

***Evaluation of Homelessness Initiatives: Pauline's Place
Vincent Place and Mobile Support Worker Program***

Final Report

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Executive Summary

The Community Economic and Social Development program at Algoma University College was contracted evaluate three community based programs designed to address the needs of the homeless in Sault Ste. Marie: the Mobile Support Worker (MSW) program, sponsored by the John Howard Society; a youth shelter called Pauline's Place; and a shelter for homeless men called Vincent Place. These three programs had been identified as priorities in the Community Plan to Prevent and Ameliorate Homelessness in the City of Sault Ste. Marie (Community Plan) (Social Services Solution Council Homelessness Sub-Committee [SSSC], 2002).

To conduct the study, researchers used a continuum of care model to identify gaps in the delivery of community services to address both crisis and long-term needs of homeless individuals. Agency data outlining the number and types of services provided was reviewed, and qualitative data in the form of interviews and focus groups with stakeholders was gathered. In addition, a comprehensive literature review provided a context for analysis of the strengths, gaps and priorities for action for Sault Ste. Marie's response to homelessness.

The greatest challenge in conducting the evaluation was the lack of consistent data collection by the agencies. For example, although tremendous efforts were expended by staff at both Ontario Works (OW) and at the two shelters, it was impossible to obtain data which would indicate the number of clients who were turned away due to lack of space on any given night of the year. Also, the data for 2004 and 2005 contained several discrepancies, preventing the researchers from being able to draw any conclusions based on year-to-year changes.

The research showed that since 2002, major improvements have been made in the continuum of care for those who find themselves homeless in Sault Ste. Marie. Two of the major gaps were filled by the start-up of Pauline's Place (crisis and transitional housing for youth) and Vincent Place (men's shelter). This leaves only families with no crisis shelter, other than accessing a local hotel.

Both Pauline's Place and Vincent Place provide some support and excellent referral services to their residents. The knowledge and skill of most of the staff won high praise from clients. Their support services have been augmented by the MSW program, which assists clients in moving from the shelters, correctional facilities, and accommodations to more permanent accommodations, as well as mediating with landlords to reduce evictions. These services are crucial in the mid- to long-term in reducing the demand for crisis accommodations.

There are however a number of concerns, many of which stem from a lack of permanent, ongoing funding. Both shelters are required to depend on "project funding", a situation which often results in staff turnover, either as a requirement of the funding, or because staff move on to more secure jobs when they become available. For the Mobile Support Worker, cuts in funding have reduced the "mobile" part of the job, something which clients and agency staff identified as a crucial component of the program.

The homeless population is one which, due to life experience, has serious difficulties in establishing trust. Staff turnover and the fact that the MSW is less able to work out of the shelters, or travel with clients to appointments, seriously compromise the integrity of the program itself.

The research provides a series of recommendations to the community designed to ensure a continuum of care for the homeless population which stretches from the time the individual is on the street through to a stage where the individual has the capacity to maintain permanent housing. The recommendations include:

- Consistent data collection that reflects service goals and objectives
- Review of the need for the establishment of a street-level service to reach out to homeless who would otherwise be unaware of services
- Development of a more suitable response to homeless families' need for shelter
- Review of adequacy of bed capacity of Pauline's Place
- Expansion of Mobile Support Worker program to a minimum of three staff
- Creation of more decent, affordable housing (more social housing)
- Permanent, ongoing funding to homeless shelters and MSW program

The research also provides a glimpse of the strong network of agencies within the City of Sault Ste. Marie which provide support to the homeless population. The participation of staff, board members and referral agents in the research was extraordinary and highly cooperative. There is no doubt that this group of motivated and concerned agencies will continue to find appropriate solutions to the needs of the homeless.

1. Introduction

Housing is vital for individual health and well-being, for an inclusive society and for healthy communities (Jackson, 2004), and is one of the indicators used in the United Nations Human Development Index to assess the progress of nation states around the world.

In response to an acknowledged homelessness crisis in Canada, the Government of Canada announced a national homelessness program in 1999. This three-year \$305 million initiative, entitled Supporting Communities Partnership Initiative (SCPI), was designed to improve access to programs, services and support for alleviating homelessness in communities located in all provinces and territories. This first program was extended through to the year end of March 2003, and renewed for a further three year period, in the amount of \$258 million, by SCPI II.

During the first years of the Initiative (1999-2003), communities focused on the most pressing and urgent needs of their homeless populations (Government of Canada, 2004). SCPI II allowed communities to review their progress to date, and ensure future investments were targeted to those areas which best supported their homeless population (Government of Canada, 2003c).

1.1 Context For This Study

Through SCPI I, the government of Canada allocated \$417,000 to Sault Ste. Marie to address homelessness. To access these funds, a Community Plan to reduce and prevent homelessness was created based on a consultation with a cross section of the client group (i.e., the homeless or those at risk of homelessness) and a wide range of other community stakeholders including social service agencies and housing providers (SSSC, 2002).

The plan identified numerous gaps in the local continuum of care¹ and identified a number of high priorities for action and intervention. The following priority initiatives were identified (SSSC, 2002):

1. “provide additional funding to the Community Assistance Trust (CAT) to enhance its service delivery capabilities and emergency assistance fund;
2. continue and expand the Community Housing Association’s Mobile Support Worker program;
3. develop a men’s shelter/transition home; and
4. develop a youth shelter” (p. 25).

In January 2002, the Community Plan (SSSC, 2002) was endorsed by the Social Services Solution Council, Mayor and Members of Council, the District of Sault Ste. Marie Social Services Administration Board and was approved by Honourable Claudette Bradshaw, the Minister Responsible for Homelessness.

The following Community Plan (SSSC, 2002) recommendations were implemented:

¹ Continuum of care is defined as “when there are no gaps in the local infrastructure of services and facilities as compared to the needs of the client group; that is, the network of supports for the client group are complete or ‘seamless’” (Community Plan, 2002, p.18)

- Establishment of the Social Services Department of the City of Sault Ste. Marie as the “Community Entity” responsible for coordination of planning, coordinating, delivering and reporting on services related to homelessness within the City of Sault Ste. Marie. The Community Entity is assisted by a Community Advisory Committee on homelessness that includes representatives from stakeholders including social service agencies and the client group (SSSC, 2002).
- Expansion of the Community Assistance Trust program, an emergency funding resource to individuals and families.
- Expansion of the Mobile Support Worker program from one staff member to three
- Development of a men’s shelter, (now called Vincent Place)
- Development of a youth shelter, (now called Pauline’s Place)

The SCPI Phase II funding was allocated to Sault Ste. Marie from April 2003 to March 2006 in the amount of \$417, 350. To access these funds, the Community Plan (SSSC, 2002) had to be updated and follow the same process for endorsement and approval as the original plan.

One of the priorities identified in the updated Community Plan (SSSC, 2004) was the need for research, specifically in the area of evaluating the results of the community actions taken to ameliorate homelessness.

In May of 2005, the Community Economic and Social Development program at Algoma University College was contracted to conduct an evaluation of the two shelters developed under the SCPI I funds, and the MSW program², and to develop a profile of the working poor (see Broad & Date, 2006). The Social Services Solution Committee of United Way acted as an Advisory Group to this research (CSC, 2005).

This report outlines (1) the methodology used to conduct the evaluation; (2) a summary of the literature about homelessness, including definitions, costs and causes of homelessness, and people at risk of becoming homeless; (4) the findings about Pauline’s Place, Vincent Place, the MSW program and the continuum of care in Sault Ste. Marie; and (5) conclusions and recommendations.

2. Evaluation Methodology

The research design included a literature review and program evaluations of the MSW program, Pauline’s Place and Vincent Place.

2.1 Literature Review

The literature review included a comprehensive review of three types of literature: (1) literature about homelessness, including the definitions, costs and causes; (2) literature about people at risk of becoming homeless including the poor and other vulnerable groups; (3) literature about the state of homelessness in Sault Ste. Marie including the Community Plans (SSSC, 2002;

² The Community Assistance Trust (CAT) program had already been evaluated (see Fernandez, 2004).

Community Plan Update Committee, 2004) and documents about the three initiatives (e.g., funding proposals, policies and procedures manuals, annual reports).

2.2 Data Collection and Analysis

The statistical data available through Pauline's Place, Vincent Place and the MSW program was reviewed. The statistics of Pauline's Place and Vincent Place were examined from the time period of May 2004 to December 2005. The statistics of the MSW program were examined from the time period of January 2004 to December 2005. The percentages calculated in this report were based on the statistics provided by and collected by each of the initiatives. Percentages were based on the data provided and did not include ongoing clients except in instances when ongoing client data was integrated with the new and repeat client data³. Such instances will be noted. Some data that was collected was not uniform from 2004 to 2005. As a result, comparisons of the data from 2004 to 2005 and conclusions could not be drawn.

A qualitative approach is an appropriate choice of methods in conducting research when the aim is to explore individuals' understanding or experiences of the world around them (Teare & Smith, 2004). Pillay (2003) expands on this notion, adding that "the essential point of qualitative research is that the researcher attempts to learn about the experiences of research participants and tries to describe such experiences as they are lived by the participants rather than working with pre-conceived ideas about such experiences" (p. 263). In social research, qualitative methods are useful, not only for providing rich descriptions of complex phenomena like homelessness, but they also take into account the fact that each individual is equally complex. That is, each individual has different perspectives about the world, different reactions to occurrences, and different opinions about how the world should be. The two most favoured methods for collecting qualitative data to gain insight into participants' subjective perceptions and experiences are individual interviews and focus groups (Nicolson & Anderson, 2003).

Individual interviews and/or focus groups were conducted with stakeholders of Pauline's Place, Vincent Place and the MSW program. Attempts were made to have representation from all stakeholders of the various organizations and approximately equal numbers of board members, staff, clients and employees of the referral agencies participated in the study. All participants were voluntarily recruited through their agencies. Interviews and focus groups took place between September 12, 2006 and March 31, 2006. Four different sets of questions were designed for each of the respective stakeholders. The number of board members, staff, clients and employees of referral agencies that participated in the study are summarized in table 1. The interviews with board members and employees of the three initiatives and employees of referral agencies were conducted in a mutually agreed upon location. The interviews with the consumers of each of the three initiatives were conducted in their respective agency settings in a private room.

³ New means the client has never accessed the program; repeat means that the client has accessed the service in the past; ongoing means that the client was carried over from previous months.

	Board members	Staff members	Consumers	Referral agency employees	Total
Pauline's Place	3	3	3	3	12
Vincent Place	2	3	3	3	11
MSW program	9	5 (current and former)	5 clients 5 landlords (from the landlord registry)	4	28

The research investigated several topics including: the strengths and gaps of the initiatives; potential clients not accessing the initiatives and difficult to serve clients; community awareness and support; and gaps in housing services along the Continuum of Care and related recommendations. Interviews and focus groups were tape-recorded and then transcribed and entered into a computer. The investigator utilized a qualitative research software program N6 to review the transcripts and code important themes and response categories using standard qualitative research techniques, which include thematic analysis and grounded theory. In the findings section, examples of participants' responses are included under each identified theme. Some minor changes were made to participants' responses to ensure their anonymity.

3. Literature Review

3.1 Defining Homelessness

Many different definitions of homeless are found in the literature. In general, the majority of these definitions can be classified into one of three types: (1) definitions focusing on the literally homeless; (2) definitions focusing on those who move into and out of homelessness on a regular basis; and (3) definitions focusing on those who are 'at risk' of becoming homeless (Peressini, McDonald, & Hulchanski, 1995). The Mayor's Homelessness Action Task Force in Toronto conducted the most comprehensive study of the homeless in Canada. This (1999) report emphasized that the diversity of people who are homeless must be recognized in order to address their different situations and needs. As such, a broader definition of homelessness is appropriate because "it can allow for a more complete understanding of the issues and enable the community to develop viable solutions leading to the reduction and prevention of the problem" (Kauppi & Lemieux, 2000, p. 4).

The definition of homelessness used by the Mayor's Homelessness Action Task Force in Toronto was based on work by Daly (1996) and described homeless people as "those who are absolutely, periodically, or temporarily without shelter, as well as those who are at substantial risk of being in the street in the immediate future" (p. 24). Since one of the goals of the Community Plan (SSSC, 2002) for Sault Ste. Marie is to prevent homelessness, the definition of homelessness used in the Community Plan (SSSC, 2002) also incorporates those individuals

who lack or are at risk of lacking appropriate, safe, affordable and secure housing. The *Evaluation of Homelessness Initiatives study*, adopted the definition of homelessness used in the Community Plan (SSSC, 2002):

Citizens who are homeless are individuals or families who lack, or are at risk of lacking appropriate, safe, affordable and secure housing due to poverty, unemployment, financial losses, bereavement, trauma, family breakdown, mental or physical disabilities, institutional release, lack of family support, discrimination and/or an inability or reluctance to access community services. (p. 1)

As reviewed in the Community Plan (SSC, 2002), for the purposes of this definition, *appropriate* is defined as having sufficient floor space for bedrooms to avoid overcrowding or inappropriate sleeping arrangements; *safe* is defined as having no more than a normal risk of injury, illness or loss to the person and/or their possessions and meeting minimum health and safety standards as defined by municipal, provincial and/or national building codes; *affordable* is defined as consuming no more than 50% of a family's monthly income; and *secure* is defined as being without threat of eviction in the short term as long as reasonable conditions of tenancy are maintained by the individual or family (e.g., pay rent).

3.2 Costs of Homelessness

“Housing in disrepair leads to higher risks of injury and accidental death in the home and unhealthy, indeed sometimes fatal, exposure to extremes of heat and cold” (Jackson, 2004, p. 37). A wide range of pathologies (e.g., respiratory disease) may arise from exposure to dampness, moulds, fungus, mites, pests, poisons, toxins and fumes (Jackson, 2004). Additionally, stress arises from lack of adequate or suitable housing (Jackson, 2004). In fact, the central hypothesis in the population health literature is that the chronic, long-term, low-level stress that arises from related as well as material deprivations is linked to physical diseases such as heart disease and cancers (Jackson, 2004). Furthermore, the stress arising from lack of access to outside space and crowded housing is also a factor in poor mental health and developmental problems for children (Jackson, 2004). Homeless people also experience high rates of: sexual victimization (especially women), physical assault, police harassment, lack of shelter beds, poor food quality, inadequate hygiene facilities, lack of privacy and security, forced movement and theft (Falvo, 2003).

Research has illustrated that homeless people are more likely to die earlier in life and suffer from a wider range of medical problems than non-homeless people (Hwang, 2001). Homeless adults have high levels of health care use and often obtain their care in emergency departments (Hwang, 2001). In fact, homeless people are admitted to hospital up to five times more often than the general population and stay in hospital longer than other low-income patients. These prolonged stays in hospital result in significant excess health care costs (Salit, Kuhn, Hartz, Vu, & Mosso, 1998). Moreover, Dr. Hwang (2001) noted, “homeless people in their forties and fifties often develop health disabilities that are more commonly seen only in people who are decades older” (Falvo, 2003 p. 5). It is important to address homelessness in Sault Ste. Marie because increasing numbers of homeless people with disabilities and health problems may result in greater caseloads and pressure on social service agencies and health care service providers.

3.3 Causes of Homelessness and Policy Issues

The Mayor's Homelessness Action Task Force in Toronto (1999) identified the main causes of homelessness as: the increase in both the incidence and depth of poverty; the provincial and federal governments' removal of support for social housing development; deinstitutionalization and the lack of discharge planning for people with mental illness; as well as social factors such as domestic violence, physical and sexual abuse and isolation from family and friends. The dramatic changes to income security programs have also compounded the problem of homelessness in Canada (Falvo, 2003; Mayor's Homelessness Action Task Force, 1999). For example, more restrictive eligibility criteria and reduced benefits under Employment Insurance (EI) have placed additional pressure on the social assistance program. Moreover, as noted by the Mayor's Homelessness Action Task Force (1999), the eligibility criteria for OW have been reduced and benefits have been cut:

These cuts are in addition to a 21.6 percent cut to social assistance made in 1995. Mandatory work for welfare has been introduced for all participants except those medically defined as disabled and single parents of children under the age of six. Medical and drug benefits that were previously available for the working poor have been eliminated, as has the \$37-a-month pregnancy allowance. (p. 260)

Other policy issues, like the more restrictive definition of disability to applicants of the Ontario Disability Support Program (ODSP), the requirement that homeless people provide receipts to receive the fixed shelter amount to which they are entitled, the use of actual costs for utilities and board and lodging instead of automatic minimums and the reduction of the shelter allowance for people on welfare living with their parents, have increased the risk of homelessness and have most adversely affected the poor and the working poor (Mayor's Homelessness Action Task Force, 1999).

