



## HOMELESSNESS

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## OVERVIEW

Homelessness is not confined to the world's poorest countries; in every country, including those considered to be the wealthiest on the planet, there are clearly many people who find themselves without shelter over a relatively long period.<sup>(1)</sup> Nor is this necessarily brought about by disasters of natural or human origin. Many studies have found that a wide variety of events can force people into the ranks of the homeless. Today, homelessness is a reality for many men, women and children of very different backgrounds. This is not new; at various periods throughout history some people have been unable to find appropriate housing, and for many reasons. Since the 1980s, however, the phenomenon has grown, and the composition of the homeless population has become increasingly varied.<sup>(2)</sup>

### **The Growing Numbers of the Homeless**

The most recent estimates of the number of homeless, published by international organizations, are alarming. On a world scale, it is estimated that more than one billion individuals are poorly housed and that 100 million of them are literally living on the street. According to a UNICEF report, every night there are 850,000 homeless people in Germany and 750,000 in the United States. In Canada's largest city, Toronto, emergency shelters for the homeless took in an average of 6,500 persons each night in 1997.<sup>(3)</sup>

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- (1) The United Nations has referred to this problem as "hardship in the midst of plenty."
  - (2) Although it is hard to count the homeless, a number of signs since the 1980s indicate that homelessness in Canada has been growing and affecting a wider segment of the population: the fact that certain groups appeared for the first time in shelters and soup kitchens for the homeless; the overloading of shelters; and the constant increase in the demand for services in this area.
  - (3) The UNICEF report, entitled *The Progress of Nations 1998*, may be accessed at: <http://www.unicef.org>.

The experts agree that, in addition to its constant growth, the homeless population has over the past 20 years or so undergone some substantial changes. In North America, for example, the homeless population includes a large and growing number of women,<sup>(4)</sup> youth,<sup>(5)</sup> families,<sup>(6)</sup> mentally disturbed people,<sup>(7)</sup> new immigrants,<sup>(8)</sup> and members of various ethnic communities; in Canada,<sup>(9)</sup> it includes many Aboriginal people.

### **1987: A Turning Point in Research on the Homeless**

The United Nations declared 1987 as the International Year of Shelter for the Homeless, and homelessness became the focus of attention of a large number of researchers and field workers. Subsequently, this public recognition of the homeless population has been reflected in research, policy development and action, as witnessed in the proliferation of literature on the subject. Researchers at the University of Quebec in Montreal found that in an inventory of scientific articles on homelessness published between 1980 and 1993 in three computerized indexes (Sociofile, Psyclit and Medline), 91% of the 1,214 articles had been published since 1987.<sup>(10)</sup>

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- (4) Sylvia Novac, Joyce Brown and Carmen Bourbonnais, *No Room of Her Own: A Literature Review on Women and Homelessness*, Canada Mortgage and Housing Corporation, 1996; Claudine Mercier, "L'itinérance chez la femme," *Revue québécoise de psychologie*, Vol. 9, No. 1, 1988, pp. 79-93.
- (5) J.R. Wolch and S. Rowe, "On the Streets: Mobility Paths of the Urban Homeless," *City and Society*, Vol. 6, No. 2, 1992, pp. 115-140.
- (6) K.Y. McChesney, "Absence of a Family Safety Net for Homeless Families," *Journal of Sociology and Social Welfare*, Vol. 19, No. 4, 1992, pp. 55-72.
- (7) A.K. Wuerker, "Factors in the Transition to Homelessness in the Chronically Mentally Ill," *Journal of Social Distress and the Homeless*, Vol. 6, No. 3, 1997, pp. 251-260.
- (8) Danielle Laberge, Marie-Marthe Cousineau, Daphné Morin and Shirley Roy, *De l'expérience individuelle au phénomène global: configuration et réponses sociales*, Les cahiers de recherche du Collectif de recherche sur l'itinérance, Département de sociologie, Université du Québec à Montréal, 1995.
- (9) Mary Ann Beavis, Nancy Klos, Tom Carter and Christian Douchant, *Literature Review: Aboriginal Peoples and Homelessness*, Canada Mortgage and Housing Corporation, 1997; Royal Commission on Aboriginal Peoples, *Aboriginal Peoples in Urban Centres*, Department of Supply and Services Canada, Ottawa, 1995; Canada Mortgage and Housing Corporation, *The Housing Conditions of Aboriginal People in Canada*, No. 27, 1996.
- (10) Laberge, Cousineau, Morin and Roy (1995).

Generally speaking, these studies have helped to alter our conception of homelessness and our simplistic explanations of the problem, which was long associated almost exclusively with alcohol abuse.<sup>(11)</sup> It must now be acknowledged that the traditional image of the homeless as a relatively homogeneous group of alcoholic and vaguely crazy older men is outdated and that alcohol abuse is not the sole source of homelessness.

Although existing knowledge of the subject is based on a substantial body of research and publications, experts have advanced as many explanations of homelessness as solutions for curbing its growth. There is no consensus as to the scope of the phenomenon, its causes and remedies, or even on the composition of the homeless population. Although the explanations multiply and become more complex as our knowledge of the subject deepens, there is much debate as to the relative weight that must be given to the various contributing factors, such as poverty, shortage of low-cost housing, drug abuse, and mental illness. This is no doubt why, notwithstanding the range of studies on homelessness, many continue to be ignorant about the overall phenomenon and what can be done to overcome it.<sup>(12)</sup>

### **Objectives of This Modular Document**

This modular document does not claim to say everything about homelessness. Our primary objective is to present the major characteristics of the homeless population in Canada and to offer an overview of the major explanations for the situation.

A number of aspects of homelessness are briefly discussed in the following sections. First, homelessness is defined and the methodological and policy issues associated with adopting a particular definition are identified. Discussion then turns to the problems in enumerating the homeless population, the living conditions of the homeless and, more particularly, the impact of these conditions on their health. Finally, the links between homelessness and prison and mental illness are examined, as well as proposals for legislative measures to try to stem the growth of the problem.

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(11) G. Barak, *Gimme Shelter. A Social History of Homelessness in Contemporary America*, Praeger Publisher, New York, 1992, p. 6.

(12) Anne Golden, "The Faces of the Homeless," *The Globe & Mail* (Toronto), 28 May 1998.

Because this document focuses on the situation in Canada, it presents Canadian statistics on the scope of the problem and its components.

The following pages show that, since the 1980s, homelessness has been increasingly linked to numerous concerns in the areas of criminality, public health and the economy. We will see that these concerns, because they tend to result in measures aimed strictly at the homeless, are leading to greater social control over this population. This increased control, which is often seen in the regulation of public space, promotes the criminalization of the homeless and consequently helps to reinforce the popular image of them as deviants. Some writers argue that, by criminalizing the living conditions of those who live in extreme poverty, we are to a large degree fostering their marginal status in society.

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## **DEFINITION OF HOMELESSNESS**

The definition of homelessness is at the centre of some major policy considerations. Clearly, any definition has a direct influence on quantitative evaluations of the number of people affected by the phenomenon and consequently on the scope of the resources that ought to be devoted to it. For example, the use of relatively broad definitions tends to increase the number of those deemed to be homeless and implies the need for a reassessment of the criteria for access to decent housing, low-cost housing construction policies, and the funding of the services directed to this population.

The various definitions used in the literature on homelessness are briefly discussed below, as are some of the methodological problems resulting from the lack of consensus on a definition of the condition.

### **The Search for a Definition of Homelessness**

The difference between those with shelter and those without seems obvious, at first glance: to be “homeless” is to be without a place in which to live. The issue surrounding this situation is complex, however, and is expressed through a set of definitions. For example, there is clearly more than one answer to the question of who is to be classified as homeless; some writers even maintain that there are almost as many definitions as there are studies on the subject. To reflect the significance of the variations in the definitions, some researchers refer to a “continuum of homelessness.”

At one extreme on this continuum, a “homeless” person is defined solely with reference to the absence of shelter in the technical sense; this is obviously the most restrictive definition. But, although a large sector of the community has adopted this definition, and uses the term “homeless” exclusively to describe people living on the street or in emergency shelters, and although all of the researchers and field workers agree that such people certainly ought to be characterized as homeless, many think that this is too restrictive a definition.

At the other extreme, researchers propose a broad and inclusive definition such as that adopted by the United Nations when it declared the International Year of Shelter for the Homeless. According to this definition, a “homeless” person is not only someone without a domicile who lives on the street or in a shelter, but can equally be

someone without access to shelter meeting the basic criteria considered essential for health and human and social development. These criteria would include secure occupancy, protection against bad weather, and personal security, as well as access to sanitary facilities and potable water, education, work, and health services. The right to a home must be seen as a basic humanitarian principle, recognized in the *Universal Declaration of Human Rights*:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, **housing** and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.<sup>(13)</sup>

The United Nations definition acknowledges that the absence or extreme precariousness of housing gives rise to a number of problems that are major factors in the deterioration of the quality of life, such as difficulty in maintaining emotional ties, obtaining services, protecting personal property, and securing physical safety. The lack of access to a decent private space that would allow the homeless to prepare for work or school and to provide and receive care and attention keeps them in extreme poverty.<sup>(14)</sup> The UN definition would therefore include persons who, because they inhabit inadequate dwellings, are in serious danger of being thrown into the street.<sup>(15)</sup>

Between these two opposite ends of the continuum, a number of researchers propose other definitions of homelessness. Each is valid to some degree, and to attempt to compare the various definitions is virtually impossible. To cite only one example, in 1987, the Homeless Committee of the City of Montreal adopted the following definition of the homeless, which was subsequently applied by the Quebec Department of Health and Social Services in *La Politique de la santé et du bien-être*.<sup>(16)</sup>

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(13) *Universal Declaration of Human Rights*, article 25, par. 1 (emphasis added).

(14) Canadian Council on Social Development, *Homelessness in Canada*, Ottawa, 1987.

(15) Many researchers advocate a more inclusive definition of the phenomenon, similar to that put forward by the United Nations.

(16) Quebec, Ministère de la Santé et des Services sociaux, *La Politique de la santé et du bien-être*, 1992.

