Perspectives of Homeless People on their Housing Needs and Approaches to Ensure Success: Discussion of a Study Supported by a Small SSHRC Grant

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Abstract: Recently there has been much public discourse on homelessness and its impact on health and quality of life. Housing is a major determinant of health and strategies are sought to get people off the streets. For maximum success it is important to first determine accurately the needs of those to be housed. As they live their own situations, their perspectives should be considered to ensure success. This paper discusses the findings from a research study on perspectives of homeless people regarding their experiences of homelessness. The research question was: What supports are needed for homeless people to get off the street? The study discussed is qualitative, descriptive, exploratory. Semi-structured interviews were conducted with homeless individuals in a large Canadian city in 2005, regarding their needs and possible solutions to end homelessness. A thematic analysis was carried out on the data. Findings show that individuals' experiences of homelessness deeply impact all aspects of their lives. Many barriers prevent the homeless from escaping the streets. The welfare system in place was often perceived as disabling and dehumanizing rather than helpful. Service provisions were frequently inappropriate and therefore unsuccessful. Those homeless for a long time fell into patterned cycles of shelter / street life, temporary employment / unemployment and sometimes temporary housing. Participants described the fragmented services provided as ineffective. They had many suggestions for strategies to avoid or escape homelessness. For service providers a power with rather than power over model of collaborative advocacy is proposed to serve this population more effectively, preserve / restore their dignity and invest resources wisely.

Keywords: Homelessness, Supportive Housing, Subsidized Housing, Advocacy Model, Qualitative Research, Welfare System

IN TORONTO, LOCATED in the province of Ontario, Canada, and other North American cities homelessness has become a part of everyday cityscape. While twenty-five years ago there were homeless people on the streets, they were much fewer in numbers.

Apart from the visible homeless persons on sidewalks many others live in overcrowded conditions, stay with relatives or friends, and are therefore part of the 'invisible homeless' or under housed populations. The fastest growing segments are homeless families, who are placed in special shelters or motels as temporary accommodations and out of public sight (Callwood, 1987; Goar, 2008; Sunnak, 2004; United Way, 2007). This paper discusses a qualitative research study of the perceptions of 24 homeless people regarding how they became homeless and what would be needed for them to get off the street. For service providers a client-centred advocacy model (Kingdon, 1984) is proposed to support collaboration between them and their clients.

Background

From the mid 1980s on a political shift in Canada towards neo-liberalism occurred. This shift resulted in incisive cutbacks on social and public housing programs and lifting of rent controls (Coburn, 2006; 2001; Labonte, 2004), causing poverty and homelessness to drastically increase (Street Health, 2007a; United Way, 2007). As rents were raised, affordable housing spiraled out of reach for many (Shapcott, 2007). While the recommended portion of income allocated to housing is 30% or less, due to widening income disparities an increasingly larger segment of the population is forced to spend 40-60% of their incomes or more on accommodation (City of Toronto, 2003; Daily Bread Food Bank, Summer 2008; Murdie, 2005; United Way, 2007), which leaves little to pay for food, clothing and other necessities. Those on social assistance through the Ontario Disability Support Program (ODSP) and Ontario Works (OW), traditionally known as 'Welfare', find it impossible to afford market rental housing (Shapcott, 2007; Street Health, 2007). Yet, available public and subsidized housing units are almost non-existent. Therefore people in need of subsidized housing are on the waiting list for years (City of Toronto, 2003; Crowe, 2007; Shapcott, 2007).

The private and voluntary sectors responded to the increasing homelessness with crisis interventions. Food banks started giving out groceries to help those unable to afford the necessities of life. Further, as

the existing publicly-run shelter spaces proved widely inadequate, local faith communities began offering their church basements for sleeping in the wintertime, while member volunteers prepared meals and helped out with supervision and cleaning through the so-called 'out-of-the-cold programs'.

However, wealth exists along with poverty. The top 10% of income earners are growing dis-proportionally richer – their earnings are now 82 times those of the poor -- the middle income group stagnated, while low income earners and people on social assistance sustained incisive losses (Jackson, 2008; Yalnizyan, 2008). Summing up the phenomenon of widening disparities of wealth in North America, Nancy Krieger stated: "There are rich because there are poor" (2007, p. 662).