In addition to decreased social support and social housing, most analysts see rising homelessness in the 1990s as the extreme manifestation of the growing income gap between rents and the incomes of the poorest of the poor, particularly social assistance recipients (Jackson, 2004). Furthermore, the gap in incomes between Canadians has been growing throughout the 1990s, and notably so since 1994 (Ross, Scott, & Smith, 2000). In fact, households in the top quintile in 1989 received \$18 in market income for every \$1 earned by households in the lowest quintile. By 1998, this gap had widened to \$27 for every \$1" (Ross et al., 2000). Market driven inequality is now overwhelming the counterweights of taxes and transfers.

Canadians' incomes have been shrinking as the costs of basics such as housing and transportation continued to rise (Ross et al., 2000). There are more people that are becoming underemployed, working part-time when they would prefer full-time work. Furthermore, more people work flexible non-standard jobs with inadequate income, little job security, inferior working conditions and few or no benefits (Falvo, 2003). Those that are homeless face many barriers to employment including: a lack of transportation, the inability to purchase basic amenities (e.g., food, appropriate protective clothing), being in poorer overall health, not having a telephone and being constrained by shelter curfews (Falvo, 2003).

3.4 People at Risk of Becoming Homeless: The Poor

Housing costs for home owners include regular mortgage payments, property taxes, utilities and condominium charges. For renters, housing costs may be exacerbated by utilities and parking, if not included in the rent. When families' spend the majority of their income on shelter, food and clothing, there is little or no money left for expenditures on personal care, household needs, furniture (excluding the items included under shelter), basic telephone service or other basic items. Furthermore, poor families may have to cut into their budget for essentials; rent substandard housing; move often in an attempt to save rent; purchase poor-quality food that lacks freshness or variety; supplement their food budget with trips to food banks; and own a minimum selection of mainly used clothing (Ross et al., 2000).

Many studies have illustrated a link between poverty and various debilitating behaviours and conditions (Ross et al., 2000). A pioneering study by the CCSD (2001) has documented that income levels and the well being of Canadian children are undeniably linked. For example, children who grow up in low-income families are less healthy, have less access to skill-building activities, have more destructive habits and behaviours, live more stressful lives and are subject to more humiliation (Ross et al., 2000). Moreover, "there is strong evidence from the U.S., and some evidence from Canada, that living in relatively and absolutely deprived urban neighbourhoods has a significant negative influence on important social outcomes, over and above the negative impacts of low income as such. There is a risk of a double impact arising from concentrated low income" (Jackson, 2004, p. 36).

3.5 Defining Poverty: Poverty Lines in Canada

Canada has no official, government-mandated poverty line (CCSD, 2001). Although different agencies and organizations in Canada measure poverty in different ways, the most accepted and used definition of poverty is the Statistics Canada Low Income Cut-off (LICO) using pre-tax income (Ross et al., 2000). In fact, the CCSD has extensively used pre-tax LICOs as a poverty line in analytical works because of their wide availability and because they are a meaningful measure of trends in the incidence, depth and duration of low income by family type and other characteristics (CCSD, 2001). "A LICO is an income threshold below which a family will likely devote a larger share of its income to the necessities of food, shelter and clothing than an average family would" (Income Statistics Division, 2004, p. 6). To calculate the LICO line, 20 percentage points are added to the percentage of income spent by an average equivalent household on food, clothing and shelter. LICOs are calculated for different sized families and communities and are updated periodically to match current household spending patterns (CCSD, 2001). Currently, the average household spends 34.7% of its pre-tax income on food, shelter and clothing, so a low-income household is defined as one that spends more than 54.7% on these three necessities (CCSD, 2001). The before-tax LICO for Sault Ste. Marie for different family sizes are presented in table 2 (CCSD, 2004).

	Family Size						
	1	2	3	4	5	6	7+
Before-tax LICO	\$16,862	\$21,077	\$26,213	\$31,731	\$35,469	\$39,208	\$42,947

3.6 Poverty and Homelessness: Populations at Risk

In recent years, women, children, youth and families represent a significant proportion of the absolutely homeless population (Mayor's Homelessness Action Task Force, 1999). There is greater housing poverty among female-led and racial minority households due to sex and racial discrimination (Canada Mortgage and Housing Corporation [CMHC], 2004b). Risks of low earnings are relatively concentrated among young adults, single parents, recent immigrants, Aboriginal people, persons with disabilities and adults with limited formal education (Jackson, 2004).

Working-age households

As reviewed in Ross et al. (2000), the rate and depth of poverty among working-age households has increased in Canada. Families led by a lone mother are a growing proportion of all families and they are also the most likely to be poor. In 1998, 56% of families headed by lone mothers were poor and they were home to 43% of poor children. Lone-mother-led families grew from 22% to 28% of all poor families between 1981 and 1997. Serious questions have been raised about the common assumption that a family cannot be poor if it has at least one adult employed year-round (Schellenberg & Ross, 1997). "Quite simply, many jobs do not pay enough wages to provide even full-time workers with sufficient income to adequately support their families" (Schellenberg & Ross, 1997). In fact, 20.3% of families in Ontario experienced market poverty in 1994, with earnings that were \$10,362 below the poverty line. See *Profile of the Working Poor in Sault Ste. Marie* for local information (Broad & Date, 2006).

Many families are required to live in shelters or double up with family or friends (Mayor's Homelessness Action Task Force, 1999). Furthermore, "many families bear additional financial burdens because they are caring for an adult dependent child or an elderly relative" (Mayor's Homelessness Action Task Force, 1999, p. 53). In fact, Statistics Canada (1996) identified that 56% of young unmarried men and 47% of young unmarried women between the ages of 20 and 34 were living with one or both parents in 1996 (Boyd & Norris, 1999). This proportion declined with age, but even among the 30-34 year old age group, 32% of unmarried men and 19% of unmarried women were living with a parent. With regard to young married adults, only 3% of young married men and 4% of young married women lived with one or both parents in 1996.

Youth

In 1995, youth aged 15 to 24 in Canadian cities were among the most likely to live in poverty. "Although many factors are associated with poverty among youth, their low status in the labour market likely contributes to their high poverty rates" (Lee, 2000, p. 29). For example, young people looking for employment have had a more difficult time finding it than have other age groups. In fact, in 1989, the youth unemployment rate was four percentage points higher than that of adults aged 25 to 44 and by 1997, this difference doubled (Lee, 2000). In addition, youth are highly likely to be in school and more likely to only be employed part-time during the school year because of their school commitments. As such, their earnings are generally low because the amount of employment they can have is restricted.

Senior citizens

Seniors citizens' overall poverty rates have declined in Canada between 1981 and 1997 but the rate of poverty among unattached elderly individuals remains high at 45% (Ross et al., 2000),

and has a pronounced gender bias. In 1997, 49.1% of unattached elderly females were living in poverty compared to 33.3% of elderly males (Ross et al., 2000). One reason is that the average woman works in the paid labour force for a shorter time and at lower wages than does the average man over a lifetime (Lee, 2000). It is important to note that a large segment of the non-poor senior citizens are nearly poor and “despite two decades of declines in poverty among the elderly, a large proportion of seniors still live below the poverty line in many Canadian cities” (Lee, 2000).

Aboriginal people

The Aboriginal Peoples Survey (APS) (Statistics Canada, 2001) identified that Aboriginal people have higher birth and death rates, shorter life expectancies, a higher proportion of lone-parent families, lower levels of education and income and higher unemployment and poverty levels than non-Aboriginal people. The Royal Commission on Aboriginal People (RCAP) (1995) stated (as cited in Lee, 2000), they are not favoured in today’s labour market:

Aboriginal people face discrimination in hiring and employment. They earn about one-third less in wages. They are less likely to hold down full-time, year-round jobs. They are much more likely to be employed in manual trades such as construction than in white collar jobs such as professionals, administrators, managers or clerks (p. 39).

Aboriginal households are also more likely to be renters, and their housing is generally in poorer condition than the general population. In fact, as well documented by CMHC and others, the housing conditions of urban Aboriginal persons and Aboriginal people living on reserves are generally appalling. With respect to homelessness, there is very little literature that addresses the issue of Aboriginal homelessness in Canada because in general the research done on the extent of homelessness in Canada does not take ethnicity into account (CMHC, 2004a). Homelessness, however, appears to be prevalent in the Aboriginal population, urban and rural, on and off reserve.

People with disabilities

Persons with disabilities often encounter difficulties participating in the labour force (Lee, 2000). For example, some disabled people will be unable to enter waged work as a result of the nature of their impairments (Smith et al., 2004). Others who could work are disadvantaged in the labour market for a number of reasons: employers’ attitudes, discrimination, availability of suitable jobs, access to or within a potential workplace, lack of self-confidence, low pay and fear of losing benefits (Office for National Statistics [ONS], 2002). In general, persons with disabilities receive lower wages than persons without disabilities (CCSD, 2002). It is important to note that women with disabilities are more likely than other groups (i.e., women without disabilities, men without disabilities and men with disabilities) to run out of money for food, have low earnings and live below the poverty line (CCSD, 2002). Furthermore, based on 2001 Census data from Statistics Canada, households with disabled children had lower household income than households with non-disabled children (Statistics Canada, 2003b).

People with disabilities may be at greater risk of becoming homeless than the general population because in addition to low wages and high poverty rates, they have extra costs of living. A UK study (Smith et al., 2004) exposes the extra costs of living that drive disabled people deeper into poverty. For example, disabled people have major additional costs for personal assistance,

transportation and the adaptations and equipment essential to support and enhance independence (Smith et al., 2004). It has also been shown that there are numerous minor additional costs that are encountered by disabled people in many aspects of everyday life.

As reviewed in Lamb and Layzell (1994), indirect and direct discrimination can also contribute to increased costs for disabled people. Indirect discrimination includes insufficient or lack of access to transportation, services or public venues. For example, a disabled person cannot ‘shop around’ for the cheapest goods because shops are inaccessible. Direct discrimination exists when disabled people are charged extra premiums for life insurance, content and motor insurance and mortgage facilities. “Clearly, the additional costs of disability are substantial and measurements of poverty among disabled people that do not take these additional costs into account will underestimate the true extent of poverty” (Smith et al., 2004, p. 81).

There is “emerging consensus in the literature that people both become and remain homeless as a result of a combination of factors at both the macro and individuals levels” (Morrell-Bellai, Goering, & Boydell, 2001, p. 600). Factors at the macro level include: poverty, lack of employment, low welfare wages, lack of public benefits and lack of affordable housing. Factors at the individual level include childhood abuse or neglect, mental health symptoms, poor support networks and substance abuse. Homeless people are more likely to die earlier in life and suffer from a wider range of medical problems than non-homeless people (Hwang, 2001). Working-age households, single parents, youth, senior citizens, Aboriginal people, people with disabilities, recent immigrants and adults with limited formal education are at risk of low earnings and homelessness (Jackson, 2004).

4. Research Findings

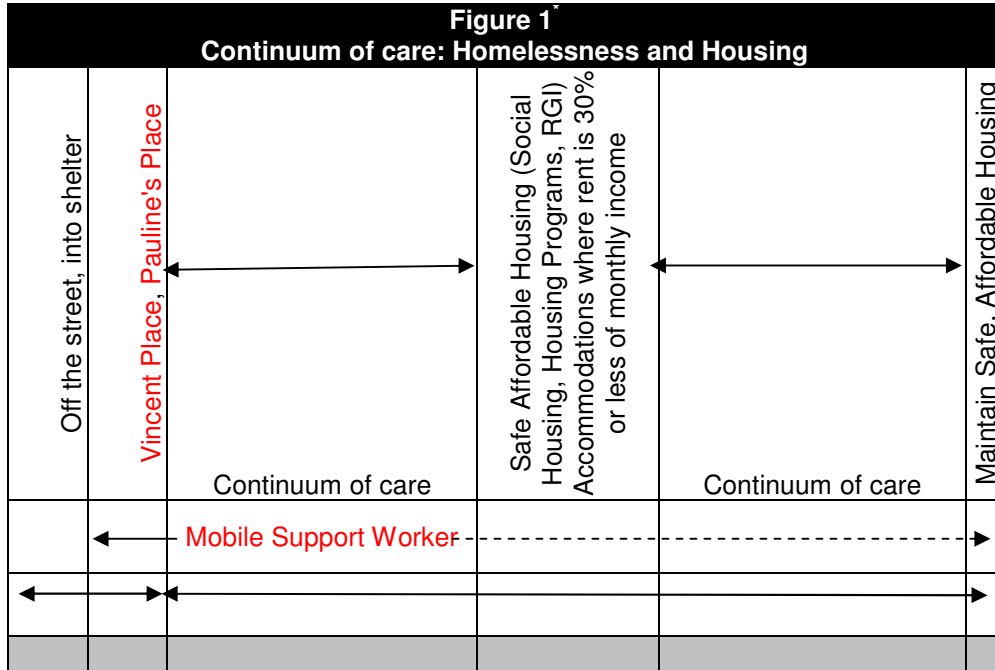
Sault Ste. Marie is located in Northern Ontario where it is crucial to consider the risks for homeless people associated with cold winters, which put people at greater risk of disability, health problems and even death. Sault Ste. Marie is also unique because of the higher unemployment rate (i.e., 9.5) as compared to the rest of Ontario (i.e., 6.1) (Statistics Canada, 2004).

As indicated above, prior to the commencement of the SCPI program, there were some serious gaps in addressing the shelter needs of the homeless population in Sault Ste. Marie, including no men’s nor youth shelters. Individuals who found themselves homeless in the city were frequently referred to the Algonquin Hotel, a downtown establishment with a homeless-friendly owner. While this served the purpose of providing a roof over their heads, it was not an ideal situation, leaving many of the client’s needs such as support, referral and assistance in stabilizing, largely unmet.

The Community Plan (SSSC, 2002) aimed to achieve a continuum of care for people that are homeless or at risk of homelessness, in Sault Ste. Marie (see figure 1). Pauline’s Place and Vincent Place were designed to meet the need for emergency shelter and transitional housing for community members that were un-serviced and/or under serviced, that is, youth and men in crisis.

The Mobile Support Worker program was designed to help people transition from the shelters to accommodations, from accommodations to accommodations, or from incarceration to

accommodations. The MSW program was also designed to help people maintain housing by providing support to individuals once they are in longer-term or permanent housing.



This evaluation research spans the periods of: (a) May 2004 to December 2005 after the development of the two new shelters (one for youth and one for single men) and (b) January 2004 to December 2005 for the MSW program, covering a period when there were reductions in funding for the program. As a result we have outlined the funding mechanisms at the beginning of the report for clarity.

The findings for each of the three programs (Pauline’s Place, Vincent Place and MSW program) are organized in three sections:

- Client and community needs
- Program mandate, services and activities
- Analysis of the capacity of the program to meet the identified needs

4.1 Program Funding

The funding for the MSW program had originally been obtained by the John Howard Society (JHS) through the Provincial Homelessness Initiative, and provides support for one worker. Through the SCPI I program, funding was allocated for the hiring of two additional workers. With the transition to the SCPI II program, funding for the two additional workers was eliminated due to reductions and reallocations of the SCPI II dollars.

* Chart was drawn up by the Community Entity in consultation with Advisory Committees, agencies and Catherine Kaye as well as references in the Community Plans.

Funding for the two new shelters is obtained from a variety of sources. There is some core ongoing funding available through hostelling agreements with the Social Services Department of the City of Sault Ste. Marie, which is based on a per diem or room and board for each resident. Because there are sometimes vacancies at the shelters, this amount fluctuates, and is insufficient to address the needs of the clients for support, referral and advocacy services. As a result, the shelters augment their funding through project-based grants, such as those available through the Trillium Foundation (or other foundations), Service Canada employment programs and fundraising.

The research showed that this uncertainty in funding causes a great deal of anxiety for staff, board members and even clients (see details below) and in the case of the MSW program, reduces its effectiveness.

4.1.1 Client Income

The homeless population tend, for the most part, to rely on some form of social assistance, usually OW. If the client qualifies for assistance, they will receive a small “personal needs” allowance during the period they are in the shelter, as the shelter is paid for their room and board through the hostelling agreement mentioned above.

When the clients find a place to rent they may qualify for a “Community Start-Up Benefit” which assists with the purchase of furniture and necessary housewares. Clients can only access the start-up benefit once per year and must also be eligible for ongoing OW benefits. When clients apply for OW benefits there are a number of eligibility criteria they must meet, and an OW caseworker may approve their eligibility for a two-week or one-month period, depending upon when the client applies and the specific circumstances of each individual.

4.2 Evaluation of Pauline’s Place

The Community Plan (SSSC, 2002) identified the need for a youth shelter in the community. In May 2004, Pauline’s Place, an eight bed facility, opened the doors to youth ages 16 to 21 in need of emergency shelter.