[*Translation*] A person with no fixed address, stable, safe and healthy housing for the next 60 days, an extremely low income, adversely discriminated against in access to services, with problems of mental health, alcohol and drug abuse or social disorganization, and not a member of any stable group.<sup>(17)</sup>

Those who favour this definition say that it has the advantage of taking into account the complexity of the functional problems in the dynamics of homelessness. However, this definition, like those presented earlier, remains subject to interpretation. How, indeed, should housing be defined? Can a car, an unused building or even a trailer be considered to be housing? And what about individuals who sleep at friends' homes, a woman fleeing spousal violence who seeks assistance in a shelter, a former prison inmate temporarily residing in a halfway house, or a drug addict undergoing substance abuse treatment in a specialized centre? Should all of these people be considered homeless?

Overall, it is clear that all the definitions of homelessness can be interpreted in different ways and reflect a particular point of view. And it is just as clear that all the definitions are governed by some time considerations. The changing status of those who experience homelessness creates difficulty for anyone attempting to define the population touched by this tragedy. Homelessness is not a characteristic of an individual but is rather a life situation that may be temporary, periodic, or more or less permanent. Some longitudinal studies seem to indicate that a lack of housing over a long period is uncommon, at least in North America.<sup>(18)</sup> Some U.S. and Canadian researchers have even said that "typically, homelessness consists of residential instability, rather than an enduring absence of accommodation over a long period of time."<sup>(19)</sup> Accordingly, many researchers add a time element to their definition of homelessness, so that, for example, to qualify as homeless a person must have been without housing for a certain number of days or weeks.

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(17) Comité des sans-abri de la Ville de Montréal, *Vers une politique municipale pour les sans-abri*, Montreal, 1987.

(18) J. Ward, *Organizing for the Homeless*, Canadian Council for Social Development, Ottawa, 1989; Federation of Canadian Municipalities Big City Mayors' Caucus, *National Action Plan on Housing and Homelessness*, Montreal, 1991; Ministère de la Main-d'oeuvre et de la Sécurité du Revenu, *Les sans-abri au Québec: étude exploratoire*, 1988.

(19) M. Sosin, I. Piliavin and H. Westervelt, "Toward a Longitudinal Analysis of Homelessness," *Journal of Social Issues*, Vol. 46, No. 4, 1990, p. 171.

### Three Types of Homelessness

The issue of duration is significant for everyone interested in homelessness. Often, how long homelessness has lasted becomes the decisive factor in distinguishing the varied levels of difficulty experienced by the individuals. One of the most common ways of categorizing the homeless is to divide the total population into three subgroups:<sup>(20)</sup>

- The *chronically homeless* group includes people who live on the periphery of society and who often face problems of drug or alcohol abuse or mental illness.
- The *cyclically homeless* group includes individuals who have lost their dwelling as a result of some change in their situation, such as loss of a job, a move, a prison term or a hospital stay. Those who must from time to time use safehouses or soup kitchens include women who are victims of family violence, runaway youths, and persons who are unemployed or recently released from a detention centre or psychiatric institution.
- The *temporarily homeless* group includes those who are without accommodation for a relatively short period. Likely to be included in this category are persons who lose their home as a result of a disaster (fire, flood, war) and those whose economic and personal situation is altered by, for example, separation or loss of job. Some researchers do not consider this group as being truly homeless and exclude them from their studies.

### Methodological Issues

The range of definitions used in the literature on homelessness constitutes a very real obstacle to research. Because researchers, in presenting their findings, often do not specify the definition they adopted for analytical purposes or their method of identifying the homeless, it is quite difficult to conduct comparative studies. Significant variations in the number of homeless people reported in one country, or even one city, may be explained by the different definitions or methods adopted by researchers.

All definitions present some difficulties in terms of their application, posing substantial challenges to research in, for example, the choice of the environment for data

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(20) Some researchers propose two subgroups, one consisting of the chronically and permanently homeless and one consisting of the occasionally and temporarily homeless.

collection, evaluation of the representative sample, the extent to which the results can be generalized, and comparison of results. Although most researchers in Canada adopt the definition used by the United Nations, it is hard to use from the methodological standpoint. How, in fact, can one locate the people living in dwellings that do not meet the basic UN criteria? Given these difficulties, most of the empirical research in Canada relies on the first part of the UN definition – that is, homelessness as meaning literally without shelter. The research methods are therefore focused on the services directed to the homeless. So the definition is cited in terms of theory, but in practice is used only in part. In Canada, however, it is acknowledged that these methods make it impossible to have the full picture of the situation, whose gravity is therefore underestimated.

In addition to all the difficulties of identifying the concept of homelessness, as expressed in the lack of consensus over its definition, it should be stressed that no one definition has been systematically applied in the studies of homelessness. There is therefore a lack of consensus on the term and the appropriate methods for assessing the phenomenon, i.e., how to determine who is included in the definition and who is excluded.

### **Summary**

In summary, when reviewing studies of homelessness, two issues must be kept in mind: a clear definition of that term favoured by the researchers; and a clear understanding of the method they use to identify the homeless. It is important to remember that the term “homelessness” can refer to various situations – people living with friends, women staying for a short period in shelters for abused women, and prisoners are all sometimes put into this category. Thus, be aware that the research findings are meaningless unless they are seen in context.

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## COUNTING THE HOMELESS

### **At the Heart of the Debate: How Many Homeless People are There?**

What is a homeless person? How many are there? These are the two main questions driving the discussion on homelessness. The two questions, albeit distinct, are in fact closely linked; the answer to the first will determine the second. Thus, the estimated size of the group directly depends on the criteria used to define homelessness; the definition of homelessness will itself determine their number. The more inclusive the criteria, the larger the estimate, and vice versa.

We should not be surprised, therefore, to find some significant variations in the estimates. Two U.S. researchers have given estimates for the United States as a whole; these vary between 250,000 and 3,000,000.<sup>(21)</sup> This debate, which is primarily between activists and public servants, is particularly lively in the United States. According to the United Nations, worldwide estimates vary between 100 million and more than one billion homeless. The differences in numbers are explained by the fact that the definition proposed by the UN includes those living in various degrees of unsatisfactory housing: those without a roof over their heads, those who sleep in temporary shelters or institutions, and those living in unsanitary or low-quality accommodation. Depending on which of these definitional components is used, the estimates of the homeless can vary from several million to more than one billion people.<sup>(22)</sup>

There is much at stake politically in counting the homeless. Very often, human and financial efforts to manage the problem are justified according to the head count. Generally speaking, the greater the estimate, the greater the number of services that will be directed to the homeless.

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(21) A.B. Shlay and P.H. Rossi, "Social Science Research and Contemporary Studies of Homelessness," *Annual Review of Sociology*, Vol. 18, 1992, pp. 129-160.

(22) Consult the UNICEF website at <http://www.unicef.org>.

## **The Canadian Situation in the Enumeration of the Homeless**

In comparison to the ongoing debate in the United States, the discussion on the numbers of the homeless is relatively recent in Canada. In fact, it was not until 1987, the International Year of Shelter for the Homeless, that Canadian researchers became interested in counting this population.

### **A. First Attempt at Enumerating the Homeless**

The first Canadian attempt to estimate the numbers of homeless people was carried out in 1987 by the Canadian Council on Social Development (CCSD). Its survey was aimed at shedding light on the causes of homelessness, profiling the homeless, determining the scope of the problem, and developing some strategies to eliminate it.

All the agencies in Canada that provided temporary or emergency shelter, as well as those providing particular services to the homeless, were sent questionnaires to be filled out on 22 January 1987. Out of a total of 472 questionnaires distributed, only 283 were returned completed.

The survey disclosed that 10,762 people were staying in the shelters inventoried in the survey. These people were for the most part in Ontario (42%), Quebec (17.5%) and Alberta (14%). According to the agencies, during the year preceding the survey there were between 130,000 and 250,000 homeless people in Canada; that is, many thousands of men, women and children had no housing or were poorly housed.<sup>(23)</sup>

The validity of this estimate has been widely disputed, however. Major criticisms included the failure to include those who on 22 January 1987 were not staying in the documented shelters, the low participation rate of the agencies (283 out of 472), and the exclusive reliance on service providers as informants. With respect to the first criticism, it should be noted that the survey had omitted persons who, at the time of the survey were: doubled up with friends or family members; sleeping in hotels or

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(23) Canadian Council on Social Development, *Homelessness in Canada*, Ottawa, 1987. Note the comment: "A less than successful attempt by Statistics Canada to enumerate the homeless in the 1991 Census means that the CCSD figure represents the best and, to date, only estimate of the number of homeless people in Canada," in T. Peressini, L. McDonald and D. Hulchanski, *Estimating Homelessness: Towards a Methodology for Counting the Homeless in Canada*, CMHC, Ottawa, 1996, p. 2.

homes not included in the survey; in prisons, hospitals or detoxification centres; or sleeping in entrances to apartment houses or abandoned buildings. Consequently, the results underestimated the scope of the problem in Canada. The strategy used by the CCSD has been characterized as an ineffective way of coming up with an overall picture of the homeless.

### **B. Second Attempt at Enumerating the Homeless**

The second Canadian attempt to count the homeless, carried out by Statistics Canada during the 1991 Census, used a strategy analogous to that used by the CCSD; this strategy was subsequently perceived as controversial and methodologically suspect.

The Statistics Canada survey, which took place in the course of one day in June 1991, covered about 90 soup kitchens located in 16 Canadian cities. Census-takers based in the agencies asked clients where they had spent the previous night. In contrast to the CCSD survey, however, no results were published by Statistics Canada; in 1995, the agency officially announced that results would not be published because of the mediocre quality of the data.

Not surprisingly, given the method used, the Statistics Canada survey, like the CCSD survey, proved controversial. Some criticisms were that the homeless had been polled at the beginning of the month, when poor people have less recourse to soup kitchens because they have just received their welfare cheques; and that the poll had relied on a single type of agency (soup kitchens) for information when even the officials of such agencies state that these are seldom frequented by some subgroups of the homeless, including young people.

### **Lack of Official Data on the Homeless**

To this day, Canada has no official data on homelessness, a situation that has come in for comment from the United Nations Committee on Economic, Social and Cultural Rights.



