

A Profile of Families in the Emergency Family Homeless Shelter System in Ottawa, Ontario, Canada

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Abstract

Compared to the wealth of research on single homeless adults, there is little known about homeless families. This paper describes a study of 75 homeless families in Ottawa, Ontario, conducted in 2012-2013. This sample of homeless families includes a large number of newcomer families, including immigrants and refugees. Participants are poor and unemployed, but many are educated, and there is little evidence of alcohol or substance abuse. Nonetheless, participants report poor mental health and high levels of family stress. Whereas newcomer families tended to be larger and include more two-parent families than did Canadian-born families, there were no differences in the physical and mental health of the participants. These findings add to our growing understanding of homeless families and point to notable similarities and differences in homeless families in this city in Canada, and in the United States.

Keywords: Homelessness, Emergency Shelters, Immigration

Résumé

Contrairement à l'abondante recherche qui existe sur les individus qui vivent sans-abri, on en connaît peu sur les familles sans-logis. Cet article dresse un portrait de familles sans-abri à Ottawa en Ontario au Canada. Les données nous viennent d'une étude (2012-2013) de 75 familles vivant dans le réseau de refuges pour familles. Les résultats démontrent que ces familles sont, en grande partie, composées de personnes qui ne sont pas des citoyens canadiens, c'est-à-dire des immigrants et des réfugiés. Les individus sont pauvres et sans emploi, mais plusieurs d'entre eux sont éduqués. De plus, on constate peu de cas d'abus d'alcool ou des substances illicites. Néanmoins, plusieurs participants à l'étude ont déclaré souffrir d'une mauvaise santé mentale et d'un degré élevé de stress. Même si les familles nouvellement arrivées tendent à être plus nombreuses et sont plus souvent biparentales que les familles non-nouvellement arrivées, on ne dénote aucune différence de santé mentale ou physique chez les participants. Ces résultats ajoutent à notre compréhension des familles sans-abri et font ressortir des similitudes et des différences importantes entre les familles sans-logis de cette ville au Canada et celles des États-Unis.

Mots clés: Sans-abri, Centre d'Hébergement d'urgence, Immigration

Canadian Journal of Urban Research, Volume 26, Issue 1, pages 40-51.

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ISSN: 2371-0292

Over 135,000 individuals used emergency shelters in Canada in 2014 (Employment and Social Development Canada [ESDC], 2016). Between 2005 and 2014, the average occupancy rate in emergency shelters rose from 67.3% to 86.3%, primarily due to longer stays (ESDC, 2016). Homelessness arises from an interplay of structural factors (e.g., poverty, lack of affordable housing), systems failures (e.g., lack of support for immigrants and refugees), and individual factors (e.g., family conflict, domestic violence, or mental health issues; Gaetz, Donaldson, Richter, & Gulliver, 2013). Moreover, family homelessness in Canada may be the observable “tip of the iceberg” of the broader and larger problems of family poverty, unaffordable housing, income insecurity, and poor quality housing in Canada (Gulliver-Garcia, 2016).

In the United States, family homelessness emerged in the 1980s as a major social and public health concern (Grant, Gracy, Goldsmith, Shapiro, & Redlener, 2013). Despite an increase in child and family homelessness over time, research attention devoted to the issue decreased (Grant et al., 2013). Prior research in the United States, which comprises a great proportion of all the research conducted on this topic, has largely focused on the characteristics or circumstances of homelessness families (e.g., Bassuk, 1990; Fertig & Reingold, 2008; Nunez & Fox, 1999). Single female-headed families, for example, are over-represented among U.S. homeless families (Culhane, Metraux, Park, Schretzman, & Valente, 2007; McChesney, 1995). Other characteristics include: family disruption of mothers during their childhood (Bassuk et al., 1997; Shinn et al., 1998), parental mental health problems (Fertig & Reingold, 2008), poor work histories (Bassuk et al., 1996, 1997; Howard, Cartwright, & Barajas, 2009), ineffective parenting practices, and a lack of social support (Bassuk et al., 1996, 1997; Shinn, Knickman, Weitzman, 1991). Education and skills deficits (Bassuk et al., 1996, 1997; Howard et al., 2009), and alcohol and drug abuse were also commonly associated with family homelessness and shelter entry (Bassuk et al., 1997; McChesney, 1995) along with being members of a minority group (Bassuk et al., 1997; Shinn et al., 1998) and, among homeless families headed by women, experiences of domestic abuse and violence (Bassuk, 1986, 1990; Browne & Bassuk, 1997; McChesney, 1995).