4.2.1 Client and Community Needs

The development of a youth shelter was recommended in order to address the following gap identified in the Community Plan (SSSC, 2002):

1. “the need to provide emergency and/or transitional support services and housing for high-risk groups that are presently un-serviced or under-serviced: youth” (p. 6 - 15).

The youth that stay at Pauline’s Place have intense needs due to a variety of issues that they are facing such as mental health illness, learning disabilities, substance abuse, eating disorders, emotional problems (e.g., anger), a history of abuse (sexual, physical, or emotional), poverty, having witnessed abuse at home and parents with substance abuse issues. Two prominent issues of clients at Pauline’s Place are substance abuse (66% in 2004; 63% in 2005) and mental health

(34% in 2004; 37% in 2005)⁴. Due to their many needs clients require a safe place to stay while they stabilize and access the services they require.

There is a strong need for Pauline's Place as there is no other shelter for youth in Sault Ste. Marie. Pauline's Place has impacted other agencies because it offers them a place to refer youth. Previously, agencies had to try to make arrangements through the Algonquin Hotel, other families (which were difficult to find), or Women In Crisis (WIC). The Algonquin Hotel may not be an appropriate place to refer youth because there are hotel rooms with adults as well as bars nearby. Youth were outside of WIC's mandate but they did try to accommodate them because there was no other shelter available. Now, these agencies are not required to take in emergency youth because Pauline's Place is in operation. One referral agency employee explained how the opening of Pauline's Place has changed service delivery for staff at her agency:

It's changed in the fact that it gives me an outlet to actually, I think, it gives me a chance. It's kind of the buffer where one-time kids come here "I have nowhere to go". Now they go up there. Even if I get them to go back home, I've had two or three days to contact the parents, contact different – wherever I'm referring. It gives that – I don't have to make a decision instantly. I know that they're going to be safe. They're going to have food and shelter. For me to either contact their parents, find out who's in charge of them, what happened, get them on track.

Referral agency employees were very concerned about keeping Pauline's Place in operation in the long term. One referral agency employee explained:

I'm already stressing thinking: "if they close, oh my gosh, what am I going to do?"... Like I feel like, yes, they [youth] have survived before without it but I think it was sad that we had to. And I think we put youth at risk [prior to the opening of Pauline's Place].

4.2.2 Program Mandate, Services and Activities

The Community Housing Association (CHA) of Sault Ste. Marie has been active in the community since 1987 and was selected as the lead agency for development of the youth shelter. Pauline's Place is a shelter for youth ages 16 to 21 who are homeless or who are at high-risk in their current living arrangements (Pauline's Place, 2005). The shelter has eight beds available for youth until they find permanent housing. It is the vision of Pauline's Place to ensure that no youth in Sault Ste. Marie or surrounding area are involuntarily homeless. The mandate of Pauline's Place "is to provide access to safe, affordable housing for youth who are experiencing crisis and find themselves homeless" (Pauline's Place, 2005).

Pauline's Place aims to provide: a safe, supportive and caring environment; basic necessities (e.g., food, personal needs items); training in basic life skills; referrals to support services; and assistance in making the transition to safe, affordable accommodation or return home. "Through the provision of emergency and short term housing, referral and outreach services, Pauline's Place will assist and support these young individuals in making the transition to becoming stable and active members of the community" (Pauline's Place, 2005). To accomplish this, the following goals were established by Pauline's Place: (1) transitional support based on the unique needs of the individual; (2) non-judgmental service and a coordinated approach to service

⁴ Data is based on new, repeat and ongoing clients for 2004.

delivery; (3) liaison with community resources to provide continuing support; and (4) promotion of public awareness of the causes of youth homelessness and those at risk.

Pauline’s Place was designed to be as much like a family environment as possible. The house itself is set up like a home (e.g., bedrooms, kitchen, family room and back yard) and is not like larger institutional-like shelters. Youth have their own rooms that they may have to share with another resident but they can decorate and make themselves comfortable. The home is in a central residential neighbourhood where bus routes are accessible.

There are rules that the residents must follow including chores and curfews, as one generally would in a family home. Residents are provided with an orientation when they first arrive so that they understand the rules. The goal of having rules is to provide some structure and boundaries for residents. The staff also make great efforts to be understanding, patient and non-judgmental to help convey to residents that they are accepted. In addition, there are several youth living in the home so individuals realize that they are not alone and that there are others with common experiences. They also learn to develop social skills through living with other people.

It has rules and guidelines and structure. You’re never really alone. And you can do pretty much what you want as long as you follow the rules and you stay in line. It’s not really that restrictive in that way... and there’s always a staff on duty so you can always talk to someone. There’s always people in the house so you can always talk to them and you know, have friends and that. But also, if you want to just get away from people, you can just go upstairs, go in your room and do whatever.

Pauline’s Place has policies and rules so that youth can feel safe. As residents explained:

*You have to ring the doorbell to get in and out so there’s no one really gonna break in.
...You can’t go past the boundaries of any other rooms [bedrooms], except for yours.*

Pauline’s Place serviced 84 clients from May to December of 2004 and 125 clients from January to December 2005. Table 3 shows the interventions and outcome measures that were identified in the Community Plan (SSSC, 2002) and the actual outcomes based on agency statistics.

Interventions	Desired Outcomes	Actual Outcomes
Development and delivery of support services to at-risk youth	Assist 50-100 young people annually to stabilize and reintegrate into the community including returning to home or establishing an independent living arrangement. Return 50-100 young people annually to full-time enrolment in school, or employment in the community.	No data for 2004. 49 youth found accommodations or moved in with a family member in 2005. No data for 2004 or 2005.
Operation of an emergency shelter for youth	Provide up to 5,475 bed nights of emergency accommodation for youth annually (based on a 15-bed facility) thereby providing safe relief from abusive or otherwise destructive/dysfunctional living environments.	Provide up to 2,920 bed nights of accommodation for youth annually (based on a 8-bed facility) Have been at capacity ⁵

⁵ No data available about the number of occurrences of unavailability of beds, as a result no recommendations regarding increasing capacity can be made.

There were more females (67%) than males (33%) that stayed at Pauline’s Place in 2004 but approximately equal numbers of each gender in 2005 (53% females; 47% males). Most of the youth in 2004 and 2005 were 16 to 17 years old (approximately 60%) and were single (almost 100%). About 30 to 35% of clients were Aboriginal in 2004 and 2005 and many of the youth were residents (92% in 2004; 72% in 2005). Table 4 shows the demographics of the residents.

Table 4 Client Demographics		
	May to December 2004	January to December 2005
	Percent of Clients	Percent of Clients
Gender		
Male	33	47
Female	67	53
Age		
16-17	60	63
18-21	40	37
Marital Status		
Single	100	99
Common Law/Married	0	1
Aboriginal⁶		
Yes	31	35
No	69	65
Resident⁷		
Yes	92	72
No	8	28

4.2.3 Capacity of the Program to Meet the Identified Needs

Occupancy rates

The occupancy rate is useful for examining the bed use in the shelters. See table 5 for the monthly occupancy rates of Pauline’s Place⁸.

$$\text{Occupancy rates (\%)} = \frac{\text{Total Bed nights Provided}}{\text{Total Bed nights Available}} \times 100$$

Table 5 2005 Monthly Occupancy Rates											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
63%	48%	70%	77%	92%	61%	32%	85%	58%	115%	60%	87%

The occupancy rate for the year is approximately 71%.

⁶ Data from May to September 2004.

⁷ Resident means the District of Sault Ste. Marie and area including the city proper, Prince Township, and Sault North as far as Montreal River. Data from May to September 2004.

⁸ Data was collected through OW and the shelters and are approximate values.

There have been instances when Pauline's Place was full and staff were required to turn a client away but there is no data available about the number of occurrences. Only four of the beds are allotted to room and board clients. As such, there have been occasions when a client funded with per diem is waiting for a room and board position to come available. In March, April, May and October, all of the room and board beds were filled.

Staff

One of the strengths identified by the research was the case manager's knowledge of community resources for youth and collaboration with agencies. For example, the case manager sometimes calls other agency staff members who assist in problem solving and finding the services that clients require. Clients felt that they had someone on their side to listen, advocate, connect them with services and help them to find suitable housing. The staff members also recognize that some youth may be hesitant to get in touch with other agencies or may not be aware of how to go about it. One staff person explained:

... We try to help them [youth] as much as we can while they're in the house just by talking to them and letting them know that we're here for them and listening and giving as much advice as we can. But at the same time, I'm just referring them to agencies and helping them set up those appointments. A lot of them have like, aren't sure how to go about getting in touch with other agencies or they're nervous at it. And they just more or less want somebody else there to help them.

The staffs' interactions with residents had a positive impact on them. For example, the staff members were viewed as helpful for addressing their needs (e.g., referrals, getting a toothbrush) and someone to talk to. Moreover, there is a staff person on duty at all hours of the day so staff members were very accessible to clients. One client explained:

Like when I came, if I needed anything simple, all I had to do was go and ask. They're [staff] very nice... Like if you needed a toothbrush, or if in school, or if um you needed a bus pass, or anything with Ontario Works, or getting your appointments set, if it's with doctor's appointments, anything like that. They help you with anything... At first it's kind of overwhelming – just staying at a shelter itself is overwhelming. But the staff really helps. Like they make it so it's a lot like home. You know, they make it as much as homey as they possibly can. So, staff really helps.

The staff also recognized that it was important to be non-judgmental and patient with residents. They were aware that sometimes it is a long process for clients to begin to change and that patience, empathy and consideration of the individual's readiness are crucial when interacting with clients.

But you get to know each one of them [youth] and how far you can go. And some of them are very slow going. Each day you come in and you just talk a little bit more to them.

The rapport that youth develop with staff is evidenced by youth that call or return to visit staff once they have left Pauline's Place.

Policies and rules

Policies

The research indicated that safety is important for youth because they may have been previously living in unsafe situations.

So I think if we can provide a safe place, kind of alleviate some of the fear for the moment or at least distress for the kid so that they can make some, choose from some options. Then I think that's a good stepping stone for us to be providing.

Despite the many policies to ensure safety, it is important to note that some youth are required to share their bedroom. This may be an issue for youth who have been in unsafe situations or have been hurt in the past.

One of the policies of Pauline's Place that is a great strength is the fact that youth are welcome to return, provided that they are not violent or a threat to other youth in the home. For example, youth may leave home because it is not a healthy or safe environment, but then may try returning only to find it does not turn out to be a safe situation.

I don't see anything wrong with that [youth returning to Pauline's Place]. I think it's not unlike you know, a drug addict who quits and you know... Keep trying until it works is my attitude to that. I believe Pauline's Place, the door is always open unless they are violent – the door is always open. And that's what it should be. And you just get as many chances as it takes. And as long as you're not a threat to anyone else, you just keep that and then hopefully one time you'll come back and it'll catch and it'll make a difference.

Another strength identified in the research is that there is no set timeline that residents are allowed to stay. The average resident stays about six to eight weeks but some do stay longer (e.g., longest stayed for 5 months). One participant explained how it is beneficial to give residents enough time to be able to succeed once they leave Pauline's Place:

...But I don't want to put it on a timeline. I don't want to say "o.k. you've got 30 days – make or break" because I think we're setting them up. They don't have the skills for that. And you know, they're living, basic living skills aren't there.

Rules

The rules and chores often help youth develop some life skills that they may not have developed in their previous living situations.

There's a lot of learning that goes on once they're there [Pauline's Place] because they're going from a home environment where they're taken care of and going into a more independent type situation where they're having to do their own laundry and things like that. I think it's a learning experience for them and I think it's a positive one for them for the most part.

Moreover, it helps them to understand that there are often rules in many different aspects of life that people do not always want to follow.

...They come here [Pauline's Place] and they think that they're just going to stay here and they come to the realization that wherever you go there's going to be rules. You

might not like them but there has to be an equal balance: a little bit of give and take wherever you are. Because there's always going to be things that you have to do that you don't like. So, I think it's just; we're an eye opener for them. Like they realize what the real world is all about.

There has been some disagreement about the rule that residents must be out of the house from 9 a.m. to 3 p.m. during the week. Some people believe that the rule should not be in place because the youth could potentially be on the street during this time whereas others believe that the rule helps residents to develop a life skill.

We ask them, the residents, to leave between 9 and 3 and we have other agencies that think them leaving isn't right. It's a shelter and they have needs and they're on the streets then. We've maintained our position that between 9 and 3 they should be in school. Between 9 and 3, you and I are at jobs or at school or whatever and that's part of a living skill.

Funding

Sustained funding is a major issue for Pauline's Place. There has been difficulty finding ongoing funding and frustration with board and staff members due to the nature of funding. One participant described the difficulty in finding sustained funding when only project funding is available.

Well, the big gap is sustained funding. You know, every three or four months, a service that provides so much for its clients [youth], is at risk of closing. And every time we apply for funding there doesn't seem to be any process to apply to sustain the programming we already have. It's always new programming and new projects. Really, what we need is just the money to stay open to do what we're already doing, which is what the community needs. And stop wasting time trying to come up with some new way of saying the same thing so that you'll get the money you need to do what you need to do.

The issue of lack of funding is also challenging because the continuous search for funding takes time away from other important duties of the Executive Director (e.g., program development).

It's very frustrating. And the time and effort that goes into grant proposals that could be, certainly on the ED's part, used for programs and developing, you know, working with the staff and doing staff development and all those things, whatever they might be. That time is taken with this constant time that has to go into trying to get money.

Impact on staffing

There has been staff turnover at Pauline's Place but it seems to have stabilized at the present. Some of the contributing factors may have been stress, burnout, low pay and job insecurity. Moreover, due to the fact that Pauline's Place can only afford to offer staff a low wage, some of the people that are hired are just beginning their careers. Sometimes they realize that they are interested in working in a different field or environment or that the work at Pauline's Place is not what they expected. Increasing staff stability can result in better services for clients by maintaining the continuity of services for clients. There are also cost savings in terms of time and money because the organization is not required to continually train new staff members.

The issues with funding have also been a major stress for the staff. One staff member stated:

Just about every four months we play the game: we don't have any money left. I've been here for quite a while and about every four months I get a layoff notice telling me that if by a certain date, if we don't get any more funding, the place will be closed, and then I'll be laid off.

Despite the frequent layoff notices and lack of job security, staff reacted by expressing their concern for the residents of the shelter.

I can spend my whole time being worried and the cool part about that is when we do have funding issues and people are afraid – it's never ever, and this is the kind of staff we have, never ever once been about us. It's always, we'd have staff meetings, you wouldn't hear "what am I going to do?" It's "what are they going to do? Where are we going to put them? These people can't go there. You can't put her at the Algonquin!" And worried!

Staff members deal with youth who have a variety of needs and issues and it is very stressful work. One participant explained that given the difficulty of the staff members' work, they are quite underpaid yet remain dedicated.

I think the staff, I think they're remarkable. They're for most part, underpaid. And incredible demands are put on them for time, and even emotionally, you know. It's wearing and tiring to work at that level with kids and in that much crisis... And they [youth] really are in incredible crisis and varying needs. And that's stressful for staff. And you combine that level of stress with the shameful amount of money that they're paid. And yeah. I think the strength is that they come and they stay and they're dedicated. And it's a real service to the community and to these kids. Otherwise they'd either have to return to where they came from or be on the street.

If more funding was available an increase in staff would allow for more one-on-one time with residents. Given the intensity of some residents needs, it would be better to have more than one staff person working per shift to be able to better meet their needs and also for the safety of all staff and residents. Training the current staff in specific areas of need (e.g., substance abuse) or hiring seasoned workers that have training and education in these areas to offer more programming would be beneficial.

When you're dealing with kids, or any element of the population that is in crisis, you have complex issues to deal with and people need training to do that. You need to have some level of skill now because we live in a very litigious world, you know. People readily want to sue people because of wrongdoing and so we want to make sure that the staff who are serving our clients understand basic things like boundaries, professional boundaries, ethics, when to call in help, you know just basic stuff. And I think that comes with training and Pauline's Place is not always able to provide the training that people need because Pauline's Places doesn't have the funds to do that either.

It would be useful to be able to offer more services onsite at Pauline' Place. One staff person explained how youth feel more comfortable in the home and how it is difficult for them to have to repeatedly tell more workers their stories and situations.

So we can't – we don't provide onsite mental health services. And fine, they're all available in the community, but for that continuum of care under one roof for them [youth] to feel safe and trust – and they don't. Out the door to go to another agency and tell them the whole story... I think we could do more with them [youth] if we had a full continuum of services under one roof.