### **A. The Committee's Comments**

In 1993, after considering Canada's second report on economic, social and cultural rights, the UN Committee explicitly regretted the lack of Canadian data on homelessness:

The Committee notes the omission from the Government's written report and oral presentation of any mention of the problems of homelessness. The Committee regretted that there were no figures available from the Government on the extent of homelessness, on the numbers of persons evicted annually throughout the country, on the lengths of waiting lists or the percentage of houses accessible to people with disabilities.<sup>(24)</sup>

Because Canada was unable to provide the Committee with such data, the Committee repeated its criticism in June 1998, when Canada filed its third report. This time, the Committee asked the government, by way of supplementary questions, to

Please provide any available data on the extent of homelessness in various cities in Canada. At what point would the government consider homelessness in Canada to constitute a national emergency?<sup>(25)</sup>

### **B. Responses of Governments**

After the two attempts, in 1987 and 1991, to collect national data on homelessness, the Government of Canada told the UN Committee that the data obtained in these enumeration attempts were neither reliable nor representative. It added that, although some Canadian cities had tried to estimate the scope of the problem, the strategies used and the definitions of homelessness varied so much that it was impossible

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(24) United Nations, Committee on Economic, Social and Cultural Rights, *Consideration of Reports Submitted by States Parties under Articles 16 and 17 of the Covenant*, 3 June 1993.

(25) United Nations, Committee on Economic, Social and Cultural Rights, *Points from the Examination of the Third Periodic Report of Canada on the Rights Covered by Articles 1-15 of the International Covenant on Economic, Social and Cultural Rights* (e/c.12/Q/CAN/1), 10 June 1998.

to compare the results. At the same time, the government spoke of the difficulties associated with gathering data on homelessness.

Enumerating the homeless is indeed an enormous task. Researchers face a number of obstacles, such as: the lack of consensus on an operational definition of homelessness; double-counting of the population; the geographical and durational variations in homelessness; and the high costs of enumeration.<sup>(26)</sup>

The governments of the provinces and territories were also asked to reply to the supplementary questions of the UN Committee on Economic, Social and Cultural Rights arising out of its consideration of the Canadian report. All of them replied that there were no government data on the scope of the homelessness problem in various cities in Canada. Moreover, although there are some data originating from private sources, only the Quebec and Alberta governments presented the Committee with any of these statistics.

The Alberta government told the Committee that, on the basis of a survey conducted by private sources, it was estimated there were between 100 and 1,000 homeless in Calgary, out of a total population of 800,000 inhabitants.<sup>(27)</sup> The Quebec government reported that some studies had estimated the number of homeless in the province as a whole at 15,000 persons, with 10,000 in the City of Montreal alone. It was noted, however, that these data did not reflect the number of people without shelter every night, but rather the number who had had some experience of homelessness for some period during a year.<sup>(28)</sup> Moreover, the Quebec government – which also stated that

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(26) For a detailed analysis of the various research studies conducted in this field, please see: Daniel Bentley, *Measuring Homelessness: A Review of Recent Research*, Institute of Urban Studies, University of Winnipeg, Winnipeg, 1995.

(27) The available estimates of the situation in Calgary vary. According to a recent study, almost 3,000 persons do not have access to stable housing in that city. The authors say, however, that a study by the Horizon Housing Society estimated the number of homeless in Calgary in 1989 at between 5,000 and 7,000. For further information, consult H.L. Holley and J. Arboleda-Florez, *Calgary Homeless Study: Final Report December 1997*, Calgary, 1997. This information was not presented to the UN Committee by the Alberta government.

(28) The estimates on the number of homeless also vary in Quebec. A recent survey by Santé Québec reveals that 28,000 people used shelters and soup kitchens in 1996 in the city of Montreal. *The Gazette* commented that “The new figure of 28,000 homeless represents a much more troubling reality than the figure of 15,000 that has been used during the last 10 years or so....” (“Homeless Problem Grows,” 25 November 1998, p. A5).

estimates vary widely depending on the definition of homelessness used – commented on the difficulty of counting homeless people.<sup>(29)</sup>

The federal government provided the Committee with the sole fact that just under 26,000 people had used the shelter network in Toronto in 1996.<sup>(30)</sup> This information was selected on the grounds that “the new City of Toronto has the largest and probably the most robust data series in the country with regard to homeless persons.”<sup>(31)</sup>

### **A Political Issue**

The governments could, however, have reported other data to the Committee that would have given different impressions of the scope of homelessness in Canada. In Canada, as elsewhere, opinions differ widely as to the seriousness of the situation, and the political implications of the estimates of the numbers of the homeless are formidable: the size of the estimate directly affects the funding of relevant services, as well as the evaluation of the criteria for access to decent accommodation and for building low-cost housing. (For further information, see the section entitled “Definition of Homelessness.”)

### **A Methodological Research Process Designed to Enhance Our Knowledge about Homelessness in Canada**

To correct the lack of reliable and representative data on homelessness in Canada, and to add to information about the problem as a whole, the federal government told the UN Committee that since 1994 the federal agency charged with implementing the *National Housing Act*, the Canada Mortgage and Housing Corporation (CMHC),<sup>(32)</sup> has made homelessness a research priority. For example, in the spring of 1996 the CMHC organized a three-day workshop on the problems of enumerating the homeless.

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(29) Canada, Canadian Heritage, *Review of Canada’s Third Report on the International Covenant on Economic, Social and Cultural Rights; responses to the written questions from the Committee on Economic, Social and Cultural Rights (e/c.12/Q/CAN/1) on the occasion of the review of the third periodic report of Canada concerning the International Covenant on Economic, Social and Cultural Rights (E/1994/104/Add17)*, paragraph 41, provincial and territorial replies section, November 1998.

(30) *Ibid.*, paragraph 41, Canada section.

(31) *Ibid.*

(32) The purpose of this Act is to improve the housing and living conditions of Canadians.

Based on Canadian and U.S. research experience, the workshop helped to identify the most appropriate means of carrying out this task.<sup>(33)</sup> The federal government also told the UN Committee that the CMHC is developing a computerized research tool that will standardize the collection and management of admission data for services directed to the homeless. This should help to provide a uniform head count of those using such services in Canada and should soon be established in shelters for the homeless.

### **Summary**

Research certainly continues to be the best way of advancing our knowledge of homelessness. It is still difficult to produce data on the scope of the problem in Canada, whether nationally or provincially, but it is hoped that, thanks to the research undertaken by the Canada Mortgage and Housing Corporation, it will soon be possible to quantify the problem on a national scale. It must be stressed, however, that the major obstacle to counting the homeless continues to be the lack of a consensus on how to define them. (For further information, consult the section entitled “Definition of Homelessness.”)

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Political and Social Affairs Division

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(33) The participants recommended, among other things, that estimates of the number of homeless be based solely on services, in view of the high costs associated with a census of street people who use neither services nor shelters for the homeless and the fact that their exclusion would result in the total size of the homeless population being underestimated. For further information, see T. Peressini, L. McDonald and D. Hulchanski (1996).

## COMPOSITION OF THE HOMELESS POPULATION

Even today, many people think of the homeless as a relatively homogeneous group largely composed of older, alcoholic and vaguely crazy men. However, this traditional image, which has long informed our collective imagination, as it has the literature on the subject,<sup>(34)</sup> does not correspond to the current composition of the homeless population.

With recent changes in this population, it is no longer possible to speak of one profile of homelessness; rather, there is a diversity of profiles. The homeless now include women, children, teen-aged youths, the mentally ill, newly arrived immigrants, refugees, women victims of spousal violence, persons recently released from prison, and casual workers. Each of these homeless subgroups may be further broken down by age, sex, ethnic origin and occupational status.

A number of studies have revealed that the shelters for the homeless are being frequented each year by welfare recipients, the unemployed, the mentally ill, former psychiatric patients and the physically disabled. According to the 1987 survey of the Canadian Council on Social Development (CCSD), 20% of the persons who were in shelters in Canada on 22 January 1987 were suffering from mental illnesses or had previously received psychiatric treatment, 3% were afflicted with a physical disability, almost 50% were unemployment insurance claimants, and about 50% were on social assistance. A 1997 study in Calgary found that 45% of the homeless who were interviewed were working, albeit in unstable and low-paying jobs.<sup>(35)</sup>

Researchers and field workers increasingly suggest that the causes and risk factors for homelessness are not the same for everyone. In fact, they say, each of the homeless subgroups appears to have significant differences that ought to influence how we deal with homelessness. Moreover, the solutions with the greatest promise for eliminating the problem, researchers suggest, could be very different, depending on whether they are directed to women, young people, native people, or refugees.

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(34) A. Viexliard, *Le clochard*, Desclée de Brouwer, Paris, 1957. See also N. Anderson, *The Hobo*, University of Chicago Press, Chicago, 1923.

(35) Julio Arboleda-Florez and Heather Holley, *Calgary Homelessness Study: Final Report, December 1997*, Alberta Health Report, Alberta, 1997.

The following paragraphs examine the features of the various subgroups among the homeless and the risk factors for each one. Because Canadian literature on the subject is sparse and fragmented, that data on the scope of the problem for each subgroup, or even the factors involved in the descent into homelessness, are not available. Some homeless subgroups (women, youth and Native peoples) have attracted particular attention from Canadian researchers with opinions varying widely as to the sources of the problem. It should be noted that only the data from the CCSD 1987 survey apply to Canada as a whole; while incomplete, they are nevertheless the best data on the changes in the composition of the national homeless population since the 1980s. As well, the results of various Canadian studies often give widely differing pictures of the homeless. These differences are explained by the significant discrepancies in the definitions and methodologies adopted by the researchers. Thus, it is difficult, to say the least, to attempt to compare the research results.

### **Some Groups Previously Underrepresented among the Homeless**

#### **A. Women<sup>(36)</sup>**

According to the CCSD survey and a number of Canadian studies, women account for about 30% of the homeless population<sup>(37)</sup> and are therefore less noticeable than the men. All researchers agree, however, that this lower visibility of homeless women results from a number of factors. First, as a result of the fact that the enumeration of the homeless is generally based on the users of services, homeless women are less evident simply because fewer services cater to them. Some studies have also suggested that homeless women are less visible on the street because they pay more attention to their personal hygiene and clothing than do homeless men.<sup>(38)</sup> Furthermore, women are normally homeless for shorter periods than men, because they often manage to find shelter in exchange for sexual or domestic services. One writer even states:

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(36) For further information, consult Novac, Brown and Bourbonnais (1996); Claudine Mercier, "L'itinérance chez la femme," *Revue québécoise de psychologie*, Vol. 9, No. 1, 1988, pp. 79-93.