It is well known that poverty and homelessness deeply impact physical health (Cheung & Hwang, 2004; Frankish, Hwang & Quantz, 2005; Hwang, 2001; 2000; Lafuente, 2003; Layton, 2000; Levy & O'Connell, 2004; O'Connell, 2004). Qualitative studies of homeless people's own perceptions describe health far beyond physical well-being, to include quality of life, mental health, self esteem and 'feeling included' (Acosto & Toro, 2000; Daiski, 2007; Decker, Cary & Krautscheid, 2006; Street Health, 2007a; Toro, 2007). Within the everyday dominant discourse homelessness is frequently rationalized as either the result of mental illness or an eccentric 'chosen life style', placing responsibility on the individual. As a consequence, circumstances that lead people into homelessness in the first place are seldom explored (Hulchanski, 2002). Yet knowing the pathways to homelessness seems crucial in order to understand how it could be prevented and remedied.

The study discussed here was conceived on the assumption that certain societal conditions must exist before good health can become reality. These conditions are the Social Determinants of Health which include adequate income and safe housing (National Collaborating Centre for the Social Determinants of Health, 2006; Raphael, 2007). The participants' perceptions of healthcare needs were reported elsewhere (Daiski, 2007) and housing was confirmed to be of central importance to health. What leads people into and out of homelessness therefore became the focus of this paper.

The Study

Aim

The aim of this study was to investigate the views of homeless people regarding their housing needs. Perceptions of their healthcare needs were also explored and published elsewhere (Daiski, 2007). As housing seems to be essential to health, the research questions focused on in this paper are: How are people becoming and staying homeless? What supports are needed for homeless people to successfully get off and stay off the street?

Design / Methodology

A naturalistic inquiry design was used in this study (Lincoln & Guba, 1985). Individual semi-structured interviews with participants and observational field notes provided the data collected during June to September 2005 in Toronto, a major Canadian city (also see Daiski, 2007).

Sample / Participants

Twenty-four participants, nine women and 15 men, were recruited and interviewed in front of shelters, in city parks and drop-ins, representing a purposive sample of the visible homeless population. Many more were approached but they either declined or did not meet the definition of homelessness, defined here as "lacking a permanent place of one's own". Most of the participants stayed in shelters. Others lived on streets, in parks or abandoned buildings, and under bridges, representing the 'absolute homeless' (Frankish et al., 2005, p. 524). An 81-year old man had a semi-permanent accommodation in a shelter. A few of the women were staying with a 'friend', which is often referred to as 'couch surfing' and considered by some as 'at risk for being homeless' (Frankish et al., 2005, p. 524). They were included because women participants were difficult to find. Reportedly women make up around 30% of the homeless populations (Street Health, 2007a); however how accurate these numbers are is hard to determine. Many of the women approached denied being homeless despite obvious signs, such as carrying their belongings with them, which might be due to safety concerns. While all homeless people experience violence, women are even more endangered than men (Street Health, 2007a).

While the majority of interviewees were white males, overall the participants represented a range of ages and cultures reflective of the highly diverse city they inhabited. They all shared being poor, which led to, or was precipitated by, their exclusion from adequate social and economic benefits (Labonte, 2002) and resulted in homelessness.

Data Collection

Interviews with semi-structured questions, allowing for depth and breadth of answers at the participants' discretion, were the chosen method of data collection and jointly carried out by the author with one of two student assistants (see also Daiski, 2007). Prompts were injected to elicit further elaboration on the

points considered essential while maintaining focus (Mishler, 1986). The duration of the interviews ranged from 20 to 60 minutes.

In this paper the answers to the following interview questions are discussed: "How did you become homeless? How long have you been homeless? What would it take for you to get off the street into housing and stay successfully housed?" With the interviewees' consent all but two of the sessions were audio-taped and later transcribed. Notes were written during the two non-recorded sessions. To provide context impressions were discussed between author and research assistants and observational field notes added shortly after the interviews.

In response to the broad, open-ended questions participants told their stories in their own words. The interviewers followed the flow of the conversations as much as possible, while ensuring through prompts that all points were covered (Mishler, 1986).

Ethical Considerations

Approval of the study was obtained through York University's Office of Research Administration. Before signing consent forms, participants were informed in writing of the guarantee of anonymity and their rights to withdraw at any time. A small honorarium was paid to all, including those few who withdrew before answering any or all questions and whose data were not included. Participants were told about the reward at the end of the interviews to avoid influencing their decisions to take part.

Data Analysis

Consistent with naturalistic inquiry the data were transcribed verbatim and analyzed using thematic content analysis to identify patterns in the data (Lincoln & Guba, 1985).