Difficult to serve clients

Diversity of youth at Pauline's Place

The youth that stay at Pauline's Place are diverse in terms of gender (i.e., male, female) and their intensity of needs (e.g., high-risk, low risk). These individuals have many barriers such as:

- learning disabilities
- diagnosed or undiagnosed mental health issues
- substance abuse issues
- dual-diagnoses
- anger and emotional issues
- aggressiveness or violent behaviours

The research showed that it may be very difficult for these individuals to live cooperatively with others. For example, there are some youth that have many needs and require intensive support and services. There are other youth that require less intensive services and primarily need a safe place to stay until they can return home or find an appropriate place to live. There has been some debate about having a mixed gender facility. Some stakeholders feel that there should be a youth shelter exclusively for females and also one exclusively for males.

The diversity of youth also presents challenges for service delivery. For example, if a youth just left a violent situation at home, they need to feel that they are safe at Pauline's Place. It is therefore difficult to keep the unstable and high-risk youth at Pauline's Place when they do not follow the rules and make other people feel unsafe. There has been discussion about having separate shelters for clients based on their intensity of needs and risk level (i.e., low, medium, or high). This could allow for different rules, expectations and staffing in place for clients at each of the respective shelters. As such, there would be realistic expectations and rules that are tailored to clients' needs. One participant explained the difficulties associated with having clients with different risk levels, maintaining safety in the shelter and having different shelters based on the risk level and needs of clients.

And if it weren't for balancing the people who experience abuse and need a safe, you know, non-scary place to live... And we didn't have to respect their needs too; we could probably do that [service high-risk] better. In an ideal world we'd have like two or three shelters where we could kind of do almost like a triage. Saying o.k., high, high, high maintenance around violence, let's put these people all together and then we've got the different, you know, I don't know say mandate that would have a different expectation around discharging them because they're violent. And with higher staffing, we've got better skills. And then we've got the other people [youth] that just need, I shouldn't say just, but need a place to live and probably have a better handle on their issues and stuff.

Community Awareness and Support

Social service agencies

The findings indicated that most social service agency employees that work with youth with housing issues were aware of Pauline's Place and recognize that there is a need for it. The Executive Director has gone into agencies that service youth to do presentations to staff about Pauline's Place, however, it is questionable whether all agency workers are aware of Pauline's Place, particularly those that do not regularly work with youth. Many workers in the field of social services are so overwhelmed with their daily activities that they do not have time to stay updated about all of the services available in the community.

There have been some concerns about Pauline's Place because of their ongoing difficulties in securing funding and public awareness. A participant explained:

I would say that it ultimately comes back to funding. Ultimately it would come back to whether or not we're going to be successful in our efforts around core funding. Um, and maybe to a degree credibility in the community. Because we've fallen around our communication and public awareness and stuff.

People outside of social services

The research showed that many people in the community that are not closely involved with social services are not aware of Pauline's Place, however, there is increasing awareness in the community since it opened. For example, there are increasing donations from people in the community such as individuals, the faith community (e.g., churches) and service organizations. It would be helpful to do more advertising to help make more people aware of Pauline's Place and the services offered. However, there is not adequate funding for advertising at this time.

There are also some people that have misperceptions about Pauline's Place and youth. They may think that Pauline's Place is a place for youth to go that do not want to follow the rules at home. They often do not understand that Pauline's Place is structured to be like a family environment and that there are rules and chores. A participant explained:

First, I don't think a lot of people know about it. And I think some of the people that do know about it think it's a place where teens are that just don't want to go home, and go and crash. I don't think they understand the need. I don't think they understand what it provides. I think that if they knew what it was for... People look at the shelter they think, "you know, these are the bad kids who don't want to go home". They don't understand that sometimes the parents aren't necessarily the best either.

Initially, there was some resistance from people in the neighbourhood about having Pauline's Place in their area but the relationship with neighbours has improved over time. A participant stated:

People that live around the neighbourhood weren't too happy about the concept of having a homeless shelter with teens living in their neighbourhood. And now that we've been open as long as we have we have a much better relationship with them, for the most part.

There are still sometimes complaints about Pauline's Place (e.g., noise from youth being outside in the summer) from some neighbours but the staff and the Executive Director try to address the complaints as quickly as possible.

4.3 Evaluation of Vincent Place

The Community Plan (SSSC, 2002) identified the need for a men's shelter in the community. In April 2004, Vincent Place, a 24-bed facility, opened the doors to men over 18 years of age in need of emergency shelter.

4.3.1 Client and Community Needs

The development of a men's shelter was recommended in order to address the following gap identified in the Community Plan (SSSC, 2002):

1. "the need to provide emergency and/or transitional support services and housing for high-risk groups that are presently un-serviced or under-serviced: men in crisis" (p. 6 - 21).

The residents that stay at Vincent Place have basic physical needs such as food, shelter and access to a shower. Some clients that stay at Vincent Place simply regard it as a place to stay or are transient men that are passing through Sault Ste. Marie. There were more men that were non-residents than residents that stayed at Vincent Place (67% in 2004; 53% in 2005). Other residents have intense service needs due to a variety of issues that they are facing such as: mental health issues, learning disabilities, substance abuse issues, emotional issues (e.g., anger), medical issues, employment issues, a history of abuse (sexual, physical, or emotional), a history of conflict with the law and/or poverty. Due to their many needs clients require a safe place to stay while they stabilize and access the services they require.

Transportation is a barrier for clients in securing housing or addressing some of their issues. Once clients find housing, they may need to visit numerous places (e.g., bank, stores for furniture and dishes) to be able to set up their new accommodations. It is overwhelming for some clients to have to go to so many places to accomplish numerous tasks without transportation.

There is a strong need for Vincent Place as there is no other shelter for men in our community. Vincent Place has also impacted other agencies because it offers them a safe place to refer men. Previously, agencies often had to try to make arrangements through the Algonquin Hotel, friends or family. The Algonquin Hotel may not be an appropriate place to refer some men because there are hotel rooms with other adults there as well as bars nearby. Previously, some men were accommodated at the hospital because they had nowhere to stay. Now, they can be referred to Vincent Place. One participant explained:

... We now have a place to send people that have nowhere to go right now. People that are not psychiatrically or medically needed to be in hospital. So if they're looking for apartments – because it costs like \$700 to \$1000 something a day to stay at the hospital.

4.3.2 Program Mandate, Services and Activities

The Society of Saint Vincent de Paul is an international Catholic lay organization that was founded in 1833 by Frederic Ozanam and his companions. In 1864, it was established in Canada by Dr. Joseph Painchaud. The Society of St. Vincent de Paul became active in Sault Ste. Marie in 2002 and was identified as the lead agency in the development of a men's shelter in the Community Plan (SSSC, 2002). Although the Society of Saint Vincent de Paul is Catholic in character, it is open to all people.

Vincent Place is a shelter with 24 beds available for men until they find permanent housing. The vision of Vincent Place is to provide a safe haven for homeless men 18 years of age and over, which is a welcoming, caring facility with a secure, controlled entrance (Vincent Place, 2003). The mandate of Vincent Place "is to include a program of outreach and real services coordinating through partnering relationships with other social service agencies and charities. We will offer support to these homeless men while attempting to build self-respect and confidence in the individuals we come in contact with" (Vincent Place, 2003).

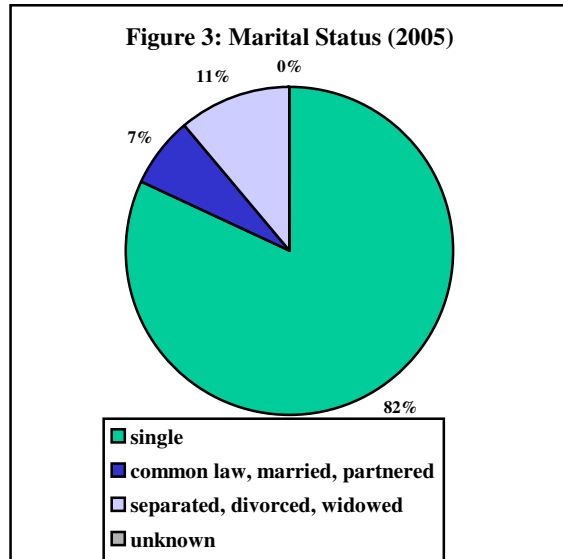
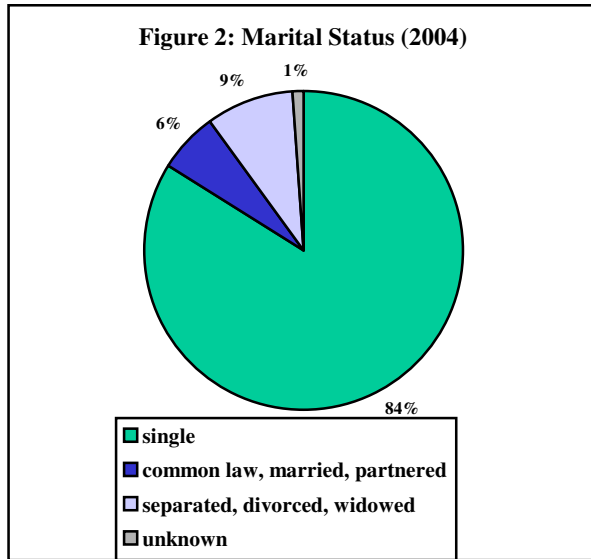
The main objective of Vincent Place is to stabilize residents and connect them with a support network to assist them through the transition to independent living. Vincent Place aims to provide: a safe, supportive and caring environment; basic necessities (e.g., food, personal needs items); training in basic life skills; and referrals to support services. Vincent Place also outlined the following objectives: (1) development of programs utilizing community resources and partnerships related to clients' presenting issues (e.g., life skills); and (2) promotion of public awareness of the state and cause of homelessness. Vincent Place also operates a food bank, thrift store and soup kitchen but the focus of this study will be on the shelter (Vincent Place, 2005).

Men normally get into Vincent Place immediately because there is a high turnover of clients. For example, there are a lot of men who just stay at Vincent place for the weekend and then leave. Moreover, there are emergency cots and a pull out couch in case anyone does arrive when Vincent Place is at capacity.

Vincent Place serviced 286 clients from April to December of 2004 and 555 clients from January to December of 2005. Table 6 shows the interventions and outcome measures that were identified in the Community Plan (SSSC, 2002) and the actual outcomes based on client statistics of Vincent Place.

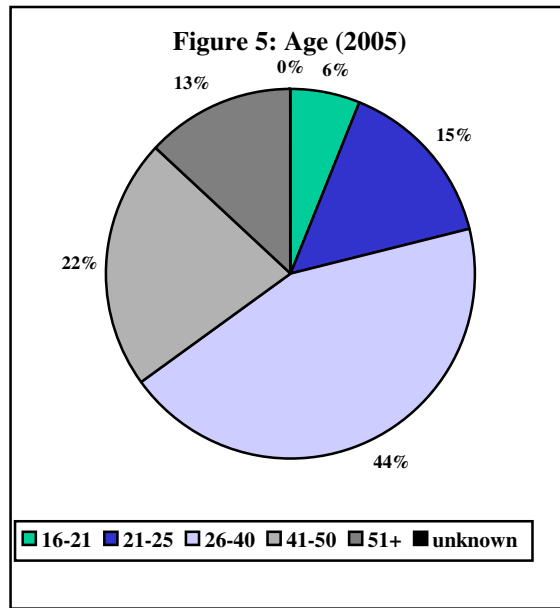
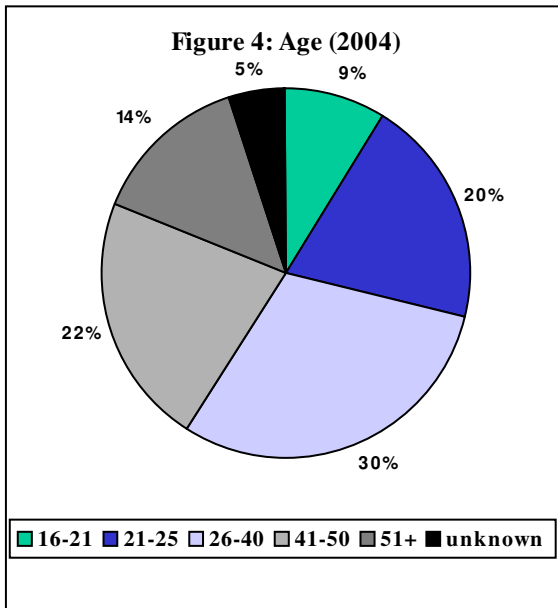
Table 6 Interventions, Desired Outcomes and Actual Outcomes		
Interventions	Desired Outcomes	Actual Outcomes
Construction and operation of an emergency shelter/transition home for men in crisis.	<p>Provide up to 5,475 bed nights of supportive emergency accommodation for men in crisis annually (based on a 15-bed facility) thereby providing safe relief from abusive or otherwise destructive/dysfunctional living environments.</p> <p>Assist 300 men annually to stabilize and reintegrate into the community including returning to or establishing an independent living environment.</p>	<p>Provide up to 8,760 bed nights of supportive emergency accommodation for men in crisis annually (based on a 24-bed facility)</p> <p>58 clients found accommodations, returned home, or moved in with a family member or significant other in 2004.</p> <p>250 clients found accommodations, returned home, or moved in with a family member or significant other in 2005.</p>

The majority of men that stayed at Vincent Place were single (84% in 2004; 82% in 2005) (See figure 2 and figure 3).



A total of 26% of men that stayed at Vincent Place were Aboriginal in 2004 and 2005, and there were more men that were non-residents than residents (67% in 2004; 53% in 2005). The majority of men that stayed at Vincent Place were between 21 and 50 years of age.

Table 7 Client Demographics		
	January to December 2004	January to December 2005
	Percent of Clients	Percent of Clients
Aboriginal		
Yes	26	26
No	74	74
Resident		
Yes	33	47
No	67	53



4.3.3 Capacity of the Program to Meet the Identified Needs

Occupancy rates

The occupancy rate is useful for examining the bed use in the shelters. See table 8 for the monthly occupancy rates of Vincent Place⁹.

$$\text{Occupancy rates (\%)} = \frac{\text{Total Bed nights Provided}}{\text{Total Bed nights Available}} \times 100$$

⁹ Data was collected through OW and the shelters and are approximate values.

Table 8 2005 Monthly Occupancy Rates											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
42%	61%	56%	36%	57%	45%	58%	44%	34%	53%	61%	41%

The occupancy rate for the year is approximately 50%.

Staff

Staff members that demonstrated a caring attitude and acted as advocates were viewed as helpful, empowering and positively affecting clients’ situations. Residents felt that it was important for staff members to be patient, caring, non-judgmental, understanding and non-authoritarian. The staff members that took the time to develop a rapport and trust with clients were viewed very positively. For example, one client who had lived a very transient lifestyle explained how his relationship with a staff member empowered him to stay at Vincent Place and address some of his issues.

My buddy drove me here and that’s how I met the staff upstairs and this one staff person is the one that actually – that’s why I remain staying here...I just talked with this person and you know, tried to level out a plan. That’s pretty much it. Did what I had to do. A lot of it – it’s private stuff. This person helped me do everything I had to do, get it all done... I spend an hour or two talking with this person, you know what I mean. This person is pretty much like a therapist to me now, you know. I get my guidance from this person, you know what I mean. This person’s cool; helps everybody out here; really goes a long way; and will go out to bat for everybody here.

For clients that are depressed or isolated or homeless for a long period, rapport is crucial. They are often disconnected from the community and may not feel that they have any family or friends to help them. Showing an interest in clients by such activities as ping pong or just engaging in conversation was important for developing rapport. The staff were aware that sometimes it is a long process for clients to begin to change and that they must be patient, empathetic and consider the individual’s readiness.

You know I have found that these men –when they come in – they look towards us for guidance or just needing a friend. ...How you act in a shelter has a domino effect on everyone else. When I first started working in the shelter I was very loose and guys would come over and start talking to me –we would just shoot the breeze about anything. But that created such a calm environment where other people...One thing I used to like doing with these guys is going out and playing basketball with them and shooting the ball with them... I find the best one on one you can do with the person is just being a genuine person and doing – even doing recreational activities – stuff will come out with that... You know you take an interest in what they are doing – you go out and shoot hoops with someone and people will talk and people feel better just doing that.

One of the strengths identified by the research was the case manager’s knowledge of community resources and ongoing collaboration with community agencies. For example, the case manager sometimes calls other agencies’ staff members who assist in problem solving and finding the services that clients require. The case manager only works from 9:00 a.m. to 2:00 p.m. Monday to Friday, however, due to funding constraints. It may be helpful to have the case manager

position available for longer hours (e.g., evenings, weekends) so that the service is more available to clients. The case manager also has a variety of roles (e.g., advocacy, referrals, case notes, finding housing) and it would be helpful to hire a second case manager because of the heavy caseload and responsibilities.