(37) CCSD (1987); Louise Fournier, *Énumération de la clientèle des centres d'hébergement pour itinérants à Montréal*, Montreal, 1989; Ministère de la Main-d'oeuvre et de la Sécurité du Revenu, *Les sans-abri au Québec: étude exploratoire*, 1988.

(38) Novac, Brown and Bourbonnais (1996), p. 21.

They are simply not safe. As well, because they are so at risk “on the street,” women are frequently forced into the condition of cohabiting with men, often residing in physically, sexually, and emotionally abusive relationships.<sup>(39)</sup>

The relationship between violence against women and homelessness is complex, however. Some studies have indeed shown that a large percentage of homeless women have been subjected to sexual and physical violence, are more likely than men to experience violence while they are homeless, and are often living on the street because they are fleeing family violence.”

Women’s homelessness is associated with numerous risk factors such as poverty, family violence, alcoholism, drug abuse, mental and physical health problems, and lack of affordable housing. However, when the situation of women is compared with that of men,<sup>(40)</sup> it appears that women are relatively more affected by a weakening of family ties. In fact, a number of studies have shown that many women become homeless as a result of a breakdown in a relationship. The financial consequences of a divorce or a breakdown in marital relations are generally unfortunate for women. After a divorce, for example, a woman’s income tends to decrease, while that of a man tends to increase: “While men’s income increases slightly, women’s household income after divorce drop [*sic*] over 40%, and the poverty rate for women increases almost threefold...”<sup>(41)</sup> The language used by homeless women also confirms the importance of relationship breakdowns in causing their homelessness; generally speaking, homeless women tend to explain their situation by reference to the family. But, although there are many reasons why women become homeless, it is clear that their greater poverty, together with sexism, aggravate their vulnerability when it comes to finding housing.

Several researchers have stressed the feminization of poverty as a causal factor in women’s homelessness.... Women-headed households in advanced industrial countries are more likely to have serious housing problems..., and,

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(39) Kathy Hardill, *Developing a Methodology for Survey Research with Homeless Women and Men*, Street Health, Toronto, 1993, p. 21.

(40) It appears that exclusion from the job market is a major factor in the homelessness of men.

(41) Novac, Brown and Bourbonnais (1996), p. 2.

internationally, women face problems of attaining shelter that are directly related to their gender....<sup>(42)</sup>

### **B. Youth<sup>(43)</sup>**

Thousands of children run away from home each year in Canada. In 1995, for example, 75% of the 56,749 missing children who were reported to the police were runaways. Police departments say that, although 90% of these runaway children return home within 60 days of leaving, the others never go back. Alarming as these figures are, runaways account for only a portion of the homeless youth population, which also includes young people living in shelters with their mother or both parents. The 1987 CCSD survey found that 11.5% of the people in the shelters documented were under the age of 16. Street or homeless youth tend to range in age between 12 and 24, the girls being generally younger and the boys older.<sup>(44)</sup>

The situation of homeless youth, as portrayed in the data from the relevant services, is clearly not encouraging. Several researchers and field workers have noted in this regard that the street children and runaway youth use various strategies to survive when living on the street or running away: staying with friends, engaging in prostitution, and committing offences. And the longer they are homeless, the more likely they are to commit offences in order to survive.

Mistreatment is often cited as a factor in youth homelessness. A number of studies have confirmed that many homeless young people have been victims of sexual, physical or psychological abuse. A 1992 study by social service agencies in the Ottawa-Carleton region indicated that 75% of the street children interviewed had left home because of sexual assaults or physical and/or psycho-emotional abuse. However, living on the street is no protection; although street life is a violent environment for anyone, it is even more violent for homeless young people and women, and is often accompanied by multiple risks.

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(42) *Ibid.*, p. 17.

(43) J.R. Wolch and S. Rowe, "On the Streets: Mobility Paths of the Urban Homeless," *City and Society*, Vol. 6, No. 2, 1992, pp. 115-140.

(44) Tullio Caputo and Katharine Kelly, *Canada Health Action – Children and Youth*, Éditions MultiMondes, Quebec, 1998.



Again, however, more than one factor is associated with youth homelessness. The literature on the subject commonly links changes in the job market, particularly the growing use of casual labour, to the increased vulnerability of young people. Casual, unskilled employment in the service sector often does not provide the security and wages needed to acquire secure housing. Many young people are not managing to earn enough income from employment to provide themselves with stable accommodation. Given the threshold skills that have been required for most jobs since the 1980s, access to the job market is especially difficult for those without specialized training or much academic achievement.

The growing presence of young people among the homeless is a phenomenon noted by virtually everyone in the field. However, there is much work to be done before we have an adequate understanding of why this is the case in Canada.

### **C. Aboriginal Peoples<sup>(45)</sup>**

There is no denying the obvious presence of homeless Aboriginal people in some regions of the country. A number of studies have attempted to quantify the problem in certain Canadian cities.

- According to a report on the health of the homeless in Toronto, Native people, Blacks and Asiatics made up one third of the sample studied.<sup>(46)</sup> In Toronto, Native people account for 25% of the homeless population, although they make up only 2% of the city's total population.<sup>(47)</sup>
- An estimated 72% of the homeless men in some Winnipeg neighbourhoods are Aboriginals.<sup>(48)</sup>

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(45) For further information on this question, see: Royal Commission on Aboriginal Peoples, *Aboriginal Peoples in Urban Centres*, Department of Supply and Services, Ottawa, 1995; Department of Indian Affairs and Northern Development, *Highlights of Aboriginal Conditions 1981-2001*, October 1995; Kim Hopper, "Taking the Measure of Homelessness: Recent Research on Scale and Race," *Clearinghouse Review*, Vol. 29, No. 7, 1995, pp. 730-739; Canada Mortgage and Housing Corporation, *The Housing Conditions of Aboriginal People in Canada*, No. 27, August 1996.

(46) Eileen Ambrosio, Cathy Dilin Baker and Kathy Hardill, *The Street Health Report: A Study of the Health Status and Barriers to Health Care of Homeless Women and Men in the City of Toronto*, 1992, p. 3.

(47) Arboleda-Florez and Holley (1997).

(48) Christopher Hauch, *Coping Strategies and Street Life: The Ethnography of Winnipeg's Skid Row Region*, Report No. 11, Winnipeg, Institute of Urban Studies, 1985.

- In Vancouver, a study of 60 homeless women in the downtown area disclosed that 50% of them were Aboriginals.<sup>(49)</sup>
- A survey in Calgary found that of the 615 homeless people surveyed on 26 May 1996, 20% were Aboriginals, 3% Asiatics and 3% Blacks.<sup>(50)</sup>
- A Saskatoon study found that the majority of young people living on the street were Aboriginals.<sup>(51)</sup>

Generally speaking, the Aboriginal population differs significantly from the non-Aboriginal. Research has shown that the Aboriginal population is characterized, among other things, by lower educational and income levels, higher unemployment and poverty levels, a larger proportion of single-parent families, and generally poorer housing (which is more likely to be rented). These factors are major contributors to Aboriginal homelessness, although others (such as drug and alcohol abuse and mental illness) are often cited. As one author has stated:

Aboriginal homelessness has many features in common with homelessness in the general population, but it also has several distinctive features (e.g., rural-urban migration, racism and discrimination, “Third World” on-reserve housing). Similarly many of the same strategies are recommended to address both Aboriginal and non-Aboriginal homelessness. However, the literature indicates that the Aboriginal homeless have special needs (e.g., cultural appropriateness, self determination, traditional healing techniques).<sup>(52)</sup>

The literature on housing discrimination emphasizes racism and sexism. Clearly, racism aggravates the vulnerability of Aboriginal people; however, it also affects members of the ethnic communities and increases their vulnerability to homelessness. It should be noted in this connection that Canadian studies on homelessness have generally

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(49) Jane Wycliffe Nesbit Kinegal, *Finding the Way Home: A Response to the Housing Needs of the Homeless Women of the Downtown East Side, Vancouver*, University of British Columbia Master's Thesis, 1989.

(50) City of Calgary, *Homeless Count in Downtown Calgary, Alberta, Canada, 1996*, City of Calgary Community and Social Development Department of Social Research Unit, 1996.

(51) T. Caputo, R. Weiler and K. Kelly, Phase II of the Runaways and Street Youth Project, Solicitor General of Canada, Police Policy and Research Division, Department of Supply and Services Canada, 1994.

(52) Beavis, Klos, Carter and Douchant (1997), p. vi.

ignored ethnicity, although U.S. studies consider it to be a significant risk factor. For some members of the ethnic communities, racism and language barriers clearly constitute additional obstacles to finding housing.

#### **D. Families**

In the United States, unlike the case in Canada, it is increasingly common to find entire families among the homeless. The literature frequently attributes this difference to Canada's relatively higher levels of social assistance. The U.S. studies have shown that most homeless families are headed by women,<sup>(53)</sup> something that the Canadian data suggest may be equally true in this country. In fact, in the Ottawa-Carleton area, women headed most of the 1,263 families (with 2,036 children) that sought refuge in shelters between January 1986 and August 1988. An article in *The Globe and Mail* in February 1996 reported a 45% increase over the previous year in the number of families seeking emergency shelter in Metropolitan Toronto. Most of these families had been evicted from their homes for failure to pay the rent. Some attribute this problem to a reduction of about 22% in social assistance.

Families, especially single-parent families headed by women, are very vulnerable to homelessness, which often seems to result when potential back-up resources, such as the extended family and friends, are exhausted. Social isolation is a major factor in family homelessness.

The families most at risk are those in which domestic violence prevails. The situation of mothers who are the victims of family violence is particularly acute:

Child custody issues inevitably complicate the situation for a battered woman who has left her home. If she takes the child with her, she can be challenged in court for placing them in an "unstable environment," that is, a shelter. If, for safety reasons, she decides to leave the children with her parents or a friend, she could be attacked in court for abandoning them. If she leaves them with the abuser, she could jeopardize their safety – and be charged with abandonment as well.<sup>(54)</sup>

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(53) Novac, Brown and Bourbonnais (1996), p. 25.

(54) Zappardino and DeBare (1992), in Novac, Brown and Bourbonnais (1996), p. 28.

It is still very difficult to present a portrait of homeless families in Canada today. Very little research deals with the topic, and none provides nation-wide data, other than the controversial 1987 survey by the Canadian Council on Social Development. Further research into this issue is needed, as it is for all issues affecting women, violence against women and the role of the family in our societies, so that we can improve our understanding of family homelessness.