Validity and Reliability

Meanings were clarified with participants during and at the end of the interviews as a form of respondent validation. Although the two student assistants took turns conducting interviews, consistency in questioning was maintained through the author's presence and the interjections of additional questions when further elaboration was required.

Findings

Demographics

The nine women and 15 men ranged in ages from 19 to 81 years. Education attained spanned from six years of schooling to some university education with the majority not having finished high school. Just less than half were white Canadian-born (11). The others were: Caribbean background (5), First Nations (3), Europe (3) South America (1) and Sri Lanka (1). Duration of homelessness ranged from a few days to "all my life from when I was eight". Most participants had been homeless for several years and / or had cycled in and out of homelessness one or more times. All had been previously employed, such as in low-paying factory work, clerical work, as nursing aids or waiters, and in other temporary jobs, usually without benefits. A few had been skilled trades' people with formerly good incomes, who had lost their jobs due to a variety of reasons, such as family breakdown, injuries or alcoholism. Those homeless for a length of time were suffering from incisive impacts on their health (see: Daiski, 2007).

How are People becoming Homeless?

Overall the participants had good insights into the complex contexts in which homelessness is experienced, and which transcend the dominant discourses constructing homelessness as individual failure (Coburn, 2002). Following are typical statements about causes of homelessness, such as loss of income, incisive life changes, unsafe conditions and poorly maintained housing:

> "I could not pay the rent and therefore lost my place"
> "I lost my job"
> "I got divorced"
> "The last place where I lived there was a crack house next door"
> "The manager didn't want to clean up inside"

A few shared complex life stories which are also fairly typical of a large portion of individuals who are often socially isolated (Zerwekh, 2000). The following quote shows how this man's unfortunate circumstances were further reinforced by his social isolation:

> People are homeless for many different reasons. But usually we all get put into one category. It is not like they talk to you and ask you why. I grew up with Children's Aid, never met my Dad…I did not meet my Mom until I was 9. I spent 8 years with her and I have seen her twice since. The people on the street are nice to me, but it is the wrong kind of love. Someone can take advantage of you and that is the only kind of love I have ever experienced. It is rare that you find someone who is genuine and wants to help you. They want to help you and I sabotaged it. Because that is what I was told as a kid: You don't deserve it. We all need human touch and to talk to somebody. And if you walk

> around by yourself all day and people pretend they don't notice you….. It affects your mind, physically and emotionally, mentally (man, 32, sleeps in parks and shelters)

The next quote demonstrates how support systems, designed with the best intentions to help, are frequently inadequate and lack safety.

> I've always had abusive family and my 'ex' is also very abusive. When I ran from that abuse with my daughter I ran to the government that told me it would help me. That's what they advertise to the rest of the world - what a peaceful place Canada is. So I ran into their arms, only to get the same verbal abuse… if not worse 'cause I wasn't expecting it… it hurts more. They deny you a bed, a towel, shampoo. Then they put you in very dangerous situations… I'm an innocent, I'm not a criminal, I'm not a drug addict, neither is my daughter, but they put us in [shelters] with other people who are criminals. (woman, 40, sleeps in park with daughter, 20)

Several participants on social support payments lost their housing, due to what they described as an inflexible, punitive system, which is incapable of making allowances for individual hardships. This man's comment was typical of a few others:

> I was in a rooming house for $ 400 / month. It does not work out on welfare, as if you miss one appointment they cut you off (welfare), no excuses, no nothing… I was sick … well you need a doctor's note. I need a doctor's note because I got diarrhea? They just cut you right off. Then you need to wait 3 months to even apply again. You have lost your room the first 14 days that you can't pay the rent… (man, 49, lives under bridge)

As social assistance payments are inadequate to live on many refuse to apply for them, like this participant: "[I want] no government assistance, I do not like welfare, it is not enough money. I stay outside all year" (man, 50). People who had saved up money, reported they did not qualify for government assistance:

> I was working at one point and I had some money in my account so I don't get any assistance. The balance has to be below $500, which sucks if you had money saved from before. I'd rather not deal with welfare, I'd rather get a job (woman, 19, lives under bridge)

The extensive and complicated application procedures, as well as feeling disrespected and dehumanized in the process, were other deterrents towards applying for assistance:

> Leaving the shelter was really hard for me, because there was so much paperwork. Then I just go, 'Forget it' and I go back to the shelter, or prostituting. And I don't have to sign this, get this, get that… Even if I get them what they want, they always want something else…I always feel like I am getting money from their pocket. (man, 32, sleeps in parks and shelters).