Despite the fact that there are services available in the community, clients may be reluctant to go to a new worker or a new agency, due to the deep distrust evident in this population. It would be useful to be able to offer more services onsite at Vincent Place. For example, some clients were reluctant to go to JHS to see the MSW or they intended to go but changed their minds en route due to fear and mistrust.

But a lot of these individuals have a lifetime of negative, a lifetime. And they have nobody. Some of them have no family and some of them do. And after a period of time spent with certain clients, you know, I'm the only one they have. I'm the only one they trust...I have the connection for clients for court outreach. There are two outreach workers that I can connect the clients with, and I've done that. But because I'm here and because they see me regularly, they want me to go. And I think it's a big rapport issue.

Follow-up

Clients are welcome to return to the shelter for meals for the first two weeks after they leave, a policy of the shelter that is a great asset. This allows residents to have an ongoing connection with the staff members at Vincent Place. For example, the case manager is able to learn about other issues for clients that need to be addressed (e.g., food, rent payment and landlord issues) and then helps to address the issues that have arisen (e.g., mediate between landlord and client). Clients may decide to return to meet with the case manager at Vincent Place because they have a rapport with this staff member and they do not have to book an appointment.

Safety issues

Clients that arrive intoxicated are referred to the detoxification unit of the Sault Area Hospitals and are welcome to return as soon as they have completed the detoxification process, usually in a few days. This rule was viewed as a strength by the research participants because clients do not always conquer their issues the first time that they arrive at the shelter, much like quitting smoking.

There has been some debate about the fact that residents can come and go from Vincent Place as they choose throughout the day. Many shelters in other communities have a rule that residents have to be in the shelter by 7 p.m. and then must be out of the shelter in the morning around 7 a.m. Some people believe that this rule should not be in place at Vincent Place because without those restrictions clients are more likely to stay. However, some clients feel that they would appreciate more structure, rules (e.g., residents do more chores and cleaning) and programming.

Most shelters that I've been at you're out at six in the morning, at seven in the morning. You're up at quarter to six or you're up by quarter after seven you're out and that's no problem. But when I was out west like I was working by 7:30. I was on the job anyways so I never really cared what time people were up. 5:30 I was up. 6:30 I was at Tim Horton's having a bagel with cream cheese and a coffee and then I was across the street

to work. But here people get to sleep all day, eat, shower all they want, do all the laundry they want, sit around, do nothing, go outside, smoke cigarettes.

Building

One of the strengths identified by the research was that Vincent Place is located in a central neighbourhood where it is visible and bus routes are accessible. The appearance of the physical space of the building (e.g., classroom) was important to clients. For example, one client explained that having the classroom tidy and organized was important to motivating him.

I think some of the residents should pull up and you know what I mean. Clean it. Structure it. You're supposed to have a class in here. How the hell do you have a class in here with two ladders there, a Christmas tree here, Christmas decorations all this stuff here? It's unstructurable. One table here, two little flip flaps there. What are they doing with this?

Funding

Sustained funding is a challenge for Vincent Place. Knowing that there is difficulty finding ongoing funding is a source of frustration for staff members. In addition, there is also a concern that staff members are underpaid. One participant explained:

It's always a struggle, especially being a non-profit. I wish the guys upstairs [staff] were making a decent wage but they're not. And that goes across the board. I mean, um, sometimes it's a struggle – every month I look at the budget and I know what we have to hit a month to say we're dead even – some months we do really well. Some months we do really bad.

It would be helpful, if more funding was available, to hire more staff so that they could spend more one-on-one time with residents. It would also be helpful to have the funds to train the current staff in specific areas of need (e.g., substance abuse) or to have the funds to hire seasoned workers that have training and education in these areas to offer more programming. However, funding is a barrier to having more programming:

Usually what it always boils down to is having the financial flexibility to do things. There are things I want to do here [Vincent Place] but we simply cannot because there is just a lack of – you know, the financial backing. I have been to other shelters but I think there is so much more that we could do. I would love to have a full-time person that could do recreation with these guys.

The case manager is a crucial position because of the services it provides including: assessment, advocacy, connecting clients with services and helping them to find suitable housing. The case manager position supports clients and helps them to become stable and prepares them to leave the shelter. There is a concern about the loss of staff to due to project funding.

If the case manager position comes to an end, in all honesty...It's going to kill the people at Vincent Place. Yeah it is. It's going to just crush them all.

Access to transportation would be useful for clients at Vincent Place to help them secure housing and to address their issues (e.g., health problems) but funding is a barrier at this time.

If someone is really close to finding an apartment, we'll get them there. We'll give them bus fare, which just comes as a loss for us [Vincent Place]... We need a van. We need a van because what if we need to transport someone to the hospital or to look for apartments. If we're talking about getting these people situated in a place where they can succeed, we should be able to help them find an apartment.

Uncertainty in funding also causes a great deal of anxiety for clients. The staff also support clients and advocate for them at OW because the stress of not knowing whether they will be able to qualify for social assistance income can be immobilizing for clients.

You feel most powerless when you're trying to deal with financing and trying to get residents covered. Some of the residents get covered a certain amount of time and they have the fear of when that point that OW says "o.k. I'm covering you until the 15th of the month". And they sit there all month in high anxiety waiting until the 15th when they're going to get booted out of here [Vincent Place] instead of trying to do something for themselves. And generally, 80% of the time all they had to do is walk down to the OW office and reapply and everything's taken care of...It's just the nature of being homeless I would think. You know, with the mindset that "where am I going to sleep tomorrow night?" and the anxiety of worrying about it.

Clients not accessing services

Rumours of accessibility to drugs

Drugs and alcohol are not permitted on the grounds of Vincent Place. However, some clients of community social service agencies have heard rumours that there are residents of Vincent Place that are using drugs or alcohol, perhaps not on-site but that these substances are accessible. For some individuals in recovery, this has been a deterrent because they are afraid that they will relapse if they are around other people that are using drugs or alcohol. One participant explained:

One of the things I've been hearing is that there is a lot of active drug addicts and stuff there [Vincent Place]. And people that are trying to get into recovery are afraid to go there or have heard of there. I don't know if that's based on anything or not. I just know that's what I've been told by clients that it's more available in there, that kind of thing. And because it is a transient place, it could be possible. So if it's just a needed place to stay, I would refer, but if a client knows that or has heard that story then they don't really want to go there if they're trying to get clean themselves. I know there's a not drinking and no drugging rule there but it's still, but with some of the drugs and that you can still do it and not really be detected. And so that's one of the deterrents. And it's more that the client doesn't want to go up if they've heard that story.

This is an issue that should be addressed because clients that do not go to Vincent Place often choose to go to the Algonquin Hotel. It is likely that the Algonquin Hotel is more risky for a relapse for clients in recovery because there are numerous bars nearby and there are not as many supports in place (e.g., staff members that can refer clients and advocate).

Difficult to serve clients

High-risk clients

High-risk men that stay at Vincent Place have many barriers such as learning disabilities, diagnosed or undiagnosed mental health issues, substance abuse issues, dual-diagnoses, anger and emotional issues or are aggressive or violent. It may be very difficult for these individuals to live cooperatively with others because they have many needs and require intensive support and services. It has been difficult to serve the high-risk men because the safety and comfort level of the other men in the shelter must be considered.

Transient clients

There are many clients that stay at Vincent Place that are from out of town and live a transient lifestyle (67% non-residents in 2004; 53% non-residents in 2005). As a result, many of these clients are not familiar with Sault Ste. Marie and are not aware of the services offered in the community. Making referrals to appropriate services in Sault Ste. Marie is an important role of the case manager. Moreover, the case manager often assists traveling clients by helping them relocate to cities where they have family or by referring them to services in their destination cities:

A lot of them [clients] are not from here. They don't know what services Sault Ste. Marie provides. It's not even Sault Ste. Marie. I'm providing services in Elliot Lake, in Quebec, in Newfoundland. I just set up a gentleman that left yesterday or this morning. I haven't seen him today so I think he's gone. He's gone to Fort McMurray to find work and he had no clue where to go when he got there. I gave him directions of where the shelter is there so he can at least have a place to stay so he's not sleeping in his truck. So it's not just Sault Ste. Marie.

Long-term homeless clients

Clients that have been homeless for a long period of time sometimes become used to the lifestyle and are afraid to change. One client explained:

*Places like this [shelters] really get to you. It's like, how can I say – it's like an infection [shelters], you know. After so many years, this infection kinda hits the bloodstream. Once it hits the bloodstream, your enzymes, you're immune to it. So the lifestyle is what I'm talking about. The lifestyle is the blood enzymes. You get immune to the lifestyle. The infection is the shelters and the people coming in and out. It's hard to get out of something like this...It's the lifestyle. It's the infection eh. And it's like I'm moving today or tomorrow morning at the latest. And it's like, you know, you get scared. It's like f***, you're renting a room in this guy's house; it's a nice place. What am I going to do, you know what I mean? I'm living in a shelter with a bunch of people. I'm in jail with a bunch of people. I'm never really around a positive influence.*

Similarly, it can be difficult for clients to begin to change because seeing other people in what they perceive as better situations can be discouraging. One client explained:

*It's like this guy; he's no older than I am. I'm 28. He's gotta be like 26 to 30 at the most. I see myself and then I see this guy and it's like f***. I held myself back...I got, one of my best friends, he's 27, he's a couple months younger than I am. We were going to do*

*plumbing, heating and gas together. Because I went down the drug path and end up in skid row in BC and PEI... He's got his apprenticeship all done up, f*** house, getting married...I'm looking at myself and it's wow. I'm absolutely nowhere...Every time you leave the house you see somebody young driving in the car, you know, somewhere where you want to be at.*

Community Awareness and Support

Social service agencies

Most social service agency employees that work with clients with housing issues were aware of Vincent Place and recognize that there is a need for it. There has been a lot of advertising in the community (e.g., flyers, posters, open house) that has helped make people aware of the services available at Vincent Place. In addition, there is awareness of Vincent Place because there is a lot of collaboration between staff members at Vincent Place and other social service agencies in the community.

People outside of social services

People in the community that are not involved with social services through their work, volunteering, accessing services, or a social connection with someone working in social services or accessing social services may not be aware of Vincent Place. However, there is support for Vincent Place in the community as indicated by the many donations from people in the community such as individuals, the faith community (e.g., churches) and local businesses. People donate food, clothing and other goods, money, as well as donate their time by volunteering (e.g., food bank). In addition, there are many donation boxes and flyers around the community (e.g., in grocery stores). Many clients are referred from people like taxi drivers and people at the bus depot.

The research showed that some people have misperceptions or a lack of awareness about homelessness and social services in Sault Ste. Marie. For example, some people are not aware of the range of services offered at Vincent Place. They thought that Vincent Place is a soup kitchen and are not aware that it is also a shelter. There is also a misperception that these men are able-bodied, should be working and perhaps just need more supervision. As a result, men are not always viewed as being priority group for social services. A participant explained:

...A preconceived notion that a young man being homeless and he should be working. We have found that – a lot of these guys are forgotten because they are able bodied and should be working. These people suffer the same things that everybody else does. So what I find happening is that sometimes men are being put on the back burner. These guys have the same problems that everybody else does. We have guys that are victims of violence all the time – whether it be spousal abuse even.

4.4 Evaluation of the Mobile Support Worker Program

The MSW program was developed to provide direct service to transitional adults and youth in finding and maintaining housing. The Community Plan (SSSC, 2002) identified that there should be three MSWs but the program is currently operating with only one worker due to funding being exhausted. As a result, several areas of services had to be eliminated. A group of agency

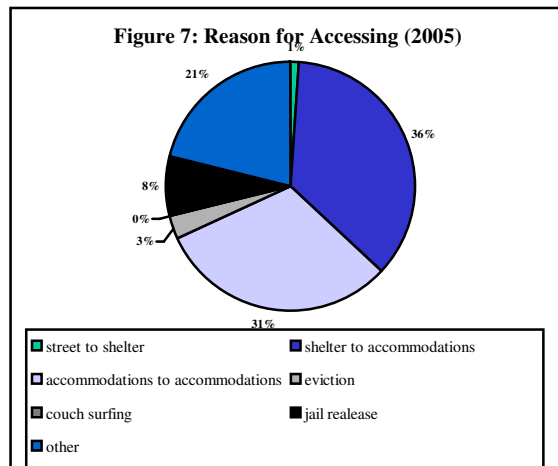
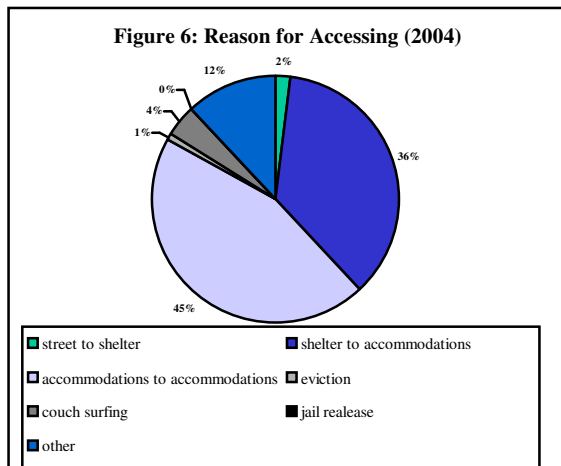
representatives that work with people with housing issues met and helped decide what areas of services were to be cut. It was decided that the MSW, rather than traveling to the shelters, should focus on scheduling appointments with clients at the JHS. Many of the strengths of the MSW program when there were three staff members have now become gaps in services (see details below).

4.4.1 Client and Community Needs

The extension and expansion of the MSW program was recommended in the Community Plan (SSSC, 2002) to address the following gaps:

1. “the need for improvements and expansions to preventative services in the community;
2. the need for improved advocacy and support for tenant’s rights;
3. the need for enhanced services to support clients in the transition to permanent housing; and
4. the need for improved supports to landlords in accommodating tenants with special needs” (p. 6 - 8).

With regard to housing needs, clients need assistance going from the street to a shelter, from a shelter to more permanent accommodations and from accommodations to accommodations. Most clients of the MSW program needed assistance going from the shelter to accommodations (36% in 2004; 36% in 2005) and from accommodations to accommodations (45% in 2004; 31% in 2005) (See figure 6 and figure 7)¹⁰. Clients with housing issues often have a variety of other issues (e.g., financial, food, mental health, substance abuse) and require a variety of services tailored to their needs. Advocacy is important for clients because some clients are so frustrated with their situations that they have trouble expressing their needs or speaking with people in authority positions. When trying to find accommodations, transportation can be a major barrier for clients. They may need to visit numerous places (e.g., bank, stores for furniture and dishes). It is overwhelming for some clients to have to go to so many places and accomplish so many tasks without transportation. Once in accommodations, many clients need follow-up support once they are in housing such as emotional support, advocacy and further referrals.



4.4.2 Program Mandate, Services and Activities

The JHS was selected as the lead agency for the extension and expansion of the MSW program. The mandate of the JHS of Sault Ste. Marie and District is “effective, just and humane responses to crime and its causes” (John Howard Society of Sault Ste. Marie and District [JHS], 2004). As reviewed in the City of Greater Sudbury Evaluation of Homelessness Initiatives report (McGuire, MacCoy, Scott, McGuire, & Lauzon, 2005), “homelessness is seen as one of the multitude of issues that often flows from involvement in the criminal justice system, particularly incarceration” (p. 80). When ex-offenders are released from jail into the community, they are often lacking money, clothes, food, shelter and/or employment.

The aim of the MSW program is to assist individuals who are homeless or at risk of being homeless to find safe, appropriate and affordable housing, followed by providing support to maintain their homes (JHS, 2005). The MSW also provides support to the landlords who have agreed to rent to the homeless and is available to mediate and negotiate agreements between the tenant and the landlord. Follow-up with the tenant and landlord is provided by the MSW on an on-going basis, as needed (JHS, 2005).

The MSW completes an intake process and assessment with clients over the age of 16 to identify their needs for housing and other services. The MSW has a discussion with clients about the type of housing they require considering factors such as family size, location, budget and safety. The MSW assists clients with finding housing in the general housing market by calling apartments, looking for vacancies online and pointing out advertisements in the newspaper. The MSW also maintains a landlord registry, screens landlords and tries to match the appropriate client with the most suitable landlord. In addition, the MSW assists clients in applying for subsidized housing or finding other appropriate housing to address clients’ long-term needs (e.g., supervised rooming house).

The MSW provides support to both clients and landlords to help clients maintain their accommodations. For clients, the MSW provides ongoing emotional support and mediation between the tenant and the landlord. For landlords, the landlord registry allows them to have their apartments filled quickly and lower costs because they do not have to pay for advertising vacant apartments. It also saves them the cost of going to a tribunal when they are having difficulties with clients. Landlords were contacted regularly by the MSW to find out if they had vacant apartments and to follow-up with the new tenants.