### **Summary**

At present, we have insufficient knowledge of the composition of the homeless population and the particular characteristics of each of its subgroups. The results of studies of the homeless are hard to compare, given their significant differences. However, notwithstanding the individual characteristics of the various homeless subgroups, all homeless persons, and those in serious risk of becoming so, have poverty in common. That is why, in view of the changes in the job and housing markets, it seems clear that an increasing number of the working poor (single mothers, casual workers, school drop-outs, etc.) are in danger of joining the ranks of the homeless.

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## HEALTH AND HOMELESSNESS

### Introduction

Whether as a cause or a consequence of ill health, homelessness has emerged as a fundamental health issue for Canadians.<sup>(55)</sup>

The link between health and homelessness is two-fold: ill health can predispose individuals and families to homelessness, while homelessness gives rise to particular health problems. The following sections discuss the health concerns of the homeless, barriers to their good health, and some possible solutions. Although much of the focus is on the efforts of municipal and provincial governments, one section deals with the role of the federal government.

### The Health of the Homeless

As it has moved away from seeing health merely as the absence of disease or infirmity, Canada has over the past three decades achieved international acclaim for its conceptual work in the health area. Beginning with the 1974 report entitled *A New Perspective on the Health of Canadians*, the federal government has supported the view that health cannot be understood solely in biological or medical terms, but must be seen in a broader social, economic, political and cultural context.<sup>(56)</sup> “Population health” – one of the key conceptual frameworks for current application – focuses on broad determinants of health, in other words, on those factors that make and keep people healthy. These factors are identified as: income and social status, social support networks, education, employment and working conditions, physical environment, biology and genetic endowment, personal health practices and coping skills, healthy child development, and

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(55) Canadian Public Health Association, “Homelessness and Health: Position Paper,” Ottawa, 1997, available at [www.cpha.ca](http://www.cpha.ca), October 1998.

(56) Marc Lalonde, Minister of National Health and Welfare, *A New Perspective on the Health of Canadians: A Working Document*, Ottawa, April 1974. This support continued to be expressed in documents such as Jake Epp, Minister of National Health and Welfare, *Achieving Health for All: A Framework for Health Promotion*, Ottawa, 1986 and Federal, Provincial and Territorial Advisory Committee on Population Health, *Strategies for*

health services. It is not hard to see that many of these health determinants are likely to be absent for the majority of homeless people. Poverty, unemployment, mental illness and geographic dislocation are among the leading causes and results of their condition.

Studies of the homeless suggest that, although their illnesses are not different from those of the general population, they live in conditions that adversely affect their overall short- and long-term health status. The homeless also exhibit an increased mortality rate; a Toronto study of deaths among homeless people between 1979 and 1990 showed that 71% of the deaths were of people under 70 years of age, compared with 38% of deaths among the housed population.<sup>(57)</sup> Although deaths among the homeless are occasionally due to freezing, they are mainly the result of injury, substance abuse overdoses, and alcoholic liver disease. Climatic conditions, psychological strain and exposure to communicable disease create an overall environment that sustains a range of health problems, including injury from cold, tuberculosis, skin diseases, cardio-respiratory disease, nutritional deficiencies and sleep deprivation. Lengthy periods of homelessness result in chronic health problems including those that are musculoskeletal and dental.

### **General Barriers to Good Health and Possible Solutions**

It is obvious that the main barrier to good health among the homeless is their lack of the adequate, safe, accessible and affordable housing that is linked to employability, community support, personal health care and access to health services.

Homelessness renders access to general health care services difficult or impossible. The homeless are unable to: obtain medical treatment without a health card (and applying for a health card requires an address); pay for items not covered by provincial medical or drug insurance plans; receive adequate treatment in cases where their personal appearance alarms health providers; make a health appointment, because they lack an address and a telephone; and receive coordinated care when comprehensive medical records are not kept in one location with one provider. Problems continue

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*Population Health: Investing in the Health of Canadians*, Report for the Meeting of Ministers of Health, Ottawa, September 1994.

(57) Canadian Public Health Association, "1997 Position Paper on Homelessness and Health," available at [www.cpha.ca](http://www.cpha.ca), October 1998.

following treatment or hospitalization, because the homeless have no place to recuperate and no consistent caregiver.

As a result, health care delivery to homeless individuals is concentrated in emergency departments in the core of large urban centres and in the institutions set up to address their lack of shelter and social supports. The need to respond to the acute health problems of this population and to redirect attention to preventive health services has led to some innovative studies and potential solutions.

Suggestions for overcoming the absence of a health insurance card (the case for an estimated 30% to 50% of people living in Ontario shelters)<sup>(58)</sup> are currently being discussed in several provinces. They include proposals for more relaxed rules for homeless people who apply for cards, such as allowing photocopies rather than originals of identification documents. For professionals such as nurse practitioners and physicians, who must have a person's valid health card number for billing the provincial government, a system might be set up to fund their visits to hostels and drop-in centres. Other possibilities would be to move beyond the fee-for-service system that requires patients to present health cards to providers and allow services to be delivered through salaried staff operating in designated community health centres.

A 1998 Toronto study found that men in emergency shelters were more likely to fill drug prescriptions if they had automatic drug benefit coverage through the shelter.<sup>(59)</sup> The study involved random samples of 80 men in a government agency shelter where drugs were automatically covered by the provincial drug plan and 76 men in a private non-profit organization shelter where there was no automatic coverage. Of the 100 men receiving prescriptions, only 6% of those who were automatically covered did not fill them, compared to 20% of those without coverage. The primary reasons given for non-compliance were the high cost of the medication or the lack of a provincial drug card.

Recognizing that health care professionals must learn to provide a more welcoming and supportive environment, Toronto's Wellesley Hospital found a way to provide more compassionate care and decrease repeat visits to its emergency department.

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(58) Margaret Philip, "Homeless without Health Cards Likely to Go without Care," *The Globe and Mail* (Toronto), 2 March 1998, p. A8.

In a randomized controlled trial, it found fewer return visits when persons with no fixed address were approached by a volunteer and offered a chance to discuss their health than when similar homeless people received regular care from emergency department staff.<sup>(60)</sup>

Increasingly assertive interventions for improving the health of the homeless include street patrols, mobile health vans, and outreach programs that involve an integrated, one-stop health and social service contact.

### **The Health of Specific Homeless Groups**

The health of the homeless, like that of the general population, is influenced by multiple variables, including age, gender, ethnicity, socio-economic status, and geographic location.

#### **A. Youth**

Abused youth have been identified as being at high risk for homelessness. A 1994 study of homeless youth in Calgary found that more than half had gone through the child welfare system, having experienced abuse at home and problems in school.<sup>(61)</sup> A 1992 survey of Ottawa street youth noted that 92% had attempted suicide.<sup>(62)</sup> Once on the street or without a home, youth can experience a range of physical, psychological and emotional health problems.<sup>(63)</sup> These are related to unsanitary and precarious living conditions, inadequate nutrition, violence, alcohol and drug use, risky sexual behaviours, low self-esteem and ongoing societal rejection, and economic marginalization.

Ongoing work is needed to identify the different life patterns and resulting needs of young people. For example, a 1996 survey in Ottawa revealed extremely

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(59) Gillian Wansborough, "Homeless Men's Drug Compliance Varies," *The Medical Post*, 13 October 1998, p. 23.

(60) D.A. Redelmeier, J.P. Molin and R.J. Tibshirani, "A Randomised Trial of Compassionate Care for the Homeless in an Emergency Department," *Lancet*, 345, 6 May 1995, pp. 1131-1134.

(61) Allison Bray, "Net Failing Street Kids, Expert Says," *Winnipeg Free Press*, 21 October 1995, p. A7.

(62) Canadian Public Health Association, "1997 Position Paper on Homelessness and Health," available at [www.cpha.ca](http://www.cpha.ca), October 1998.



limited use of soup kitchens, shelters and addiction treatment facilities by street youth.<sup>(64)</sup> Accordingly, interventions need to focus on the whole situation of the individual youth, avoiding a “one size fits all” solution or one aimed only at an immediate health problem.<sup>(65)</sup> In addition, there must be inter-agency co-ordination and co-operation across health and social spheres with flexible design and delivery for food, shelter, and counselling services as well as life skills training, education, and treatment.

## **B. Women**

Officials at Adsum House, an emergency shelter for homeless women and children in Halifax, point out that the profile of homeless women is diverse, including pregnant teens and elderly women, women in conflict with the law, women victimized by eviction, fire or flood, and women who are mentally ill or addicted.<sup>(66)</sup> Single mothers and battered wives are among the women viewed as most at risk for homelessness. Often suffering from depression because of increased vulnerability, economic strain and social isolation, such women also face the same physical hazards as other homeless women, stemming from poor nutrition, inadequate protection against conception or sexually transmitted diseases, proximity to infectious diseases, and physical violence.<sup>(67)</sup> As the Canadian Public Health Association reported, the health of the children of these women is also affected by the cycle of low income and tenuous hold on stable shelter: “Welfare motels and hostels are available...however, studies of children housed in such facilities report increasing frequencies of acute illness, chronic illness and developmental slowing or delay.”<sup>(68)</sup>

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(63) Tullio Caputo and Katherine Kelly, “Improving the Health of Street/Homeless Youth,” *Determinants of Health: Children and Youth*, Volume 1, Papers commissioned by the National Forum on Health, Editions MultiMondes, Sainte-Foy, Quebec, 1998, pp. 408-441.

(64) Ontario Medical Association, “Exploring the Health Impact of Homelessness,” available at [www.oma.org](http://www.oma.org), December 1998.

(65) Jim Anderson, *A Study of “Out-Of-The-Mainstream” Youth in Halifax: Nova Scotia Technical Report*, Supply and Services Canada, Ottawa, January 1993.

(66) Adsum House (an emergency shelter for homeless women and children), “Profile of Homeless Women,” available at [www.navnet.net/~mic/adsum](http://www.navnet.net/~mic/adsum), January 1999.

(67) Nocay, Brown and Bourbonnais (1996), pp. 31-36.

(68) Canadian Public Health Association, “1997 Position Paper on Homelessness and Health,” [www.cpha.ca](http://www.cpha.ca), October 1998.