Some were caught in the disconnected bureaucracies of two different social agencies, Ontario Works and Employment Insurance (EI), like this man. While waiting, he was unable to pay his rent and became homeless: "I was working and lost my job… If you apply for welfare, they make you apply for EI and that is what happened to me [then]. I was waiting and waiting and then I lost the appeal…" (man, 33, stays in shelter). Due to the inadequacies of social security payments landlords are often reluctant to take the recipients on as tenants: "If they find out you are on welfare they are worried you screw up…" (man, 40, sleeps in park).

A previous conviction in the justice system is another barrier to housing, as this woman (30, lives in park) explained: "A lot of … subsidized housing [places] ask: 'do you have a criminal record?'" As she had been previously charged with assault, her application was denied.

Some people share accommodation to afford high rents, which also has its pitfalls: "After I got divorced, I had an apartment, a bed room and a big living room. I had two room mates who did not pay me rent. Alone I could not pay the rent" (man, 45, now lives in a shelter).

For the working poor the situation is generally bleak: "[One of the reasons people become homeless is] minimum wage, how this is usually paid for jobs that require a lot of physical labour, unsafe conditions -- you can't live on that income" (man, 45, lives in park). As these jobs are usually unskilled and physically demanding -- some participants suffered debilitating back or other injuries and lost their jobs in many cases (Daiski, 2007). An example of unsafe conditions was described by a woman who narrowly escaped major injury on an assembly line, where she worked for minimum wage: "Due to a dangling piece of metal I almost lost my face" (woman, 40, lives in park). Additionally for those working in insecure temporary jobs, a pay cheque is not always guaranteed: "The boss gave me a bad cheque. So, I lost my place. Now, I live in the woods" (man, 50).

Generally, as confirmed by Hulchanski (2002) and Walcolm (2005) commenting on the Toronto Dominion Bank's Report on poverty, to find a job, access retraining or educational opportunities repres-

ented many difficulties for those not housed. Employers are usually reluctant to hire someone without an address and a telephone (Daiski, 2007). Similarly, for those looking for education or training, poverty is a major barrier:

> I don't have money for tuition, I could not go back to school and upgrade my education…basically I would go into nursing. It is too bad that the cost of education is getting larger and larger, this is what keeps poor people in poverty… (woman, 40, couch surfing).

Then there are also perceived inequities and bullying amongst the marginalized themselves:

> Stayed at a woman's shelter in [another city]: They just think they can harass me and abuse me and it is no big deal, she is just a tiny person… The aggressive women end up being housed and tight with the workers. I think it is because the workers are frightened of them so they kiss their ass…These girls are running around with muscles, everything they say is the way it is… they rule the shelter (woman, 40, lives in park).

A woman (30, lives in park) claimed that another tenant had harassed her: "… I told her to stop - the housing worker didn't do anything, the social workers didn't do anything… and I told the cops, they didn't do anything and I snapped." She ended up in a physical fight, got charged by the police and jailed. Two participants, who had been re-housed, lost their places because of crack houses next door, highlighting the poor safety standards in low-cost housing: **"**Some girl turned [the place beside me] into a crack house. Three years ago she got my boyfriend into crack I couldn't handle it no more [sic] and left" (woman, 35, couch surfing). Others, like this man (32, lives in parks and shelters) who selfidentified as homosexual from an ethnic minority, experienced barriers to getting housing, "due to my colour and sexual orientation".

What Supports are Needed to get off and Stay off the Street?

Regarding supports needed to get off and stay off the street, the most common answer was the following: **"**Affordable housing". All participants were well aware of the reality: "To find your own place is almost impossible. The waiting list for affordable housing is long, especially if you are single" (woman, 40, couch surfing). For most participants it meant: "Basically [I need] just a solid, steady full-time job, job security is the main thing" (man, 49, sleeps in park). Similarly this man (27, sleeps in shelter) stated: "…if the job would come, I know the money would come".

Those on social assistance, stated: "[I need] maybe $ 200 more welfare or a room for $350 – 400" (man, 32, sleeps in parks and shelters). Another man summarized his needs for basic, livable accommodation:

> I would need a reasonable rent and no bedbugs…I am okay with money management. And [I want] a reasonable landlord too: I smoke dope and I drink beer. I like to get housing where, as long as you are not totally off the wall, you can move around a bit…I did not even have a TV in my [previous] room. It has to be a comfortable situation…(54, sleeps in park).