With regard to clients’ service needs, clients often required a variety of services and expertise (e.g., mental health, substance abuse) and the MSW was able to connect clients with the appropriate services and provide them with information that could be helpful to their situations. The MSW mediates between different agencies staff members and clients and asks questions that clients may not think of in their time of crisis. When there were three workers in the program, the MSW was able to go with clients to look at apartments, take clients to appointments and shopping and visit the shelters on a regular basis.

The MSW program was well-designed because it is practical for clients to access a variety of services tailored to their needs at one appointment. The services are not fragmented and thus more accessible and helpful to clients since they do not have to visit numerous agencies. There

¹⁰ No description of ‘other’ available from data. Figure 6 is based on new clients.

are also resources available at JHS for clients such as intent to rent forms, newspapers, telephones and information on housing and landlords-tenant issues. Now, the MSW generally has less time to offer as many services to clients as when there were three staff members (see below). A participant described the variety of services offered to clients when there were three staff members in the MSW program.

I think we're [MSWs] able to collect a lot of information on housing and landlord-tenant issues and funding issues, just the whole – kind of like one-stop shop. So when a client comes in we can do a lot of stuff from this desk. We can go online and look at available apartments. We can make advocacy phone calls for them...So we're like a resource place. If somebody's having trouble with a landlord, we can pull up information on landlord-tenant stuff and what their rights are. So I think that's probably the most important thing that we can do.

The MSW program serviced 598 clients from January to December of 2004 and 239 clients from January to December of 2005. Table 9 shows the interventions and outcome measures that were identified in the Community Plan (2002) and the actual outcomes based on client statistics of the MSW program.

Table 9			
Interventions, Desired Outcomes and Actual Outcomes			
Interventions	Desired Outcomes	Actual Outcomes	
		May to December 2004	January to December 2005
Hire two additional Mobile Support Workers	Increased capacity of MSW services to a maximum of 300 clients per year.	Clients serviced: 598	Clients serviced: 239
	Provide specialized services to high-risk/hard-to-house client groups such as teens, Aboriginal people, disabled and post-release offenders.	Youth (16-20): no data ¹¹ Aboriginal: no data Disabled: no data Post release offenders: no data	Youth (16-20): 51 (21%) Aboriginal: 80 (33%) Disabled (on ODSP): 44 (18%) Post-release offenders: 20 (8%)
	Move 75-100 clients per year from shelters into permanent, independent housing.	105 clients moved into housing (95 rented, 10 SSMHC)	36 new and repeat clients moved into housing (34 rented, 2 returned home)
	Maintain a current and accessible registry of affordable housing.	Decreased time to update the landlord registry since funding was exhausted and the number of staff members was reduced.	
Place Mobile Support Workers in targeted social services agencies, shelters	Increase visibility and accessibility of the workers to the client group.	Decreased time to visit the shelters and be visible in the community since funding was exhausted and the number of staff members was reduced.	
	Minimize expenditure of limited resources on administration and overhead.	Minimum resources were spent on administration and overhead.	

¹¹ Data for youth, Aboriginal and disabled included ongoing clients thus clients were counted more than once. No data for post-release offenders.

There were 1393 contacts with clients in 2004. In 2005, most of the time the MSW had contact with clients one to two times (85%) or three to four times (11%).

Table 10 shows the demographics of the clients that utilize the MSW program. The majority of clients are single (66% in 2004; 82% in 2005) and there are both males and females that access the program. Approximately 30% of clients in 2004 and 2005 were Aboriginal and about 80% of clients were residents.

Table 10 Client Demographics		
	January to December 2004	January to December 2005
	Percent of Clients	Percent of Clients
Gender		
Male	58	59
Female	42	41
Age		
16-20	24	21
21-25	21	19
26-40	28	33
41-50	19	17
51+	8	10
Marital Status		
Single	66	82
Common Law/Married	15	6
Divorced, Separated, Widowed	10	12
Other	9	0
Aboriginal		
Yes	29	33
No	71	67
Resident¹²		
Yes	79*	82
No	21	18

4.4.3 Capacity of the Program to Meet the Identified Needs

One of the greatest strengths of the MSW program identified in the research is the range of services offered. The service allowed for clients to develop trust in the staff person, which often

¹² Resident means the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) area of jurisdiction (city proper, Prince Township and Sault North as far as Montreal River). Non- resident means outside of that area.

* Data is based on new, repeat and ongoing clients for 2004.

led to more disclosure from the client and then the MSW could assist them further. Finding housing was only one aspect of the program. A participant explained:

We began with helping them with housing but it turned into so much more. It was much more supportive. Driving someone to a store to pick out a shower curtain and a garbage can. It just set the context or the setting if you will because we were engaged and we had sort of a common ground. They [clients] would open up; they would elaborate; and I ended up advocating...Helping someone with housing was the tip of the iceberg. The rest was glorious!

The MSW was flexible and tailored the plan of action to clients' needs. The MSW's knowledge of community services, housing and collaboration with other agencies is a strength. For example, clients found it very helpful to have someone assist them in choosing their accommodations. The MSW was able to point out that particular accommodations may be more suitable to the clients' situation than others (e.g., safety, location and budget).

Worker Interactions

The research indicated that the MSW's interactions had a positive impact on clients and landlords. The staff was viewed as caring, helpful, non-judgemental and someone to talk to and express feelings. Finding and setting up housing is sometimes overwhelming and stressful for clients and meeting with the MSW was a source of relief. For example, for women that have left violent situations, it is sometimes the first time that they have to look for housing on their own and they may not be accustomed to dealing with finances. Similarly, some clients have never been shown how to establish a home. They may not know what is expected of a tenant (e.g., pay rent on time) or where to obtain needed household goods. Knowing that someone was going to help them look for housing alleviated some of the stress and pressure. Clients were especially thankful when they were able to find appropriate housing:

I'm glad the Mobile Support Worker helped me out. It was, I felt relieved. I needed it. I got more than what I expected... I didn't think that I was going to get a place... It's a nice place too... It made me feel good about myself. I didn't look down at myself. My self-esteem was up more. And um, smile more...I didn't have to be, especially in the morning, so groggy in the morning. I was up in the morning. Sometimes I was up earlier before the alarm went off. I was smiling, smiling more than usual – like I was 'in love' or something... That I got my own place. That my children could come and see me, and that I was taking the life skills and I can learn about that.

Impact of Reduction in Staffing

Caseload

The MSW is overwhelmed with clients. In fact, one referral agency employee noted that her agency was calling the MSW almost every day. One staff person does not have sufficient time for the intensity of services that clients require. That is, clients have a variety of needs when they visit the MSW (e.g., food, finances, furniture and housing) and require many services. The MSW could easily spend an entire day with one client trying to address some of their needs (e.g., pick up medication, view apartments). As such, the MSW needs a smaller caseload so that more intensive services and ongoing support can be provided.

The Community Plan identified that there should be three Mobile Support Workers. In the community they each should have a caseload including: intakes, helping a person find a place, and ongoing support, regular visits, the way we started. If we had that then hopefully they [clients] would stay in their places and stop the cycle.

Wait for Services

The reduction in staff has also resulted in a much longer wait for services. When there were three MSWs, people could get in the same day or within a few days. Now, appointments must be made up to two weeks in advance or more. A long wait is extremely problematic for clients with housing issues because they need immediate help. They are not a group that can wait for services and rarely return for appointments at a later time. Crisis situations need immediate responses.

Follow-up

One of the strengths identified by the research was the follow-up support offered to clients and landlords. Since the reduction in staffing, the MSW has less time for screening housing and landlords and updating the landlord registry. This aspect of the MSW program is important because it helped match the appropriate tenant with the most suitable landlord and allowed for mediation between landlord and tenants to avoid evictions. A participant explained how it is difficult to help a person find housing knowing that they require intensive follow-up support when there is no longer time or resources to provide it:

When somebody moves into a place and you just have this sense that you know, this person is not going to last because they just need a lot of support. They need somebody to check on them two or three times a week, and, you know, I can't do that. And after two months their landlord throws them out.

Follow-up home visits and phone calls are useful for helping clients with issues that arise once they are in housing. For example, sometimes landlords do not do repairs, or their hydro bills are more costly than expected.

It would be helpful to have follow-up support in addressing problems. For example, clients sometimes believe they do not have to pay their rent because their landlord will not make repairs in their apartment. The client is then evicted. Clients could benefit from a monthly or biweekly home visit or phone calls, which could effectively prevent many evictions by supporting clients and keeping them informed about services that are available to them.

Mobility

Since the reduction in staff members, the mobility aspect of the MSW program has suffered. The research indicated that mobility has been a crucial aspect of the MSW program because it allowed the staff to:

(a) Transport clients to appointments and to view apartments: The mobility of the MSW program is critical because many clients do not have transportation, which is often necessary for securing housing. One participant explained:

... We were able to actually physically go with some people to look at apartments. People that don't have cars or transportation of any kind. You know, if there's an apartment

available way up in the west end and they don't get out there, they're going to lose it. The mobile part of the Mobile Support Worker is a big plus too although that's been almost eliminated since there's been cutbacks in funding. So we're not very "Mobile" Support Workers now...

(b) Assist clients with running errands and setting up their apartments: Helping clients with smaller things like shopping helps them to succeed, especially for clients that need some assistance setting up an apartment. For example, clients receive a Community Start-Up Benefit from OW for purchasing household items but some of them may have never set up accommodations by themselves before (e.g., youth).

(c) Provide follow-up visits: Being mobile allowed the MSW to set up follow-up appointments with clients once they were placed in housing. Follow-up visits were critical for helping clients maintain housing because the MSW could offer support, provide further referrals, and mediate between clients and landlords.

(d) Build trust with clients: Assisting clients in running errands facilitated the development of rapport between the worker and client, which allowed for more trust and disclosure by the client. As a result, the worker learned more about clients' needs and was able to assist them further, subsequently reducing the likelihood of future crisis situations.

(e) Develop rapport with clients at the shelters: Visiting the shelters was a crucial aspect of the MSW program because it allowed the workers to develop a rapport with the residents and they were more likely to access the service. It was also beneficial to have the MSW visiting the shelters because often shelter workers cannot leave the building.

Now, the MSW is less able to visit the shelters, which were formerly visited twice per week. Fewer clients from the shelters are accessing the MSW program because they are reluctant to go to another agency for services.

The reason that change came about was because the lack of funding for them to have the three Mobile Support Workers. So we lost one person coming here [Vincent Place]. The Mobile Support Worker team said that we had to send our clients over there and that's when it changed for us. Our residents wouldn't go, so you know, we're always faced at the end of the month with residents that are looking to stay longer than they should have been. So that's what sort of forced our hand into taking a more proactive approach to finding them housing.

Outreach in the shelters is not at the level when there were two [MSWs]. Before they [MSWs] were in the shelters twice per week. Now the MSW is here [JHS] trying to get clients to leave and come here and it's become a problem. They don't have the same amount of connection.

Other Considerations

Funding

There is a concern about the future of the MSW program because of difficulties in obtaining core funding which is a source of frustration for some board and staff members and takes time away

from other important duties (e.g., direct client services). One participant explained the difficulty in finding core funding when only project funding is available.

...Advocates talk to funders about the insanity of this whole funding model that they use. It's stupid. I mean, you've got to jump through hoops every year to provide the same service that you provided last year to a bunch of people that need the service.

Rent Bank

In the past, workers in the MSW program had access to a rent bank, an emergency fund used to help clients secure housing located on-site at JHS. This rent bank was extremely helpful for clients that were not eligible for Community Start-Up or for those who were having trouble paying their utilities. It was convenient for staff members to have access to the rent bank on site because clients' needs could be met faster (e.g., securing housing) than if they had to be referred elsewhere and go through the application process.

Potential clients not accessing services

There are a number of potential client groups that are currently not accessing services. First, some clients with mental health issues or dual-diagnoses can get their needs met through other services or housing programs such as the housing program at Community Mental Health. Second, clients that are transients, couch surfing, or living on the streets are often disconnected from the community. It is difficult to find these potential clients to book appointments and/or help link them with services. It would be helpful to have staff on the streets to try to make contact with clients but there is not sufficient staff available to do so. Third, individuals or families that are in housing but are at risk of being evicted are not accessing services. For example, housing complexes may have tenants that are close to eviction. It would be helpful to have a worker that is available in the housing units to address such issues and prevent evictions.

Difficult to serve clients

The research showed that there are a number of client groups that are difficult to serve. First, there are clients that had conflicts with other agencies and landlords so it is difficult to find them housing or services when they are no longer welcome back. Second, it is difficult to serve high-risk individuals. High-risk clients are more likely to be admitted to psychiatric hospitals; disengage from services; become sick, homeless, or jailed; and engage in violent behaviors than low-risk clients. These individuals have many barriers such as little or no education, diagnosed or undiagnosed mental health issues, substance abuse issues, dual-diagnoses, repeat offences, transient lifestyle, or a combination of these barriers.

The majority of medium to high-risk clients have trouble maintaining housing without any follow-up support. It is very difficult for the MSW to place these clients in housing with landlords knowing that they will likely get evicted. Placing clients in housing with landlords without follow-up support also jeopardizes future housing for other clients because landlords may decide to withdraw from the registry. Although the majority of tenants from the landlord registry worked out well for landlords, there were instances when tenants left without notice, damaged apartments, or did not pay their rent or PUC.

Community Awareness and Support

John Howard Society staff

The JHS staff members strongly support the MSW program. Clients have access to resources and programs at the JHS and when the MSW is heavily booked with appointments, another staff person (i.e., former MSW) will take some of the caseload overflow. Other workers at the JHS are also open to seeing clients with issues relevant to the services they offer (e.g., employment).

We're a pretty supportive bunch. Luckily, if we have a housing client that has other issues, we can go down the hall here and pull another worker in to help out. This is a very supportive organization.

The staff at this office, completely 100% behind us. In a way it's a frustrating program because you're trying to meet the needs all at one time for an individual. It's not just housing needs that have to be met at that time. It's financial needs. It's food needs. You have to find furniture and housewares and stuff like that for the apartment as well. The staff here have been great.

Social service agencies

Most social service agency employees that work with clients with housing issues were aware and supportive of the MSW program. The Housing Supports Committee, a group composed of a number of service providing agencies, was a key group in the development of the MSW program. This group also helped the MSW in problem solving and served as an avenue for case conferencing.

People in the Housing Committee, and I think there's close to twenty agencies on there, come to meetings and offer suggestions and all that kind of stuff. I mean, the service that we provide, when it works, provides a service to all of them too.

Referral sources, people that we worked with in the community were always supportive. If we ever had problems on having to deal with something, we know that there's someone that we can call and try to get that worked out with.

It is questionable whether all agency workers are aware of the MSW program. Many workers in the field of social services are so overwhelmed with their daily activities that they do not have time to stay updated about all of the services available in the community. A participant explained the challenge of working in a busy environment and keeping up to date about the services available in the community.

I know what it was like to work in a busy busy government environment and you're bombarded with information daily and it's in one door and out the other. It doesn't hurt to keep, to refresh people, and go over it again. And every so often say, "hey we're still here. We're still alive. We're still kicking here. Don't forget to refer people to us".

The MSW program lost some credibility since the loss of funding and resultant cuts to services. One worker does not have time to provide the intensity of services that were previously offered.

The problem with anything when you water it down so much you lose its integrity and you lose its success. If you're trying to do too much then you don't do anything well. You're just skimming the surface, which is detrimental to the program. I think we've lost some credibility over this past year since we lost the ability to spend more time with the clients.

People outside of social services

Most people in the community that are not closely involved with social services are not aware of the MSW program. One participant stated that there should be more advertising:

Advertise it more because I didn't know about it. How was I supposed to find this out when I was stressing out on the street? When I was walking around looking for a place and answering newspapers – How was I supposed to know this?

It would be helpful to do more advertising to let the public know about the MSW program. To put funds towards advertising at this time, however, would result in fewer funds for direct client services, which is the priority.

Some community members have a misperception about the clients that are serviced by the JHS. For example, some landlords thought that all clients of the MSW program were former convicts since the program is housed in JHS. As noted previously, there is no budget for advertising for dispelling such misperceptions through other education.

4.5 Continuum of Care in Sault Ste. Marie

As noted previously, the Community Plan (SSSC, 2002) aimed to achieve a continuum of care for people that are homeless or at risk of homelessness, in Sault Ste. Marie. Pauline's Place and Vincent Place were designed to fit into the continuum of care as emergency shelter for youth and men in crisis (SSSC, 2002). The MSW program was intended to help people transition from the shelters to accommodations, from accommodations to accommodations, or from incarceration to accommodations. The MSW program was also designed to help people maintain housing by providing support to individuals once they are in accommodations.