Canadian studies have largely been descriptive based on convenience samples of families in emergency shelters. In an early study, Neufeld-Redekop and Zamprelli (2001) surveyed 112 emergency shelters in primarily urban centres across Canada, including 33 emergency shelters, 64 family violence shelters, and 15 municipal programs that provided temporary shelter to homeless families in accommodations, such as motels. About four-fifths of children in these shelters were under the age of 12. Approximately 10% of families reported an income from employment, whereas over a third of families in family violence shelters reported no income at all. Financial assistance and affordable housing were the primary needs of homeless families when they exited the shelters and over half of the families needed additional support services to maintain stable housing when they exited, such as counselling in life skills, childcare, and training and employment skills. These findings paint a portrait of families that are young, poor, and in need of support to find and maintain housing. Waegemakers Schiff (2007) studied 23 families accessing shelter services from a non-profit organization in Calgary, Alberta, of whom 48% were two-parent families. Half of the families reported an Aboriginal background and two were immigrants. Further, 65% of the adults reported that they had experienced domestic violence, although only 15% cited it as the reason they had become homeless.

Since the early 1990s, Canada has sustained high levels of immigration, sponsored refugees, and refugee claimants (Fiedler, Schuurman, & Hyndman, 2006). At the same time, funding to government assistance programs has decreased and the economy has under-performed. Consequently, newcomers may find themselves with less support and fewer opportunities for establishing themselves in the labour force, making them more susceptible to poverty and homelessness. D’Addario, Hiebert, and Sherrell (2007) found that immigrants and refugees represented 18% of shelter users in the Greater Vancouver area. Aubry, Klodawsky, Hay, and Birnie (2003) conducted a panel study of homelessness in Ottawa, sampling from five subgroups including families. Of homeless families, 61% were Canadian citizens and 39% were non-Canadian citizens. Their sampling strategy was based on the known breakdown in the local shelter population. Further, 83% of heads of families were female and 61% had completed high school (including 33% who had some post-secondary education). Only 2% of participants reported an alcohol abuse problem and 2% reported a substance abuse problem.

In subsequent analyses of 45 foreign born and 45 Canadian born matched participants, which included single adults, youth, and heads of families, Klodawsky, Aubry, and Nemiroff (2014) reported that foreign born participants had significantly better self-reported mental health and physical health than Canadian born participants. Canadian-born participants also reported more chronic health problems and substance use

problems than did foreign-born participants. As these comparisons were not restricted to heads of families, it is unclear whether these findings also apply to this homeless sub-population. Additionally, the comparisons were based on place of birth and differences in health between Canadian-born and immigrant populations may fade after about 10 years (Newbold, 2005a, 2005b; Ng & Omariba, 2010).

Over the course of one year, Paradis, Novac, Sarty, and Hulchanski (2008) conducted three interviews with 91 single-parent women experiencing homelessness. The sample included 41 homeless immigrant and refugee women who had migrated to Canada within five years of the interview, and 50 Canadian-born women. Most women in the sample had completed secondary school; 20% of women who were immigrants or refugees, and 4% of the Canadian-born women had completed some post-secondary education. Although all women had low income, a third of the newcomer women had annual incomes below \$5,000, whereas only about one out of 20 permanent residents and Canadian-born women had annual incomes below \$5,000. For over half of the respondents (57%), this was their first episode of homelessness in Toronto. However, Canadian-born women were far more likely to have been homeless before (65%) than were newcomers (44%).

Findings from a national study of emergency shelter use from 2005 to 2014 provide an up-to-date description of shelter users in Canada (ESDC, 2016). As the sample was derived from emergency shelters, it does not include Violence Against Women shelters nor transitional housing. Nonetheless, the study showed that about 90% of families using emergency shelters were headed by single females. A typical shelter stay by a family was over 20 days in 2014, twice as long as a typical stay among homeless individuals. Though findings were not reported for families specifically, about 5% of all shelter users were not Canadian citizens. The percentage of shelter users who reported Indigenous ancestry varied by community, with some suburban communities reporting fewer than 5% of users with Indigenous ancestry, and some northern communities reporting more than 90% of users (ESDC, 2016).

The Current Study

Studies have begun to provide some information on homeless families in Canada. They include findings of low income despite some having higher levels of education, lower levels of substance use, and the possibility of better health among foreign-born homeless people. It is in this context that we present findings from an exploratory study of the characteristics of homeless families in the emergency shelter system in Ottawa, Ontario, Canada.