However a few participants needed additional support and follow-up. A woman (32, lives in shelter) suffering from depression stated: "I may need maybe some support, 'cause if I get depressed I don't clean". Another participant who had been homeless 'all his life since he was eight' said help with shopping and money management would be necessary:

> Most places they just rush to get you off the street. You're a statistic. If you get a place …it's a whole new way of dealing with things. You develop all these habits out here… not very sociable habits… Get me off the street and put me in some dive -- end of story…You drop off the face of the earth until you're back in the line up, it's very isolating (man, 63, lives in park).

He and some others were sceptical that getting housing would mean the end of homelessness. Frequently failed housing attempts were due to maintenance problems: "The floors were lifting up because of the cold and heat" (woman, 32, now lives in shelter), or substandard accommodation and too little income:

> I moved into one of those buildings, it should not be legal. They give you a bathroom of your own and a room with a microwave and fridge. But there are no windows and there are electrical wires sticking out. They just collect your money, $500.- per month. Since I am on welfare I have $36.- left over…unless I find edible toilet paper, I can not survive like this (man, 34, sleeps in park)

All participants expressed some hopes of being housed some day. "To turn a key" was a metaphor mentioned by almost everyone, like in the following quote: "Not having to look over one's shoulder; a key to locking the door… that would be nice" (man, 63, sleeps in park). The 40 year old woman living in the park with her 20 year old daughter, stated: "Well,

maybe if there's no humiliation, no dehumanization, by the way we're treated, sure, why would I say no [to housing]? And if it was a nice place, not a dump, sure we would like to come in".

Discussion

Limitations of the Study

This study only collected data on those considered as 'absolute homeless' and selected persons 'at risk of being homeless' (Frankish, et al., 2005). Excluded were people and families who were under-housed, such as those living in substandard rooming houses or sharing overcrowded quarters, who are widely considered as the 'hidden' homeless. Although the numbers of interviewees are too small to be a statistically representative sample, they provide useful data about what homelessness is like in a city-environment.

Pathways into and Out of Homelessness

This study showed that inadequate incomes and substandard housing were the main factors responsible for homelessness. Low-paying, temporary jobs and social security benefits were not enough to live on and represented the major reasons why people defaulted on their rent payments. Zlotnick, Robertson and Lahiff (1999) too concluded that a stable, adequate income is a prerequisite to stable housing. The Canadian Institute for Health Information (CIHI, 2007), recently published that "mental illness was the least reported reason for becoming homeless (4%); loss of job or insufficient income to pay rent were the main reasons (34%)" (p.7), thereby disproving the common assumptions that eccentricity and mental illness are the main causes for homelessness.

The welfare system was described as punitive and inflexible, rather than helpful, with payments lost due to minor issues, such as one missed appointment. More than $500 in the bank disqualifies people from receiving Ontario Works, which discourages saving up for a crisis. Further, difficulties with paperwork and perceived disrespectful and rude treatment by workers were reported as major deterrents to even applying, findings confirmed by Street Health (2007b). Crane, Warnes and Fu (2006) and Street Health (2007b) also found that homelessness could often be prevented through simple measures, such as help with complicated paperwork to claim social security benefits, as many people had trouble filling out the complicated forms. However, even if social assistance is obtained, the low benefits of Employment Insurance or Ontario Works alone, without further subsidies, are insufficient to pay for today's market rental housing (Shapcott, 2007). Because of the inadequacy of the safety net, loss of secure employment is the most frequent cause for homelessness (CIHI, 2007). Temporary jobs were reported by participants as dangerous, insecure and without benefits. They could not sustain housing, as people often did not get paid in time or paid at all. Other exclusionary practices, such as the stigma of social assistance and homelessness itself (Wen, Hudak, & Hwang, 2007), ethnicity and sexual orientation (Trickey; 1997) and previous convictions in the justice system (Gaetz, 2004), were confirmed here as representing barriers to housing.

When affordable housing had been obtained, it was frequently reported by participants to be substandard and unsafe. Deficiencies in adequate maintenance and security frequently led back to the street. Lack of transitional support for those who initially needed help with activities such as budgeting or shopping, was another reason for, once again, becoming homeless. In a British study by Crane et al. (2006) the pathways into homelessness described were similar to the ones found here, yet they did not include substandard housing, suggesting it is either not a problem or not on the radar in all places.

