaps in programs and services in Grey Bruce for youth experiencing homelessness? In other words, what programs and services do you think are missing that youth experiencing homelessness need or could use? What did you think was missing when you were homeless? What made you the most upset realizing it wasn't there?
8. What types of programs and services might be able to prevent youth from becoming homeless? Are there any that currently exist?
9. What are your thoughts on affordable housing? Employment? Access to education?

Recovery

10. How did you “move out” of homelessness?
11. What people, programs or resources were in the area that really helped you change your path?
12. How do you think people who are not homeless view homelessness?
13. Did you have any experiences where it was difficult to gain trust from landlords or employers?
14. Where are you now? And where do you see yourself in 10 years’ time?

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