Ottawa is a mid-sized city in eastern Ontario with a population of over 900,000. It welcomes about 12,000 new temporary and permanent immigrants every year, with most newcomers from 2010 to 2012 arriving from Haiti, China, Philippines, and India (City of Ottawa, 2016). Twenty-five percent of immigrants who arrived during this period were refugees (City of Ottawa, 2016). Almost one quarter of the population in Ottawa is foreign-born and 19% belong to a visible minority group (Ottawa Local Immigration Partnership [OLIP], 2011).

The employment prospects of newcomers to Ottawa are affected not only by macro-level economic factors, such as globalization and the loss of manufacturing jobs, but also by local factors such as the decline of the high-technology sector, slowed growth of the public sector, and common requirement for French-English bilingualism in workplaces (Murphy, 2010, 2011). Many families in Ottawa find it difficult to afford their rent. About 40% of renter households in Ottawa spend more than 30% of their income on housing, and almost 20% are spending half of their income on housing (Alliance to End Homelessness Ottawa [AEHO], 2016).

The emergency family shelter system in Ottawa consists of two designated shelters, as well as off-site accommodations such as motels and temporary emergency housing provided by a non-profit community agency. In 2015, 782 unique families used the city-run family homeless shelter system, a 10.8% increase over the previous year (AEHO, 2016). In 2015, members of homeless families represented almost 40% of all emergency shelter users in Ottawa, and families spent an average of 92 days in the shelter system (AEHO, 2016), much longer than the national average of 20 days (ESDC, 2016). This length of stay may signal the relative unaffordability of housing in the local market, or the lack of growth in the local stock of affordable housing (AEHO, 2016). Because families are prioritized on the waiting list for social housing and the expense of private market rental housing, families most commonly exit from shelters to social housing. In Ottawa, shelters for women and children fleeing domestic violence run by non-profit organizations do not contribute to these counts and so these statistics under-represent the problem of family homelessness in the city.

In our study, we were interested in examining the following questions in a sample of families using emergency shelters in Ottawa: 1) What are the demographic, characteristics of families in the emergency shelter system? 2) What is their health and well-being? and 3) What barriers do they face in accessing housing? In answering these questions, we also explore differences between newcomers who have been in Canada for less than 10 years and non-newcomers born in Canada or who have lived in Canada for more than 10 years.

Methods

Sample

Data were collected from 75 families participating in a study of family homelessness in Ottawa. Initially, families were referred by shelter workers for the study if they had spent at least three months in the shelter, and were perceived to be suitable for a new support program in the city for families transitioning from the shelter to community living. To ensure we achieved a sufficient sample size, we eventually included seven families in the study who had been in the shelter for less than three months.

Data Collection

The procedures for this study were approved by the Research Ethics Board of the University of Ottawa. Data were collected from November 2012 to December 2013 from adults in one-on-one structured interviews conducted in English or French. Interviews typically lasted 60-90 minutes and were conducted in the shelters or off-site accommodations where families were living. Participants who did not speak French or English were interviewed with the assistance of cultural interpretation services. A family was defined broadly to include all individuals with the head of household sharing a shelter unit and including at least one child under 18 years of age. Shelter workers sought consent from adults to refer them to the research team. Prospective participants were then contacted by a research coordinator to confirm their interest in participating, and to arrange a time for the interview. Participants provided written consent to take part in the study prior to the interview. Interviews were conducted by trained interviewers who were graduate students in psychology or social work, or individuals who had prior experience conducting interviews with homeless or vulnerable people. Interviews covered family demographics and composition information, recent housing histories, mental and physical health of interviewed adults, family functioning and parenting, and service use. This article focuses on family demographics and composition, well-being, and barriers to housing.

Measures

Demographic Characteristics

Demographic information on participants (e.g., age, sex, citizenship, languages spoken, income, education, employment) was collected using items adapted from the protocol developed for the National At Home/Chez Soi study of Housing First in Canada (Mental Health Commission of Canada [MHCC], 2010).

Family Composition (Abt Associates, n.d.)

Family composition was measured using a tool from the U.S.-based Family Options study (Bell & Shinn, 2013) that asked respondents to indicate both family members who are present in the shelter, as well as those who are not present. For each family member, present or not, basic demographic information was collected.