The continuum of care model is in place but there are still gaps in services. For example, due to the decreased staff members in the MSW program, several areas of services had to be cut. Many of the strengths of the MSW program that addressed areas of the continuum of care have become gaps in services (e.g., follow-up, mediation with landlords).

The findings of further gaps in services in the continuum of care are discussed below and organized in sections:

- Crisis: Off the street and into shelters
- From the shelters to accommodations
- Maintenance of accommodations
- Level of service to clients

4.5.1 Crisis: Off the Street and Into Shelters

Most crisis needs are now being met as a result of the shelters. However, there are no suitable shelters for families or couples in Sault Ste. Marie. Women may take their children to WIC but men with children or couples with children can only be referred to the Algonquin Hotel. Since the opening of Vincent Place, there have been occasions when men have shown up at the shelter with children and these families were referred to the Algonquin Hotel¹³. Although there is a two

¹³ No data available about the number of occurrences.

bedroom unit with private bath at the Algonquin Hotel for families, it is not a suitable place for children since there are other adults in the building and there are bars nearby (see details below). It is important to consider families because many clients of the MSW were married or common law (15% in 2004; 6% in 2005) as well as men that stayed at Vincent Place (6% in 2004; 7% in 2005). Residents of Vincent Place may have had to separate from their wives and families.

With regard to crisis, the research indicated that residents should be able to stay in the shelters for more than 16 days. Individual clients require a sufficient amount of time to address their immediate issues in order to become stable enough to move into housing. Some clients may require one week whereas other clients may require as long as three months.

Algonquin Hotel

Many stakeholders expressed their concerns about people being referred to the Algonquin Hotel. First, there are many more support services offered at Vincent Place (e.g., case manager, soup kitchen). Although the Algonquin Hotel does provide shelter to clients, it is a hotel, and unable to provide support services. There is also a concern that the Algonquin Hotel is located in an area with access to bars, which can be problematic for people with addiction issues.

Well, if you look at the reasons why people are homeless – you know its mental health issues, its addictions – you go to the Algonquin – I know about the culture over there – sticking someone in the Algonquin- it's the worst environment for somebody trying to stay clean. It is the absolutely worse thing to do. Number one, you stick someone in one room with no meals and 15 bucks a day – well what are they going to do? They're going to take that 15 bucks and go score, right. I have real issues with that. Some guys are ok with that, they get their own room. For some people that need the extra level of care – I think they are better served at Vincent Place. Definitely.

4.5.2 From the Shelters to Permanent Accommodations

The research showed that discrimination is a barrier to finding housing for clients and that training and education of landlords could help to reduce discrimination. The research also indicated that there is a demand for supportive or transitional housing.

Discrimination

The research showed that there is some discrimination in trying to obtain housing in the regular housing market. For example, some landlords may refuse to rent apartments based on gender, race, age, or source of income. The added stress of discrimination when searching for housing is disempowering, discouraging and frustrating to clients.

I was so stressed out when apartment hunting on my own and dealing with what I had to deal with, which was racism or whatever. It is because I'm native and I had to deal with all of that. On the phone it was a different story. If I could have recorded my phone calls and then gone to that house I could have proved racism but word of mouth doesn't prove nothing. I was at my wits end. I was so stressed out. I was homeless. I was in a crisis.

Landlords

Landlords from the landlord registry of the MSW program were a valuable resource and, some of them had extraordinary compassion for their tenants and tried to be supportive. For example, some landlords realized that clients had a fixed income and were willing to waive last month's rent and the damage deposit. Similarly, another landlord kept a tenant for many years that consistently paid his rent late. This landlord recognized that the tenant was always going to pay his rent but it sometimes took him two or three weeks longer to get the money together. Landlords also took an interest in tenants and sometimes transported them to services they required or bought them food in emergencies. Training and educating landlords would help decrease the number of landlords that are discriminative and would help them to have some of the knowledge and skills for dealing with tenants.

Supportive or Transitional Housing

Transitional housing is defined as “housing and services intended to facilitate self-reliance and self-sufficiency” (HRDC, 2003, p. 93). The research and the updated Community Plan (Community Plan Update Committee, 2004) identified the lack of supportive and transitional housing as a gap in Sault Ste. Marie.

Consistent with the findings of the report *Evaluation of the NHI: Implementation and Early Outcomes of the HRDC-based Components* (HRDC, 2003), and in partnership with governments, Sault Ste. Marie will need to address the continuing demand for more transitional and supportive housing facilities and services, to enable people living in shelters to progress toward greater independence when they are ready, and to free shelter space for others who need it (e.g., Pauline's Place).

...If we could get a house that would provide kind of a transition place between here [Vincent Place] and somebody going into their own apartment like a boarding house. Where somebody can move in and stay 2 or 3 months, get used to paying rent, doing their own cooking. Hopefully be one room, one person kind of situation. Say a house with four, five, bedrooms.

Some research participants suggested that the focus of the emergency shelters be more on helping residents to feel safe and to become stable. It was proposed that the transition house for youth should be more focused on developing life skills once clients are more settled.

So, more, bigger space for one, around emergency crisis shelter like more availability, more beds I should say. And then another piece of that being a transitional and almost like a first one when I was saying, where almost anything goes. And then a transitional place – it's kind of like a boarding house style. A lot more involvement with developing the living skills because they're [clients] here and you're trying to tell them after a week and a half that they need to, they need to clean the bathroom. We need to have a, maybe get away from those things and get more in tune to what they really need emotionally to really feel safe and settled. And that's where [transitional housing] you could focus more on their living skills and their life skills and that, at that second stage, you know, and then other programming.

4.5.3 Maintenance of Accommodations

The research and the updated Community Plan (Community Plan Update Committee, 2004) indicated that follow-up, support and aftercare are significant gaps. Further development of follow-up services and support could effectively prevent evictions (e.g., regular home visits or phone calls).

Follow-up Support

People with housing issues require intensive support and a variety of services that are tailored to their needs and follow-up is a key gap at this time. At one time the MSW program did some follow-up with clients but the program is limited since the reduction of staff members. Many clients need follow-up support once they are in housing such as emotional support, advocacy, or further referrals. Follow-up home visits and phone calls would be useful for helping clients with issues that arise once they are in housing. For example, challenges arise such as landlords that will not do repairs or hydro bills that are more costly than expected.

It would be helpful to have follow-up so that people can be supported and informed about the options that are available to them in addressing problems. For example, clients sometimes do not pay their rent because their landlord will not make repairs in their apartment. The client is then evicted because they did not know the proper avenue to take when faced with landlord difficulties. Furthermore, clients could benefit from a monthly or biweekly home visit or phone call so that the worker could know how things are going, whether the rent and utilities are being paid and to see if there is food in the home or repairs that need to be made or whether the client has new service needs (e.g., relapse if in substance abuse recovery). The follow-up visits are also a means to ensure that clients are aware of the services available to them if they require services or support in particular areas (e.g., how to pay phone bill). In addition, the follow-up visits could help clients in problem-solving landlord-tenant issues. Follow-up could effectively prevent many evictions by supporting clients and keeping them informed about services that are available to them.

4.5.4 Issues that Impact the Level of Service to Clients

The research showed there are significant barriers for clients in finding housing including: lack of safe, affordable housing, budget constraints and requiring transportation. Clients that are transients and long-term homeless for a long period of time, 16 to 17 year olds, and high-risk clients are difficult to serve. Participants were also concerned about the diversity of clients in the shelters (variety of risk-levels).

Lack of Safe, Affordable Housing

The research indicated that there is a lack of safe, affordable housing in Sault Ste. Marie. In particular, the research and the updated Community Plan (Community Plan Update Committee, 2004) identified that there are very few bachelor and one-bedroom apartments. It is frustrating for clients to learn that there is not a lot of housing available in their price ranges. Some of the housing in clients' price ranges are in need of repairs and are dirty, which can result in injuries or illnesses (e.g., from moulds). One participant explained how a family had to live in an unsafe place for their children because it was all that they could afford:

For instance, one family is living in a home where they have infants crawling on the floor and there's um kick plates where the carpet... There's little nails sticking out of the floor and the babies are crawling on this floor. And that needs to be taken care of because they're going to – there's safety issues with them being on the floor. I mean, sometimes heating doesn't work or you know, that kind of thing.

Most low-income housing is concentrated in particular areas of the city. Subsidized housing is more affordable for people and does not require last month's rent but there is generally a wait list.

Budget Constraints

The research showed that budget constraints are a serious barrier to finding and securing safe, affordable housing. Rent and utility rates have increased and it is difficult for clients to afford these rates with incomes from OW and ODSP. Of the clients the MSW program serviced in 2005, 38% had incomes from OW and 18% from ODSP. Of the clients that stayed at Vincent Place in 2005, 32% had incomes from OW and 6% had incomes from ODSP. There is also concern from data that indicates there are working poor that are using these services. For example, in 2005, 6% of clients that stayed at Vincent Place and 6% of clients that utilized the MSW program were employed full-time or part-time.

It is also challenging to find affordable housing because most landlords no longer offer all-inclusive apartments (i.e., rent includes utilities). Moreover, most landlords require last month's rent and a damage deposit. One participant explained:

It's very difficult to get an apartment for 350 dollars a month, which is the... And still have enough money for food. So, that's, it's a big problem to... And if you have a family, to be able to stay in your housing, certainly from what I can see, is if you're living every month or even if you're working but you're living every month check to check and 80% of your check goes to your rent. All it takes is one sort of emergency – your kid gets sick, you miss work, you have to go to a funeral, you have to go out of town and all of the sudden you're in arrears and you're potentially on the street. I mean, it's, I think hard for maybe the average middle class person to see that because you have some savings and you can afford to make your mortgage payment or your rent payment. But if you're living every month like that, you're always sort of two steps away from eviction.

Clients' income has an impact on their life choices and well-being. For example, some women go back to abusive situations because it is difficult to support their children and obtain safe, affordable housing with incomes from OW. They realize that their partners have a decent income and know that their children will be fed and taken care of. The fear of not being able to adequately support their children on their own is enough for some women to go back to their violent partners.

Transportation

Transportation is a significant barrier for people that are trying to find and secure housing. Having a worker that is mobile is critical to a client's success in finding, setting up and maintaining housing. Clients find the many tasks necessary to find and set up housing (e.g., view apartments, buy furniture) overwhelming, especially when they do not have transportation.

Difficult to serve clients

Transient clients and long-term homelessness

There are many clients that stay at Vincent Place that are disconnected from the community or are from out of town and live a transient lifestyle. As a result, many of these clients are not familiar with Sault Ste. Marie and are not aware of the services offered in the community. For example, from April 2004 to December 2004, 67% of the clients that stayed at Vincent Place were non-residents. From January 2005 to December 2005, 53% of the clients that stayed at Vincent Place were non-residents.

Clients that have been homeless for a long period of time are difficult to service because they become used to the lifestyle and are afraid to change. Despite the fact that there are services available in the community, clients may be reluctant to go to a new worker or a new agency, due to the deep distrust evident in this population. It can be difficult for clients to begin to change when they are discouraged every time they see other people in what they perceive as better situations.

16-17 year olds

There is concern that there are fewer social service programs in Sault Ste. Marie available to individuals that are under 18 years old than to individuals that are 18 years old and older.

High-risk clients

The clients that stay at Pauline's Place and Vincent Place are diverse in terms their intensity of needs (e.g., low-risk to high-risk). Some clients have many barriers to finding housing and require many services whereas other clients require few services and primarily need a safe place to stay until they can return home or find an appropriate place to live.

There are clients that had conflicts with other agencies and landlords so it is difficult to find them services or housing when they are no longer welcome back. High-risk clients are more likely to be admitted to psychiatric hospitals; disengage from services; become sick, homeless, or jailed; and engage in violent behaviors than low-risk clients. These individuals have many barriers such as little or no education, diagnosed or undiagnosed mental health issues, substance abuse issues, dual-diagnoses, repeat offences, transient lifestyle, or a combination of these barriers. It may be very difficult for these individuals to live cooperatively with others. For example, there are some clients that have many needs (e.g., mental health, anger management) and require intensive support and services. It has been difficult to serve these high-risk clients in the shelters because the safety and comfort level of the other clients in the home must be considered.

The majority of medium to high-risk clients have trouble maintaining housing without any follow-up support. It is very difficult to help these clients obtain housing with landlords, knowing that they will likely get evicted. With regard to the housing registry at of the MSW program, placing clients in housing with landlords without follow-up support jeopardizes future housing for other clients because landlords may decide to withdraw from the registry. In fact, there were instances when tenants leave without notice, damage apartments, or do not pay their rent or PUC. However, the majority of tenants from the landlord registry worked out for landlords.

Potential clients not accessing services

There were a number of clients that are not accessing services. First, some clients with mental health issues or dual-diagnoses can get their needs met through other services or housing programs such as the housing program at Community Mental Health. Second, clients that are transients, couch surfing, or living on the streets are often disconnected from the community. It is difficult to book appointments with these clients and help link them with services. Another client group that is not accessing services is individuals or families that are in housing but are at risk of being evicted are not accessing services. For example, particular housing complexes may have many tenants that are close to eviction.

Community Awareness: Views of Homelessness

Some people are surprised to hear that there are homeless individuals and services for the homeless in Sault Ste. Marie. A lot of people do not realize that individuals are couch surfing or living in motels.

The homeless here [Vincent Place] are not the in your face homeless where you see them sleeping in doorways and stuff like that. They're guys couch surfing; they're passing through town. People look at homelessness as – you have to be pushing a cart through the streets.

There are misperceptions about youth and men. For example, with regard to youth, some people believe that *they're just spoiled brats who need to have some discipline*. With regard to men, since they are viewed as able-bodied there is a view that they should be working and perhaps just need more supervision and/or discipline.

Holistic support system

“There is consensus that homelessness and housing affordability is not purely an issue of bricks and mortar, and that a holistic approach that addresses the needs of the whole person is required to help clients achieve a stable housing situation” (GPC Public Affairs, 2005, p. 11). Programs that are important to those in housing need include food banks and soup kitchens, clothing drop-offs, outreach programs, child care, adapted transportation, counselling, education and skills development programs, work placement and emergency aid (including financial assistance, advocacy and referrals) (GPC Public Affairs, 2005).

Policy Issues

For Pauline's Place, Vincent Place and the MSW program, funding has been a major source of stress for staff members, particularly the executive directors. Many stakeholders explained the frustrations associated with the current funding model (i.e., project funding). Projects or programs are developed that are highly utilized by clients but then are lost because funding is exhausted. This funding model has been detrimental to programs and client services. For example, the MSW program was servicing more clients through the provision of more intensive services (i.e., transportation, follow-up support) when there were three staff members. Once the funding was cut and the program lost staff members, many areas of service had to be cut; there

was less time to provide intensive services; and the wait list became longer. One participant explained that the community has developed a model of service for the homeless in Sault Ste. Marie but it cannot be attained nor maintained because of the funding model:

I think the model of service that the community has is there. The problem is that it's all been project funding. And so we keep adding things and pulling things programs and every year it has to change. Those things cause a lack of continuity and that's where the system fails. What we do as a group of organizations is working. It's what the projects don't allow that causes problems with the continuum... When a project turns out to be a successful way of meeting a need, it needs to be given core funding so it continues and other projects can also test the waters to see what's needed. But to stop one project when it's been successful so that you can start another project, which has to have a different description. And stop what you were doing already that was working – then you have that gap. And then you start something new and find out “oh that's a good idea” and then you lose it. And then you start something again. It doesn't make sense. So I think what we need to see is project funding for pilot ideas. And then there needs to be lobbying at all levels of government to try and ensure that these projects, which are successful are given core funding so that they can continue to be successful. And projects stay just that – it's for the development of something new. And when we develop something that we think works – we need to get supports to keep it going.

Consistent with the consultations and roundtables with stakeholders and experts conducted by HRSDC and CMHC for developing a new Canadian Housing Framework, participants requested more funding and that access to multi-year operating funds as well as program funds is necessary to ensure that they have the required stability to offer continuous services.

The current funding model is also very costly to social service agencies in terms of hours looking for further funding and writing proposals, and the time and money spent retraining staff members that leave because of job insecurity. Action should be taken to reduce the complexity of federal programs in order to decrease what was seen as excessive administrative burden on already stretched local resources (GPC Public Affairs, 2005).