Perhaps because women are still a minority of the homeless, there is little material assessing the effectiveness of interventions aimed at the various subgroups of the homeless female population. The primary need for all appears to be affordable, accessible, secure housing in combination with social support programs and appropriate health services. These could include access to counselling on nutrition, sexual activity, substance use, and pregnancy and parenting programs.

### **C. The Mentally Ill**

Since the late 1960s, services for persons with mental disorders have shifted away from being predominantly institutional or hospital-based to being community-based. In Canada, resources have shifted from psychiatric hospitals to psychiatric units in general hospitals. Data show that between 1960 and 1976 the number of beds in Canadian mental hospitals decreased from 47,633 to 15,011, while bed capacity in general hospital psychiatric units rose from 844 to 5,836.<sup>(69)</sup> Factors contributing to this shift included: increasing use of psychotropic drugs, growing criticisms of psychiatric institutions, awareness of the community psychiatry movement in the United States, and the exclusion of provincial psychiatric hospitals from the federal-provincial hospital insurance program introduced in 1958.<sup>(70)</sup> Critics have argued that delivery of mental health services has been seriously fragmented, with negative consequences for those with serious and chronic mental illnesses who reside in the community. In 1994, it was estimated that between 20% to 30% of the homeless in Canada were mentally ill and in need of treatment.<sup>(71)</sup>

Individuals who are homeless or who have rejected traditional social and mental health services require prevention as well as crisis intervention services. Because mental health professionals typically work in community mental health centres, hospitals or in private practice, mobilizing and coordinating their services for the mentally ill and

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(69) Health Systems Research Unit, Clarke Institute of Psychiatry, *Best Practices in Mental Health Reform: Discussion Paper*, Prepared for the Federal, Provincial, Territorial Advisory Network on Mental Health, Health Canada, Ottawa, 1997, p. 1.

(70) Health Canada, *The Mentally Ill and the Criminal Justice System: Innovative Community-Based Programs 1995*, Report prepared by Carol Milstone, Supply and Services Canada, Ottawa, 1995, p. 9.

(71) *Ibid.*, p.14.

homeless can be difficult. Active outreach programs that assist such individuals whenever and wherever the need arises can alleviate their periods of dysfunction and prevent some of the costly hospitalizations, or even incarcerations.

#### **D. Aboriginal People**

Federal and provincial jurisdictional boundaries are seen as a major impediment to the delivery of health and other services for the various Aboriginal groups.<sup>(72)</sup> Aboriginal people who are homeless can be Indian (status or non-status), Inuit, or Metis and can live in remote rural areas or large urban centres. Although approximately half of all Aboriginal people are status or registered Indians, and therefore eligible for federal benefits such as health care and housing, a large portion of the responsibility for Aboriginal people who live off-reserve falls to provincial governments. Although federally funded non-insured health benefits are theoretically available for status Indians, regardless of residency, access to them is difficult for status Indians who are homeless.

Aboriginal people living on reserves may reside in crowded and dilapidated buildings; in Canada's cities, they may face similar inadequate housing or be without shelter. As the Royal Commission on Aboriginal Peoples noted, inadequate housing contributes to the significantly higher rates among Aboriginal people of tuberculosis, pneumonia and other upper and lower respiratory tract infections, gastrointestinal diseases, skin infections, cancer due to second-hand smoking, and deaths due to fire.<sup>(73)</sup> In addition to facing racism, homeless Aboriginal people may be unable to discuss their health problems with medical staff because of language barriers; they may lack access to trained Aboriginal health care professionals or medical interpreters; and they may find the available health programs to be culturally inappropriate.<sup>(74)</sup> Mental health issues, including suicide, substance abuse and family violence, are repeatedly identified as key

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(72) House of Commons Standing Committee on Health, *Towards Holistic Wellness: the Aboriginal Peoples*, Ottawa, July 1995.

(73) Royal Commission on Aboriginal Peoples, *Gathering Strength: Report*, Volume 3, Canada Communication Group, Ottawa, 1996, Chapter 3 on Health and Healing and Chapter 4 on Housing.

(74) City of Calgary, "Community Action Plan: Aboriginal Services," available at [www.gov.calgary.ab.ca](http://www.gov.calgary.ab.ca), December 1998.

concerns among this population. It is essential that they have access to safe, communal housing that is alcohol and drug-free and to readily available and culturally sensitive programs and services.

### **Federal Role in the Health of the Homeless**

In the late fall of 1998, both the premier of Ontario and the mayor of Toronto suggested that homelessness was a national issue and called on the federal government for assistance in addressing it.<sup>(75)</sup> One article noted that the federal government had already provided funding of \$300,000 for a task force on homelessness and \$50,000 for a summit meeting on this issue.<sup>(76)</sup>

The federal government's role in relation to the health of Canada's homeless is not clear. Constitutionally, there is no precise division of power on health matters as distinct from health care. The provincial governments have wide powers to regulate local health matters, particularly the delivery of health care services; specifically, they have the authority to make laws concerning the establishment, maintenance and management of hospitals, asylums and charitable institutions. The federal government gains its authority in health matters through general powers, namely those pertaining to criminal law, spending, and peace, order and good government. In addition, it has specific authority for groups such as First Nations people on reserves, veterans, military personnel, the RCMP, and individuals within federal correctional services and its institutions.

Interpreted broadly, the federal government has seen its key roles in the health of Canadians as being protection of their health and promotion of strategies to improve it, in addition to support of the health care system they need. In relation to the homeless, the federal government can follow several avenues for identifying and meeting their health needs. It can:

- work in partnership with provincial and territorial governments to foster national approaches to health programs and services for the homeless;

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(75) Various stories in *The Toronto Star* and *The Globe and Mail* (Toronto), in the first week of November 1998.

(76) William Walker, "Lastman Begs for Homeless," *The Toronto Star*, 5 November 1998.

- respond to the health needs of those homeless who are members of those groups that fall within its specific authority (First Nations, veterans, etc.);
- monitor and administer the *Canada Health Act* and its five principles – accessibility, portability, comprehensiveness, public administration and universality – in a manner that encompasses the needs of the homeless;
- direct spending to specific programs and initiatives through clearly delineated strategies for helping the homeless; and
- provide funding for research and evaluation initiatives focused on the homeless within such bodies as the Medical Research Council and the Social Sciences and Humanities Research Council.

As noted earlier, major urban centres across the country have begun to develop a wide range of interventions across numerous policy areas using an interdisciplinary approach. A similar effort supportive of these intersectoral endeavours to address the health of the homeless could be made at the federal level. Any interventions would have to pull together the often separate policy spheres of income and social status, education, employment and working conditions, and physical environment. They would have to involve not only health professionals but economists, educators, environmentalists, and employment and social services specialists, as well as family, friends and community members. The aim would be to develop a comprehensive and integrated framework within which the federal government could develop strategies for alleviating homelessness.

Thus, although there is room for a coordinated, cooperative multi-jurisdictional effort, there is also work to be done among the federal ministries focused on health, employment and housing. Responding to the housing and health needs of groups that are under federal jurisdictional responsibility, such as First Nations and veterans, will first require some careful collection of data about who they are, where they reside, and what health problems they are likely to face. Critics have noted that the five principles in the *Canada Health Act* have little relevance to the homeless, who cannot meet provincial criteria for health cards or for accessing services. Recognizing that the

federal government has in recent years moved away from strategies directed to specific sub-groups of the Canadian population, advocates for the homeless assert that new health initiatives, such as pharmacare or homecare, must include some focus on this group. In addition, focused research studies funded by the major federal research councils could provide valuable insights and contribute to a fuller assessment of what the federal government does (or does not do) to protect the health of homeless people in Canada.

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## HOUSING AND PARLIAMENTARY ACTION

### Overview

Although the Constitution grants the provinces authority over housing policy and programs, all levels of government in Canada are involved in housing. The policies and programs that have evolved address the quantity, quality and cost of housing.

Prior to 1970, virtually all housing policy was federal. Government programs assisted slightly over one-third of housing starts, fewer than 5% of which were directed toward low-income housing. During the 1970s, federal assistance increased to 40% of housing starts. By 1986, government programs had dropped to 14% of housing completions and 8% of this federal assistance was directed toward low-income Canadians.

Three federal Acts passed in the 1930s were intended to increase housing stocks so as to ease shortages and to promote job creation through stimulating the private housing market.

- The *Dominion Housing Act* (1935), the first national housing legislation, provided \$20 million in loans that helped to finance 4,900 units over a three-year period.
- The 1937 *Federal Home Improvement Plan* subsidized the interest rates on loans for housing rehabilitation to 66,900 homes.
- The 1938 *National Housing Act* (NHA) helped to enable the creditworthy to buy houses, make low-income housing sanitary, and modernize existing housing stock. The Act also provided for construction of low-rent housing.

During the Second World War, the federal government created a Crown corporation, the Wartime Housing Corporation, which built 45,930 housing units over eight years and assisted in the repair and modernization of existing houses. In 1946, its assets passed to the Central Mortgage and Housing Corporation (CMHC), later the Canada Mortgage and Housing Corporation, to provide home buyers with mortgages at favourable rates. Today, CMHC is the main agency responsible for administering housing policy at the federal level.

In 1949, the NHA was amended to provide for joint federal-provincial programs to construct publicly owned and provincially managed housing for low-income families, disabled persons, and seniors. In 1954, the federal government began insuring loans for

mortgages made by private investors against borrower default. Amendments were made to the *Bank Act* to enable chartered banks in Canada to lend money for mortgages and to allow the federal government to reduce its involvement in lending. In 1964, the federal government introduced legislation that provided for the transfer of loans of up to 90% of the cost to the provinces for the construction of provincially owned public housing. The legislation also authorized CMHC to provide loans directly to municipal and private non-profit corporations.

In Canada, almost all social housing units are owned by the provinces, municipal governments or their agencies. The federal role in social housing consists of long-term contractual commitments to share operating costs with the provinces. A 1984 CMHC review defines the objective of social housing policy as being to “assist Canadians whose income is insufficient to gain access to adequate housing by encouraging and supporting in conjunction with the provinces, municipalities and their agencies, the provision of low- and moderate-income public housing and by encouraging the establishment of non-profit and co-operative housing programs.” In general terms, public housing is rental housing at less than market rent that is aimed primarily at low-income households comprising the working poor, welfare recipients and poor seniors. In 1994, the federal government spent \$1.9 billion on more than 661,000 social housing units, including public, low rental, rural, native, non-profit, co-operative and rent supplement accommodation.