Short Form-12 Health Survey (SF-12v1; Ware, Kosinski, & Keller, 1996)

The SF-12 was used to assess the health status of participants. It consists of 12-items that measure health status in eight domains: vitality, physical functioning, bodily pain, general health perceptions, physical role functioning, emotional role functioning, social role functioning, and mental health. The measure has two subscales of physical and mental health functioning: physical component summary (PCS) scale and mental component summary (MCS). Scores on both subscales can range from 0 (lowest level of health) to 100 (highest level of health), with 50 representing the average score (SD = 10) for the 1998 general U.S. population. The internal consistency of the full measure for this sample was good ($\alpha = .81$).

Experience of Violence

Participants were asked two yes-no questions about their experiences of domestic abuse (actual or threatened) as adults. One question focused on physical violence, whereas the other asked about sexual abuse.

Comorbid Conditions List (CMC; MHCC, 2010)

A modified version of the CMC was used to record the presence of medical conditions using a yes-no scale. An additional section was added to the CMC that assessed mental health problems. No subscale or total scores are computed.

Drug Use Questionnaire (DAST; Skinner, 1982)

Severity of drug use was assessed using the 10-item DAST ($\alpha = .66$). Items on the DAST assess problems related to drug use. A total score is computed that ranges from 0 to 10, with higher scores indicative of a more serious drug problem.

Alcohol Use Disorders Identification Test (AUDIT; Babor, Higgins-Biddle, Saunders, & Monteiro, 2001)

The AUDIT consists of 10 items that range from 0 to 4 ($\alpha = .81$). Accordingly, a total score is computed that ranges from 0 to 40, with higher scores indicative of greater risk related to alcohol use.

Confusion, Hubbub, and Order Scale (CHAOS; Matheny, Wachs, Ludwig, & Phillips, 1995)

This questionnaire was used to assess the amount of environmental confusion within families' homes. Respondents were asked to rate their current experience in the shelter. The scale consists of 15 forced-choice questions (true-false) that measure home confusion and disorganization ($\alpha = .74$). Items assess whether or not participants feel that there is commotion in the home, there is a feeling of being rushed, family members have the ability to talk without being interrupted, the atmosphere is calm, and there is a regular routine. A total score is tallied, which can range from 0 to 15, with higher scores indicating a higher level of confusion and disorganization in the home.

Housing Barriers Scale (Abt Associates, n.d.)

Barriers to finding housing were assessed using a 19-item, self-report scale (see Table 3 for a full list of the housing barriers; $\alpha = .75$). Scoring followed procedures indicated by Bell and Shinn (2013). A total score was computed by tallying the number of "big problem" barriers that were reported (i.e., "small problem" barriers were not factored into total scores). Possible scores range from 0 to 19.

Data Analysis

The research questions were examined using descriptive statistics, chi-square tests, and independent-samples *t*-tests. The analyses included comparisons between 34 non-Canadian born respondents who had been in Canada for fewer than 10 years (newcomers), and 41 Canadian-born respondents and non-Canadian born respondents who had been in Canada for more than 10 years (non-newcomers). The 10-year cut-off was based on prior research indicating that differences in health between Canadian-born and foreign-born individuals fade after non-Canadians have been in the country for 10 years (Newbold, 2005a, 2005b; Ng & Omariba, 2010). Mean substitution was used to address a small proportion of missing data ($\leq 10\%$) across the scales. All analyses were performed using SPSS 23.

Findings

Below we highlight findings from our analyses organized in response to our primary research questions.¹

1) What Are the Characteristics of the Families?

Citizenship, Country of Origin, and Languages Spoken

Table 1 presents citizenship, country of origin and languages spoken. Almost half of the respondents (46.7%) were Canadian citizens. About one quarter (24.0%) were permanent residents or landed immigrants, and another

quarter (25.3%) identified themselves as refugee claimants. Only one participant in the study sample identified themselves as Aboriginal. Of the 48 participants who were not born in Canada, the mean length of time that they had been in the country was 6.57 years ($SD = 7.53$). Thirty-four foreign-born participants (45.3% of the sample) had been in Canada for fewer than 10 years (i.e., newcomers). English was the most common language spoken in the participants' homes. Other common languages in both samples were French and Arabic.