There is also a loss of credibility of a program when a program offer the services that they intended to provide because of a loss of staff members. It is the people that so desperately need these services that are suffering because money is spent on staff members' wages for the time to find funding rather than providing direct client services. It is also very concerning when programs that are utilized and regarded as gravely necessary in the community are lost because of funding. One participant explained the frustration with project funding:

The SCPI funding, which has been really helpful because we opened two shelters as a result of it, is great – but everyone is at a risk of closing down because it's not permanent funding. So you're always scrambling as a manager. Scrambling year to year to know whether or not you're going to have staff or whether or not you're going to keep staff because if they think they're going to lose the funding – staff, they're going to look for other work. And every time you do a staff turnover, you lose efficiency and you lose that continuity with clients and you have to retrain. And it costs more money. So we end up spending more time trying to find money than we are providing services

There are policy issues that make it difficult for clients to obtain and secure housing in Sault Ste. Marie. For example, a client cannot get an appointment with OW without having a place to rent. A client may find a place but it could take him or her one week to get an appointment with OW. By the time the client gets to the appointment with OW, the landlord may have already rented the apartment to someone else. Clients on Employment Insurance often run out or are ineligible because they have not worked the required number of insurable hours (usually between 420 and 700 hours but it can be up to 910 hours in some instances). For northern Ontario, the number of insurable hours required to qualify for regular benefits is 560. The minimum and maximum number of weeks payable for regular benefits 25 is and 45, respectively (HRSDC, 2005).

The current welfare system fails to offer low-income Canadians dignity and the means necessary to have an acceptable quality of life; major change is required (Lerner, 2003). To ensure the economic security for all Canadians, while secure income is key, assuring access to goods such as affordable housing, quality childcare, education, training and adequately waged jobs is part of the challenge (Lerner, 2003). Consistent with Lerner (2003), the research indicated that the key policy issues for clients in Sault Ste. Marie are:

- A Canadian child care policy
- Quality licensed child care and Early Childhood Education
- Access to such care and education for all Canadian pre-school children
- Accessible recreation programs for older children and teens
- More supports to families with children
- Increased Child Tax Benefit (CTB)
- Improved maternity and parental leave provisions
- Better quality jobs: improved wages and labour standards to help youth, working poor, people in non-standard jobs
- Raise and index minimum-wage levels to approach a living wage [also identified as a required intervention in the updated Community Plan (Community Plan Update Committee, 2004)]
- Improve labour standards re part-time temp pay and benefits
- Develop jobs having career potential, especially for entry-level youth
- Improve current welfare system, e.g., increase OW and ODSP rates, restore EI supports, retain income supports during move from welfare to work PLUS access to training, education, and re-training over a person's life course
- **These changes are needed while at the same time providing: universal access to affordable housing; promotion of home ownership; health care supplements for those without employer insurance; special supports for vulnerable groups (Aboriginal Canadians, lone parents, persons with disabilities, youth at risk).**

5. Conclusions and Recommendations

The Community Plan (SSSC, 2002) identified a number of gaps in the local continuum of care and identified a number of high priorities for action and intervention including the development of shelters for youth and men and the expansion and extension of the MSW program. These priorities were implemented and have been utilized by homeless people and people at risk of homelessness.

All of the initiatives have established some partnerships and networks with agencies that service clients with housing issues in SCPI phase I. There were strong linkages between staff members of the three initiatives and other types of service providers, which included collaboration, information sharing, problem solving and referrals. Agencies should continue to develop partnerships and work together in problem solving how to address clients' needs, housing issues and homelessness in Sault Ste. Marie.

5.1 Crisis: Off the Street and Into Shelters

The research clearly showed a need to continue Pauline's Place and Vincent Place for emergency shelter for youth and men and expand services. Three recommendations arise regarding ensuring adequate services at the crisis level:

- Allow residents to stay in the shelters for a sufficient amount of time to be able to become stable enough to move into housing
- Review the adequacy of bed capacity of Pauline's Place. Current data collection does not confirm this, but four months at 100% occupancy of room and board beds in 2005, would indicate the likelihood of under-capacity
- Assess further the need for a family emergency shelter

5.2. From the Shelters to Permanent Accommodations

The transition from shelters to permanent accommodations is a crucial and often difficult period of adjustment. To reduce the "revolving door", and provide individuals and families with services that result in permanent living accommodations, a number of actions are required:

- Train and educate landlords
 - Provide landlords with a toolkit of community services
 - Provide communication and negotiation skills training to landlords
- Increase staff in the MSW program so that the staff have more time for the landlord registry and helping clients find and set up accommodations
- Address the demand for more transitional and supportive housing facilities and services, to enable people living in shelters to progress toward greater independence when they are ready

- Offer more follow-up and support for clients once they are in housing such as follow-up phone calls and home visits
 - Increase staff in the MSW program so that the staff can offer more follow-up and support for clients
 - Provide staff of the MSW program with a smaller caseload and sufficient time to work with clients

5.3 Issues that Impact the Level of Service to Clients

Improving the continuum of care also means improving overall services to clients, and the research identified a number of areas where change is required in order to fully meet the need:

- Acquire more safe, decent and affordable (permanent) housing stock
 - Especially need more bachelor and one-bedroom apartments
- Develop additional subsidized housing units to decrease/eliminate the wait list
- Consider transportation for inclusion in the continuum of care for Sault Ste. Marie (e.g., have a van for the shelters; increase the mobility of the MSW for visiting the shelters, follow-up and transporting clients)
- Reach clients that are disconnected from the community by having mobile workers that can be on the streets and in the shelters
 - Note that an outreach worker was identified in the updated Community Plan (Community Plan Update Committee, 2004) and was implemented but was not highly utilized, however, outreach and mobility were identified as gaps in the research
- Expand and extend the MSW program
- Consider having a worker that is available within housing units with people at risk of eviction
- Promote greater community awareness of homelessness and services available in Sault Ste. Marie
- Ensure staff members are adequately trained. Staff members should continually work to develop a rapport and trust with clients because the relationship with particular staff members was viewed as empowering to clients of the MSW program, Pauline's Place and Vincent Place
- Facilitate a community collaboration and discussion about the services available to youth under 18 years of age to identify if further programs or services should be developed for this target group
- Facilitate a community collaboration and discussion about having separate shelters based on intensity of need (e.g., all high-risk clients could stay in the same shelter with different rules and expectations)

- As identified in the Community Plan (SSSC, 2002), “all agencies providing services should maintain uniform records and statistics of client activity” (p. 37).
 - Practice consistent data collection at each of the initiatives from year to year so that comparisons and conclusions can be made
 - Facilitate a collaboration with agency stakeholders and community members about the data that should be collected
 - Identify the data that would be useful for agency staff and board members to help them to improve their services (i.e., community and agency-driven data collection)
 - Keep statistics of the number of occupied beds per night so that occupancy rates can be easily calculated

$$\text{Occupancy rates (\%)} = \frac{\text{Total Bed nights Provided}}{\text{Total Bed nights Available}} \times 100$$
 - Examining occupancy rates can help to identify: whether more beds are needed and what months the shelters are at highest occupancy
- Recognize that homelessness is a long-term issue and governments have to make a long-term permanent commitment including core funding and supportive policies (see key policy issues for Sault Ste. Marie p. 56).
 - Lobby at all levels of government, particularly for sustained core funding

References

- Boyd, M., & Norris, D. (1999). The crowded nest: Young adults at home. *Canadian Social Trends*, 99, 1-5.
- Broad, G., & Date, S. (2006). *Courageous lives: A profile of the working poor in Sault Ste. Marie*. Sault Ste. Marie, Ontario, Canada: Community Economic and Social Development, Algoma University College.
- Canadian Council on Social Development. (2001). *Defining and re-defining poverty: A CCSD perspective*. Retrieved on October 28, 2004, from <http://www.ccsd.ca/pubs/2001/povertypp.htm>
- Canadian Council on Social Development. (2002). *CCSD's disability information sheet*. Retrieved November 2, 2004, from <http://www.ccsd.ca/drip/research/>
- Canadian Council on Social Development. (2002). *Poverty lines*. Retrieved October 25, 2004, from http://www.ccsd.ca/factsheets/fs_lico03_bt.htm
- Canada Mortgage and Housing Corporation. (2004a). *Literature review: Aboriginal peoples and homelessness*. Retrieved October 5, 2004, from http://www.cmhc-schl.gc.ca/en/imquaf/ho/abpeho_001.cfm
- Canada Mortgage and Housing Corporation. (2004b). *No room of her own: A literature review on women and homelessness*. Retrieved October 5, 2004, from http://www.cmhcschl.gc.ca/en/imquaf/ho/ho_015.cfm
- Community Plan Update Committee. (2004, May). *Our Community Plan to prevent and ameliorate homelessness in the city of Sault Ste. Marie: Update*. Sault Ste. Marie, Ontario, Canada: Author.
- Community Supporting Citizens. (2005, May). *Terms of reference and reference manual: United Way and advisory committee*. Sault Ste. Marie, Ontario, Canada: Author.
- Daly, G. (1996). *Homeless: Policies, strategies and lives on the street*. New York: Routledge.
- Falvo, N. (2003). *Gimme shelter: Homelessness and Canada's social housing crisis*. Toronto, Ontario, Canada: The CSJ Foundation for Research and Education.
- GFK Gral-Iteo. (2003). *Qualitative research*. Retrieved June 3, 2004, from http://www.graliteo.si/eng/3_1_qual_dict.php
- Government of Canada. (2003a). *Evaluation of the National Homelessness Initiative: Implementation and early outcomes of the HRDC-based components*. Retrieved October 10, 2004, from <http://www11.hrsdc.gc.ca/en/cs/sp/hrsdcedd/reports/2003-002435/page05.shtml>

- Government of Canada. (2003b). *National Homelessness Initiative: Community Plan Update*. Retrieved October 10, 2004, from http://www.homelessness.gc.ca/partners/communityplanupdate/index_e.asp
- Government of Canada. (2003c). *National Homelessness Initiative: Supporting Communities Partnership Initiative (SCPI)*. Retrieved October 10, 2004, from http://www.homelessness.gc.ca/initiative/SCPI_e.asp
- Government of Canada. (2004). *National Homelessness Initiative: About the Initiative*. Retrieved October 10, 2004, from http://www.homelessness.gc.ca/initiative/index_e.asp
- GPC Public Affairs and the Intersol Group (July 15, 2005). *Toward a new housing framework: Final report*. Ottawa, Ontario, Canada: Human Resources and Skills Development Canada.
- Human Resources Development Canada. (2003). *Evaluation of the national homelessness initiative: Implementation and early outcomes of the HRDC-based components*. Human Resources Skills Development Canada (2005). *Services for you*. Retrieved March 27, 2006, from http://srv200.services.gc.ca/iiws/eiregions/postalcodesearch.aspx?postal_code=P6A6R2
- Hwang, S. (2001). Homelessness and health. *Canadian Medical Association Journal*, 164(2), 229-233.
- Income Statistics Division. (2004). *Low income cut-offs from 1994-2003 and low income measures from 1992-2001*. Ottawa, Ontario, Canada: Statistics Canada.
- Jackson, A. (2004). *Home truths: Why the housing system matters to all Canadians*. Ottawa, Ontario, Canada: Canadian Centre for Policy Alternatives.
- John Howard Society of Sault Ste. Marie and District. (2004). *Annual report: April 2003 – March 2004*. Sault Ste. Marie, Ontario, Canada: Author.
- John Howard Society of Sault Ste. Marie and District. (2005). *Housing program* [Brochure]. Sault Ste. Marie, Ontario, Canada: Author.
- Kauppi, C., & Lemieux, J.G. (2000). *Time 1 report on homelessness in Sudbury*. Sudbury, Ontario, Canada: The Social Planning Council of Sudbury.
- Lamb, B., & Layzell, S. (1994). *Disabled in Britain: A world apart*. Milton Keynes, United Kingdom: Scope.
- Lee, K.K. (2000). *Urban poverty in Canada: A statistical profile*. Ottawa, Ontario, Canada: Canadian Council on Social Development.

- Lerner, S. (Jan. 31 to Feb 1, 2003). *Proceedings and final report: Working conference on strategies to ensure economic security for all Canadians*.
- Mayor's Homelessness Action Task Force. (1999). *Taking responsibility for homelessness: An action plan for Toronto*. Retrieved October 5, 2004, from http://www.city.toronto.on.ca/pdf/homeless_action.pdf
- McGuire, M., MacCoy, D., Scott, S., McGuire, M., & Lauzon, C. (2005). *City of Greater Sudbury: Evaluation of Homelessness Initiatives*. Toronto, Ontario, Canada: Cathexis Consulting.
- Morrell-Belai, T., Goering, P.N., Boydell, K.M. (2000). Becoming and remaining homeless: A qualitative investigation. *Issues in Mental Health Nursing*, 21, 581-604.
- Nicolson, P., & Anderson, P. (2003). Quality of life, distress and self-esteem: A focus group study of people with chronic bronchitis. *British Journal of Health Psychology*, 8, 251-270.
- Office for National Statistics. (2002). Labour market experiences of people with disabilities. *Labour Market Trends*, 110(8), 415-427.
- Pauline's Place. (2005). *Pauline's Place: Sault Ste. Marie youth shelter* [Brochure]. Sault Ste. Marie, Ontario, Canada: Author.
- Peressini, T., McDonald, L., & Hulchanski, D. (1995). *Estimating homelessness: Towards a methodology for counting the homeless in Canada*. Retrieved October 5, 2004, from the Canada Mortgage and Housing Corporation Web site: http://www.cmhcschl.gc.ca/en/imquaf/ho/ho_005.cfm?&renderforprint=1
- Pillay, J. (2003). Community psychology is all theory and no practice: Training educational psychologists in community practice within the South African context. *South African Journal of Psychology*, 33(4), 261-268.
- Polit, D., & Hungler, B. (1999). *Nursing research principles and methods*. Philadelphia: Lippincott.
- Ross, D.P., Scott, K.J., & Smith, P.J. (2000). *The Canadian fact book on poverty 2000*. Ottawa, Ontario, Canada: Canadian Council on Social Development.
- Salit, S.A., Kuhn, E.M., Hartz, A.J., Vu, J.M., & Mosso, A.L. (1998). Hospitalization costs associated with homelessness in New York City. *The New England Journal of Medicine*, 338, 1734-1740.
- Schellenberg, G., & Ross, D.P. (1997). *Executive summary: Left poor by the Market: A look at family poverty and earnings*. Retrieved October 10, 2004, from the Canadian Council on Social Development Web site: http://www.ccsd.ca/pubs/archive/lpbm/es_left.htm.

- Smith, N., Middleton, S., Ashton-Brooks, K., Cox, L., Dobson, B., & Reith, L. (2004). *Disabled people's costs of living: More than you would think*. Layerthorpe, York, United Kingdom: Joseph Rowntree Foundation.
- Social Services Solution Council Homelessness Sub-Committee. (2002, January). *A Community Plan to prevent and ameliorate homelessness in the city of Sault Ste. Marie*. Sault Ste. Marie, Ontario, Canada: Author.
- Society of St. Vincent de Paul. (2003). *Men's shelter proposal for Supporting Communities Partnership Initiative*. Sault Ste. Marie, Ontario, Canada: Author.
- Statistics Canada. (2001). *Aboriginal peoples survey community profiles*. Retrieved, November 2, 2004, from <http://www12.statcan.ca/english/profil01ab/PlaceSearchForm1.cfm>
- Statistics Canada. (2003a). *Aboriginal population profile: Highlights for Sault Ste. Marie, Ontario*. Retrieved October 1, 2004, from <http://www12.statcan.ca/english/Profil01ab/Details/details1.cfm?SEARCH=BEGINS&ID=7617&PSGC=35&SGC=3557061&DataType=&LANG=E&Province=35&PlaceName=sault%20&CMA=&CSDNAME=Sault%20Ste%2E%20Marie&A=&TypeNameE=City%20%2D%20Cit%E9&Prov=>
- Statistics Canada. (2003b). *Participation and activity limitation survey: Household income*. Retrieved November 2, 2004, from <http://www.statcan.ca/english/freepub/89-585-XIE/income.htm>
- Statistics Canada. (2004). *Community profiles 2001: Highlights for Sault Ste. Marie, Ontario*. Retrieved October 1, 2004, from <http://www12.statcan.ca/english/profil01/Search/PlaceSearch1.cfm?SEARCH=BEGINS&LANG=E&Province=35&PlaceName=sault&SCRIPT=/english/profil01/Details/details1inc1.cfm&CMA=&PSGC=35>
- Teare, J., & Smith, J. (2004). Using focus groups to explore the views of parents whose children are in hospital. *Paediatric Nursing*, 16(5), 30-34.
- Vincent Place Men's Shelter Inc. (2004, September). *Annual general meeting*. Sault Ste. Marie, Ontario, Canada: Author.
- Vincent Place. (2005). *Homeless mens' shelter, after hours food bank, evening soup kitchen, drop in centre, thrift store* [Brochure]. Sault Ste. Marie, Ontario, Canada: Author.
- Wight, J. (2003). *Amendments to Pauline's Place Non-Profit Homes: Proposal for Supporting Communities Partnership Initiative*. Sault Ste. Marie, Ontario, Canada: Pauline's Place Non-Profit Homes.