During the 1970s, the government introduced incentives to stimulate home buying and home and neighbourhood rehabilitation. They included tax-exempt Registered Homeownership Savings Plans, the Assisted Homeownership Program, and amendments to the *Income Tax Act* that excluded principal residences from capital gains tax. Federal funds were also directed toward residential rehabilitation assistance, neighbourhood improvement and home insulation programs. The rehabilitation and home improvement funds assisted homeowners and landlords to upgrade 315,000 homes between 1974 and 1986. Also during the 1970s, all provinces established housing departments and began taking on a stronger role in housing policy development and priority setting.

The public housing constructed prior to the 1970s was 100% geared to income, resulting in the formation of ghettos of poverty that were unpopular with both tenants and local communities. Amendments to the NHA introduced in 1973 provided financial



assistance for new home buying, loans for co-operative housing, and low-interest loans of up to 100% of a project's value for municipal and private non-profit housing. However, one of the thrusts of the legislation was to integrate different income levels within housing projects so as to encourage dispersion of low-income families within the community. One of the consequences of the income-integrated projects, was that two-thirds to three-quarters of the housing went to middle-income families while many families in need were not accommodated.

At the beginning of the 1980s, three temporary federal programs were introduced to assist middle-income families.

- The Canadian Home Ownership Stimulation Program provided grants to home buyers.
- The Canada Mortgage Renewal Plan assisted homeowners in paying the portion of their mortgage and property tax that, as a result of mortgage renewal at higher interest rates, caused their payments to exceed 30% of their income.
- The Graduated Payment Mortgage Plan helped homeowners to reduce their monthly mortgage payments.

During the first five years of the 1980s, 1.7% of total federal government budget went to housing. During the latter half of the decade, this figure dropped to 1.4%. Of all the program areas of the federal government, housing has had and continues to have one of the smallest expenditures. Most of the decline in housing expenditures during the 1980s was in market housing (e.g., home ownership and rental construction assistance) rather than social housing programs. More than 90% of federal housing funds are spent on subsidizing social housing projects.

In 1986, the federal government introduced its New Housing Directions, which made two changes related to public housing policy. Social housing was directed to households in "core need" (a shift away from mixed-income housing projects), and the delivery of social housing programs was devolved to provincial and territorial governments.

In early 1992, the federal government tabled a constitutional proposal calling for an end to its financial involvement in a number of areas of provincial jurisdiction (for example, tourism, mining, urban affairs and housing). Experts in the housing field viewed this development as a blow to social housing programs. In the February 1992 budget, the federal government terminated its federal co-operative housing program. Over its lifetime,

the program had built nearly 60,000 homes for low- and moderate-income Canadians. A little over a year later, in its April 1993 budget, the federal government froze expenditures for social housing and restricted its future financial support in this area to 1993 levels.

The 1995 federal budget proposed a 6% (\$128-million) decline in CHMC spending by fiscal year 1997-1998. Because more than 90% of federal support for housing is directed at social housing programs, this sector will be the one most affected by the reduction in federal funding.

In 1999, a task force established by the Mayor of Toronto concluded that the federal government's withdrawal had contributed significantly to the growing shortage of affordable housing.<sup>(77)</sup> Although the lack of affordable housing is not solely responsible for the increase in the number of homeless people, it does increase the risks associated with the descent into homelessness.

That same year, the federal government introduced the components of its new homelessness-related initiative. The Government of Canada's approach to homelessness is based on partnerships with the provinces and territories, municipal governments, non-profit and private-sector organizations, and individuals. The initiative – which recognizes that communities are best positioned to develop responses to the problems of the homeless – has an overall budget of \$753 million over three years. Of this amount, the federal government will allocate \$305 million to cities with a significant homelessness problem. These funds will be provided for the planning and implementation of strategies to reduce and prevent homelessness. Because they present the most acute problems, the cities of Vancouver, Calgary, Edmonton, Winnipeg, Hamilton, Toronto, Ottawa, Montreal, Quebec City and Halifax will receive 80% of the funding. The remaining 20% will go to approximately 50 other communities.<sup>(78)</sup> A sum of \$170 million will be invested over the next three years in order to broaden the scope of existing federal programs, including the youth-at-risk component of the Youth Employment Initiative, the Urban Aboriginal Strategy, and the Shelter Enhancement Initiative. Moreover, \$268 million will be allocated to the Residential Rehabilitation

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(77) Mayor's Homelessness Action Task Force, *Taking Responsibility for Homelessness. An Action Plan for Toronto*, Mayor's Homelessness Action Task Force, Toronto, 1999.

(78) For further information on the communities that will receive funding, consult the document entitled *City Partners*: [http://www.hrdc-drhc.gc.ca/nsh-snsa/cities/researchcity\\_e.html](http://www.hrdc-drhc.gc.ca/nsh-snsa/cities/researchcity_e.html).

Assistance Program (RRAP). This supplementary funding will support the renovation and repair of housing occupied by low-income people. The balance, namely \$10 million, has been set aside for the construction of residential accommodation for homeless people on surplus federal property.

### **Chronology**

- 1935 – The *Dominion Housing Act*, the first national housing legislation, provided \$20 million in loans and helped finance 4,900 units over three years.
- 1937 – The *Federal Home Improvement Plan* subsidized the interest rates on loans for housing rehabilitation to 66,900 homes.
- 1938 – The *National Housing Act* provided assistance to home buyers, helped to make low-income housing sanitary, and provided for the modernization of existing stock.
- 1946 – The assets of the Wartime Housing Corporation passed to the Central Mortgage and Housing Corporation (CMHC), later the Canada Mortgage and Housing Corporation, to provide home buyers with mortgages at favourable rates.
- 1949 – The *National Housing Act* was amended to provide joint federal-provincial programs to construct public housing.
- 1954 – The federal government began insuring loans for mortgages made by private investors against borrower default, and the *Bank Act* was amended to enable chartered banks to lend mortgage money.
- 1964 – The federal government introduced legislation that allowed for loan transfers of up to 90% of the cost to the provinces of constructing provincially owned public housing.
- 1969 – The federal Rent Supplement Program provided low-income households in private rental accommodation with the difference between market rent and 25% of income.
- 1973 – The *National Housing Act* was amended to provide financial assistance for new home buying, loans for co-operative housing, and low-interest loans for municipal and private non-profit housing. One of the thrusts of the amendments was to integrate different income levels in social housing projects.
- 1974 – The Rural and Native Housing Program provided new housing and renovation assistance for low-income native and non-native people living in rural areas and towns with populations of 2,500 and less.

- 1976 – Habitat, the United Nations Conference on Human Settlements, was held in Vancouver. Governments collectively proclaimed the international community’s commitment to promoting decent shelter and living conditions throughout the world.
- 1986 – The federal government introduced its New Housing Directions which, among other things, directed social housing programs to households “in core need” and devolved the delivery of housing programs to the provinces and territories.
- 1987 – The UN International Year of Shelter for the Homeless focused attention on the homeless and on the need for national and international efforts to improve the shelter and neighbourhoods of the world’s poor.
- 1989 – The federal Housing Minister indicated that he hoped to have a plan in place by fall 1989 to assist first-time home buyers. The proposal would reduce to 5% the current 10% down-payment required for homes purchased with the backing of CMHC.
- 1990 – In its February 1990 budget, the federal government cut the amount of new money promised for low-cost housing by \$51 million over two years.
- 1992 – In its February 1992 budget, the federal government terminated the federal co-operative housing program. Over its lifetime, the program built nearly 60,000 homes for low- and moderate-income Canadians.
- 1993 – In its April 1993 budget, the federal government announced that it would not increase its funding for social housing beyond the current level of \$2 billion per year.
- 1995 – The 1995 federal budget proposed a 6% or \$128-million decline in CHMC’s spending by fiscal year 1997-1998.
- 1998 – In November 1998, the mayors of the largest Canadian cities declared homelessness a national disaster.
- 1999 – On 23 March 1999, Prime Minister Jean Chrétien announced that he had appointed Minister of Labour Claudette Bradshaw to coordinate the Government of Canada’s activities related to Canada’s homeless.
- 1999 – In December 1999, the federal government announced that it would invest \$753 million over three years to assist homeless people, including \$268 million for the Residential Rehabilitation Assistance Program (RRAP).

## **INTERNATIONAL PERSPECTIVES ON FACTORS CONTRIBUTING TO HOMELESSNESS**

### **OVERVIEW**

Homelessness is not new; it has been around for centuries in various forms. It has recently become the focus of more attention and concern, however, as its presence and its effects have become more visible in the modern urban landscape. This section examines the international experience of homelessness. Although the national economic, legal, social and welfare systems of various countries may differ substantially, making inter-country comparison difficult, such comparison can provide fruitful insights into how homelessness has evolved in different contexts and may help to identify the principal factors that contribute to it. Researchers in the United States have been studying homelessness since the beginning of this century; thus, they have a richer experience and a longer perspective on this phenomenon. Their research, described below, may provide insights and have application to the Canadian experience of homelessness.

### **THE AMERICAN EXPERIENCE**

#### **A. A Brief Chronology**

From the late 19<sup>th</sup> to the first half of the 20<sup>th</sup> century, the homeless – mostly unattached and transient labourers – congregated in the poorer districts of U.S. cities, often called “Skid Rows.” The numbers of these labourers increased until the 1920s, when the introduction of mechanization in industrial and materials-handling processes drastically reduced the demand for casual and unskilled labour.

In the 1930s, the Great Depression caused the ranks of the homeless to swell considerably. With scarce or non-existent job opportunities, many able-bodied men dropped out of the labour market and became part of an army of “permanently” unemployed transients. This mass of homeless people often overwhelmed the available “Skid Row” accommodation; many were housed in emergency shelters, in special camps

located on the outskirts of the cities or, when temporary housing facilities were unavailable, simply escorted out of town.

World War II brought a substantial decline in the homeless population, as many transients were integrated into the armed forces or absorbed in the burgeoning war industries. As a result, the homeless population shrank considerably, although it did not altogether disappear.

In the 1950s, transients living outside the family unit tended to be concentrated in the poorer districts of the city where there were cheap hotels and restaurants, bars, religious missions and casual employment agencies. The strict definition of “homelessness,” based on the absence of shelter, did not apply here, as most of the poor could readily find shelter in rooming houses, cheap hotels, or other forms of substandard housing (“flohouses”). In fact, only a small minority of the “transient” population actually resorted to sleeping on the streets.