Table 1. Citizenship, Countries of Origin and Languages Spoken of Participants (N = 75)

Variable	n (%)
Citizenship	
Citizen	35 (46.7%)
Perm. Resident/Immigrant.	18 (24.0%)
Refugee Claimant	19 (25.3%)
Other/Missing	3 (4.0%)
Born in Canada	
Yes	27 (36.0%)
No	48 (64.0%)
Most common non-Canadian Countries of Origin	
	Congo, Haiti, Burundi, Somalia
Most Common Languages Spoken	
English	24 (32.0%)
Arabic	11 (14.7%)
French	8 (10.7%)
Creole	7 (9.3%)
Swahili	6 (8.0%)
Somali	5 (6.7%)
Other	18 (24.0%)

Participant Demographics

As shown in Table 2, the majority of participants were female (73.3%) the mean age of participants was 35.78 years ($SD = 8.55$). About one third of the study sample (34.7%) reported completing post-secondary education with another 30.7% completing secondary education and/or some post-secondary education. No significant difference was found between newcomers to Canada and non-newcomers. When asked their occupation, 84.0% reported that they were unemployed.

The majority of respondents received some form of social assistance as part of their income, with only one participant reporting no income at all. Individual incomes in the past year were \$12,807.91 on average and family incomes were \$17,718.10. Overall, the average annual family income was approximately half of the 2013 after tax low-income cut-off for a family of four living in a city the size of Ottawa (\$36,504; Statistics Canada, 2014). Newcomers had significantly lower annual incomes than did non-newcomers; individual income: $t(52) = 2.17, p = .04, d = .60, 95\% \text{ CI } [0.05, 1.15]$, family income: $t(41.14) = 3.31, p < .01, d = .90, 95\% \text{ CI } [0.31, 1.49]$.

Family Composition

Half of the sample reported that they were living in couple relationships (41.3% married and 9.3% cohabitating); of this group, 16 individuals (21.3%) reported having either a spouse or partner who was not currently living at the shelter with them. Compared to non-newcomers, significantly more newcomers reported being in a couple relationship than single, $\chi^2(1) = 4.49, p = .03, OR = 2.75, 95\% \text{ CI } [1.07, 7.08]$. Of the children in shelter with participants, 107 (56.3%) were boys and 76 (40.0%) were girls. Five participants did not provide information on the sex of the children with them. Ten (5.3%) children were less than a year of age, 40 (21.1%) were between 1-3 years of age, 36 (18.9%) were between 4-6 years of age, 42 (22.1%) were between 7-10 years of age, 20 (10.5%) were between 11-12 years of age, and 34 (17.9%) were teenagers (13-17 years of age). The ages of eight children

were unknown. The mean number of dependent children per family was 2.57 ($SD = 1.46$), with an average age of 7.98 years ($SD = 4.92$). There were no significant differences between newcomer and non-newcomer families.

Table 2. Demographic Characteristics of Participants (N = 75)

Variable	n (%)	M (SD)
Sex		
Female	55 (73.3%)	
Male	20 (26.7%)	
Age (years)		35.78 (8.55)
Length of stay (months)		6.25 (5.24)
Education		
No/Some High School	26 (34.7%)	
Completed High School	14 (18.7%)	
Some Post-Secondary	9 (12.0%)	
Completed Post-Secondary	26 (34.7%)	
Primary Occupation		
Unemployed	63 (84.0%)	
Employed	8 (10.7%)	
Student	3 (4.0%)	
Volunteering	1 (1.3%)	
Current Sources of Income		
No Income	1 (1.3%)	
Employment/Pension	5 (6.7%)	
Social Benefits/Income Assistance	66 (88.0%)	
Child Support	4 (5.3%)	
Spousal Support	2 (2.7%)	
Insurance settlement	0 (0%)	

Histories of Homelessness

Most families (72.0%) reported only one visit to the family shelter system—their current one. The average length of stay in shelter was 6.25 months ($SD = 5.24$).

2) What is the Health and Well-being of the Families?

Physical Health

The average score on the SF-12v1 PCS subscale, a measure of physical health, was 51.09 ($SD = 9.17$). This is comparable to the 1998 scores of the U.S. general population from which the scale norms were developed ($M = 50.00$, $SD = 10.00$). This suggests that the self-reported physical health of this sample is similar to that of the general U.S. population. There was no significant difference between newcomers and non-newcomers on this subscale. However, the measure of the presence of chronic medical conditions revealed back problems reported by 44.7% of the sample, with other medical conditions reported by more than one-quarter of the sample including dental problems (32.9%), migraine headaches (30.3%), and anemia (26.3%).

Mental Health, Alcohol Use, and Substance Use

On the subscale of the SF-12v1 that measures mental health (MCS), the average score of the sample was 44.13 ($SD = 11.88$). This score is approximately half a standard deviation below the norm for the general U.S. population. No significant differences were found between newcomers and non-newcomers. Despite poorer self-reported mental health, diagnoses of mental disorders were less common than physical health problems. Only twelve participants (16.0%) reported having a lifetime diagnosis of a mental health problem.