All participants hoped that one day they would have again 'a key to lock the door'. Padgett (2007) found that Housing First approaches work even for those suffering from addictions and mental illness. In her study the clients experienced themselves as 'ontologically secure', as housing allowed for daily routines, constancy, privacy and a secure base, on condition adequate safety was provided. Coldwell and Bender (2007) too showed that, even for those relatively few who suffer from severe mental illness, proper support systems lead to great success in reducing clients' symptoms, as well as keeping them housed. Safe and secure housing as a crucial prerequisite to health (Raphael, 2007) therefore goes a long way in improving health and healthcare costs (Frankish, et al. 2003; Padgett, 2007), decreasing incarcerations (Gaetz, 2004) and alleviating unnecessary suffering (Daiski, 2007).

Conclusions

It became clear from this study that homelessness is a symptom of poverty and government failure. Lack of coordination and the inadequacy of social support programs, as well as an inflexible bureaucracy, contribute to poverty and resulting evictions. Crisis intervention alone, though necessary, is not enough. Health and service providers need to insist on prevention by paying more attention to the Social Determinants of Health (Raphael, 2007). We need to show that increasing income disparities, which make possible the wealth of some, leave many others in abject poverty. The dismantling of the social safety net in

the last few decades needs to be reversed (Jackson, 2008).

To prevent homelessness in the first place, we need coherent social programming, including housing policies (Crowe, 2007; Hulchanski, 2002; Raphael, 2007), and immediate help for those who are in danger of losing their homes. Adequate wages and income supplements will secure housing and enable people to afford other necessities of life, as well as to assure landlords they will receive their rent money. Crane et al. (2006) and Street Health (2007b) further propose more collaboration among social agencies and follow-up, to prevent clients from falling through the cracks. We need to build, maintain and support public housing, to create job security, to support retraining and affordable education, and to ensure sufficient incomes for all by maintaining an adequate social safety net (Walcolm, 2005). Such programs will require a different way of thinking, such as taxes to be raised rather than lowered, to make allocation of needed resources possible (Jackson, 2008).

As this study has shown, overall the participants recognized that affordable housing, a liveable income from secure jobs and adequate social security would remedy homelessness in most cases. As people live their lives, they are the experts of their lives. If asked, they can provide answers to their problems, appropriate for them. Effective approaches to improve quality of life can therefore only be achieved in collaboration with clients. Health and service providers are in the best position to gain their trust and work with them. According to Bloch, Etches, Gardner, Pelizzari, et al. (2008) physicians who focus on health problems alone can not provide help for the homeless. An important role of healthcare providers is to advocate for policies that are equitable and to provide expert input for governments. To better prepare practitioners, Van Laere (2008) argues for a holistic approach to medical care. Medical students need community placements in order to better understand the complex issues that homeless people face. Similarly, Hunt (2007) calls for 'service-learning' for student nurses in settings, such as shelters, to work with homeless individuals and families.

Kingdon's (1984) multiple stream model is proposed as an advocacy model, because it supports collaboration between providers and clients on several levels. Using this model, providers will respectfully listen to and understand their homeless clients' points of view. They will learn to trust that their clients know how their problems can be resolved in ways acceptable to them (O'Sullivan & Lucier-Duynstee, 2006). This model further suggests to reframe the problem (homelessness) to provide the public and governments with a clear understanding of the complexities of homelessness. Episodic and long-term homelessness, far from being results of individuals' deficiencies, need to be understood as manifestations of an inadequate system and public policy failure. To remedy the problem public policy needs to be changed.

Social scientists and professionals, I believe, have a moral obligation to improve the quality of life for all. It is our duty, together through our disciplinary expertise, to promote social justice and equity, by educating governments, professionals and the public about discriminatory practices, poverty, homelessness and their consequences. We need to dispel the stigma and misconceptions surrounding these issues, exposing the failures in the system, and elicit respect and compassion towards those who are marginalized in our societies. Housing, a liveable income, and job safety and security should be everybody's rights, while dignity and good quality of life, free of discriminatory practices for all should be a common goal.

Key words: Homelessness, Homelessness and Housing, Housing First, Social Determinants of Health, Supportive Housing, Homelessness and Health; Kingdon's Advocacy Model

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About the Author

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Isolde Daiski is an assistant professor at York University's School of Nursing. She teaches courses in holistic nursing with particular attention to environmental / contextual factors affecting health and quality of life of individuals. She volunteers her nursing services on the health bus, an outreach program for homeless people in downtown Toronto. Her doctoral work examined how the cutbacks of services in healthcare in the 90s affected nurses and vulnerable clients. Research includes a) a needs assessment / evaluation of the health bus outreach

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