Moreover, until the late 1950s, this population was still more or less integrated into the urban economy. Often located near transportation hubs such as railroad freight yards or trucking terminals, “Skid Rows” gave unattached individuals and migrant workers the opportunity to find work, usually in casual or menial jobs.

In the 1960s and 1970s, most researchers believed that “Skid Rows” were destined to disappear. They pointed to the substantial drop in transient populations and high vacancy rates in cubicle hotels as evidence of its imminent departure from the urban landscape. Also, the continuing mechanization of low-skilled or menial tasks in the 1960s and 1970s further reduced the economic function of these areas as a source of cheap labour. A survey of 41 U.S. cities noted that populations in such poor areas dropped by 50% between 1950 and 1970. Further, where the markets for unskilled labour declined sharply, the drop in these populations was correspondingly larger.<sup>(79)</sup>

However, the predicted demise of the “Skid Row” and homelessness was premature. Although most flophouses and cheap hotels were demolished, and the land reclaimed used to raise more apartment and office buildings, the homeless did not disappear. Quite the opposite happened; the homeless became more visible as their composition changed substantially in the late 1970s and 1980s.

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(79) Barrett A. Lee, “The Disappearance of Skid Row: Some Ecological Evidence,” *Urban Affairs Quarterly* 16, No. 1, September 1980, pp. 81-107.

## **B. U.S. Studies: Possible Explanations for the Rise of Homelessness**

### **1. The Decline of Inexpensive Housing Stock**

American sociologist Peter H. Rossi attributes the recent rise of homelessness in the United States principally to the disappearance from the urban landscape of the “Skid Rows” which, from the late 19<sup>th</sup> to mid 20<sup>th</sup> century, had provided both access to cheap shelter and jobs for the unskilled. Although mostly substandard, “flophouses” and cubicle hotels had offered cheap overnight shelter to the vagrant and migrant population, of which only a small proportion were actually homeless and slept out on the streets.

According to Rossi, the urban renewal that took place during the late 1950s to early 1970s removed the cheap substandard housing but did not replace it with affordable accommodation:

One must remember that homelessness is a housing problem: homelessness on the scale seen today is in large part an outcome of the shortage of inexpensive housing for the poor, a shortage that began in the 1970s and has accelerated in the 1980s.<sup>(80)</sup>

The rise in the number of homeless people has resulted in two opposing trends observed in the U.S. in recent years: an inadequate stock of inexpensive housing for the poor, and a rise in the number of urban households living at or below the poverty level. Rossi cites the levelling off or reduction in federal funding for the construction of public housing or to provide housing subsidies to the poor as being one reason for the decline in the stock of inexpensive housing.

As a result of the disappearance of cheap housing, the poor must pay a larger proportion of their limited income for shelter, or, if their income is insufficient or non-existent, be pushed out of the housing market altogether.

### **2. The Decline of the Casual Labour Market**

Skid Row also played an important role by acting as a pool of unskilled labour for employers who needed temporary workers, usually on a seasonal basis. A major

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(80) Peter H. Rossi, *Without Shelter: Homelessness in the 1980s*, Priority Press Publications, New York, 1989, p. 31.

factor in the decline of these neighbourhoods was the shrinkage of the casual labour market in urban economies, a phenomenon observed throughout the United States between the 1950s and 1970s. Rossi cites a 1980 study by Barrett Lee that analyzed Skid Row populations in 41 U.S. cities during that period. The study showed that, as the proportion of each city's labour force employed in unskilled and service occupations declined, so did the population of Skid Row.

In the earlier decade of the analysis, urban employers needing muscle power to wrestle with cargo apparently put up with the low productivity of Skid Row men because they could be hired as needed and at low wages. The advent of forklift tractors and other highly efficient materials-handling technology meant that casual labourers were no longer cost-effective; the declining demand for casual labour put the homeless and Skid Row out of business. The continuing lack of demand for unskilled labour still contributes to today's homelessness and helps account for the poor employment and earning records of the homeless. But there is another element involved, one that also helps us understand the declining average age of homeless persons. The past decade has seen a bulge in the proportion of persons between the ages of twenty and thirty-five, a direct outcome of the post-war baby boom. The consequence of this "excess" of young persons, especially males, was a depressed earnings level for young adults, and an elevated unemployment rate.<sup>(81)</sup>

During the mid-1960s to the mid-1980s, the earnings profiles and employment opportunities for U.S. workers aged under 35 deteriorated at the same time as the homeless population increased and its average age declined. These developments in demographic and labour market trends had serious consequences for the formation of households and families. The rise in single-parent households observed in recent decades, particularly of such households headed by women, results partly from the deterioration of the economic prospects of young men. Young men facing uncertain economic prospects are less willing to form households, and less able to take on the economic role of husbands and fathers.

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(81) *Ibid.*, p. 35.



### 3. Deinstitutionalization

One commonly held view is that homelessness grew appreciably or became more visible when psychiatric institutions began releasing mental patients from long-term care and residency, a practice that became known as “deinstitutionalization.”

Deinstitutionalization can, however, at best be a partial explanation of homelessness because it did not happen abruptly but began gradually in the late 1940s to early 1950s and culminated in the late 1970s and early 1980s. In other words, how can a phenomenon that started 40 years ago contribute to a rise in homeless that was observed in the 1980s?

In his book *The Homeless*, Christopher Jencks argues that deinstitutionalization in the U.S. did contribute to the increase in the homeless population, but only after 1975, when mental hospitals were forced to discharge large numbers of the more disturbed patients who would previously have remained hospitalized. In the past, former mental patients found shelter with their families or in nursing homes or cheap lodging houses. In the 1960s and 1970s, however, the supply of such housing began to decline and, by the early 1980s, as demand for cheap housing picked up, had vanished. Jencks goes further, and implies that, while those discharged before 1975 were released on scientific grounds (e.g., psychotropic drugs, community psychiatry), post-1975 discharges were motivated by cost-cutting or budgetary concerns.<sup>(82)</sup>

Brendan O’Flaherty contradicts Jencks’s thesis, however, and provides empirical evidence to suggest that the contribution of deinstitutionalization to homelessness was marginal at best. According to O’Flaherty, deinstitutionalization of the mentally ill took place between 1960 and 1975 and many of the former patients found private housing; after 1975, the movement out of mental institutions was more than offset by the movement of the mentally ill into nursing homes and prisons.<sup>(83)</sup>

### 4. Substance Abuse and the Advent of Crack Cocaine

Another possible cause of homelessness is abuse of drugs and alcohol. Statistical surveys on the homeless population repeatedly indicate that significant

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(82) Christopher Jencks, *The Homeless*, Harvard University Press, 1994.

(83) Brendon O’Flaherty, *Making Room: The Economics of Homelessness*, Harvard University Press, 1996.

minorities within it suffer from chronic alcoholism or abuse of drugs. Rossi stresses that two-thirds of the homeless are not mentally ill, three-fifths are not alcoholics, three-fifths do not suffer from disabling physical disorder, and 90% do not abuse drugs. Although those who suffer from substance abuse do constitute large and significant minorities, they are minorities nonetheless.

There is considerable disagreement as to the importance of substance abuse in contributing to homelessness. Substance abuse does seem to play a role in maintaining the homeless on the streets, however, by further reducing their employability, eroding their already meagre incomes, and estranging them from friends and families, who would otherwise be more willing to provide shelter and assistance.

In *The Homeless*, Jencks partly attributes the rise in the numbers of homeless adults in the 1980s to poorly planned deinstitutionalization of mental patients and the spread of crack cocaine. Given that a significant proportion of the homeless population use drugs or alcohol, Jencks argues that: “Whatever their current budget looks like, we have to assume that a significant proportion of today’s homeless will spend any additional cash they receive on drugs and alcohol.”

O’Flaherty challenges this view, arguing that deinstitutionalization and substance abuse may have played only a negligible role in the rise of homelessness. According to O’Flaherty, 5% to 7% of single adults in shelters are “occasional” heroin users. The introduction of low-cost crack cocaine as a substitute for the more expensive heroin may have increased the single-adult homeless population by approximately 5% to 7%. The drug user can choose from among three possible courses: spend less on drugs and more on housing; spend more on drugs while keeping constant the amount spent on housing; or spend more income on crack cocaine and less on housing. If the first effect dominates the third, in that money is spent on crack cocaine rather than heroin, the result could even be a reduction in the homeless population. Overall, O’Flaherty argues, the contribution of drug use to homelessness is very likely to be modest to marginal. The introduction of crack, which is relatively cheap compared to heroin, has brought with it new choices and consequences for drug users. For example, a drug user who chooses crack over heroin could, theoretically, have more income to spend on housing, thereby reducing the number of homeless people. However, O’Flaherty argues that, overall, the contribution of drug use to homelessness is very likely to be modest to marginal.

## 5. Changes in Income Distribution

O’Flaherty in *Making Room: The Economics of Homelessness*,<sup>(84)</sup> attributes the recent rise in the numbers of the homeless to changes in the distribution of household income and to housing prices.

Using income and housing price data for three U.S. cities, O’Flaherty concludes that homelessness has risen the fastest in cities where the income of the poor and of the lower-middle classes have shrunk the most.

The author argues that the filtering process for housing failed to operate due to unfavourable changes in the distribution of household income and the housing prices. Normally, new housing is occupied by middle- and upper-income households, while existing housing would fall in relative price and “filter down” to be occupied by lower-income households.<sup>(85)</sup> During the 1980s, this mechanism did not function properly when the income of the middle classes stagnated. This prevented the middle classes from moving up into new housing and freeing up available housing for the lower-income classes. Because of the stagnating income of the middle classes and rising house prices, the lower income classes could not avail themselves of the existing housing stock and this resulted in a shortage of affordable housing. As O’Flaherty stated, “Income distribution changed, this changed housing prices; changes in housing prices caused homelessness. In turn, homelessness caused shelters and shelters caused more homelessness.”

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(84) O’Flaherty (1996).

(85) George Fallis, “The Social Policy Challenge and Social Housing,” in *Home Remedies: Rethinking Canadian Housing Policy*, John Richards, editor, Vancouver: C.D. Howe Institute, 1995, p. 8.