A minority of participants reported using substances. Seven (9.3%) had used substances in the past 12 months, among whom the mean total score on the DAST was 2.14 ($SD = 0.90$), reflecting a low level of problems related to substance use. Only one participant fell within the “intermediate” range, which is reflective of individuals who would likely meet criteria for substance abuse. Alcohol consumption was higher than substance use, but still low. Twenty-four participants (32.0%) had consumed alcohol in past 12 months. Among them, the average score on the AUDIT was 3.91 ($SD = 4.64$), which falls well below the cut-off indicator of 8 for hazardous and harmful alcohol use. Only two individuals scored above 8, one of whom was in the “medium” range for alcohol problems and the other who was in the “high” range. Through substance use was generally low in the full sample, newcomers were significantly less likely to use alcohol than were non-newcomers, $\chi^2(1) = 7.90, p < .01, OR = 0.21, 95\% CI [0.07, 0.65]$. Only non-newcomers reported substance use.

Experience of Violence

Over one-third (36.0%) of participants reported experiencing physical violence during adulthood, including threats of physical violence. Significantly fewer newcomers reported experiencing physical domestic violence than did non-newcomers, $\chi^2(1) = 5.41, p = .02, OR = 0.30, 95\% CI [0.11, 0.84]$. Another 17.3% reported experiences of sexual violence during adulthood. This did not significantly differ between newcomers and non-newcomers.

Family Functioning: Home Confusion and Disorganization

The mean score on the 15-item CHAOS was 6.04 ($SD = 3.30$). Though statistical testing is not possible, the observed level of confusion and disorganization reported by participants while in the shelter was higher than what has been found in samples of non-homeless families in previous research ($M = 3.99, SD = 3.43$ in study 1 of Dumas et al., 2005; $M = 2.90, SD = 3.03$ in study 2 of Dumas et al., 2005; $M = 3.37, SD = 2.64$ in Matheny et al., 1995). In our sample, CHAOS ratings were not significantly different between newcomers and non-newcomers.

3) What Barriers Do Families Face in Accessing Housing?

The barriers to finding and keeping housing that participants had encountered are shown in Table 3. The major barriers faced by families were economic ones, with insufficient income, inability to pay first and last month's rent, and unemployment rated among the biggest barriers among a majority of participants. On average, participants reported facing 4.28 ($SD = 2.78$) big housing barriers. This is consistent with findings from the Family Options Study in the United States with homeless families reporting, on average, between 3.92 and 4.50 big housing barriers, at baseline (Bell & Shinn, 2013). In our sample, the number of housing barriers encountered by newcomers and non-newcomers did not differ.

Discussion

Families in this study are primarily female led and poor. Many participants are not Canadian citizens, and more than half were not born in Canada. They typically have completed at least high school, and do not report alcohol or substance use problems. However, almost all were unemployed and unable to find housing with their meagre household incomes. While they are homeless, they report poor emotional well-being and high levels of family disorder.

In this sample, there were some similarities and differences between newcomer and non-newcomer families. Despite no significant differences in educational achievement, newcomers report significantly lower incomes. Newcomers are also more likely to be in couple relationships, are less likely to have experienced domestic violence, and less likely to be using substances. Nonetheless, both groups report similar poor mental health. As these findings are exploratory, more research with larger and more representative samples is required.

Newcomer families represented a sizeable proportion of this sample. Notable among these newcomer families is their significantly lower incomes. This may signal a particular vulnerability among newcomers to Canada at a time when the country has made notable commitments to welcome refugees. However, given the exploratory nature of this study, definitive conclusions cannot be drawn. The proportion of newcomer families in this sample is larger than what has been observed in studies from the United States, and stands in contrast to

the finding that about 5% of emergency shelter users in Canada are non-citizens (ESDC, 2016). This number of newcomers may reflect that Ottawa is a larger Canadian city, and a popular destination for newcomers.

Table 3. Frequencies of Responses on the Housing Barriers Scale (N = 75)

Barrier	Big Problem	Small Problem	Not a Problem*
Insufficient income to pay rent	61 (81.3%)	5 (6.7%)	9 (12.0%)
Inability to pay a security deposit or first/last month's rent	46 (61.3%)	8 (10.7%)	18 (24.0%)
Not being currently employed	44 (58.7%)	11 (14.7%)	18 (24.0%)
Lack of transportation to look for housing	26 (34.7%)	11 (14.7%)	35 (46.7%)
Poor credit history	26 (34.7%)	12 (16.0%)	33 (44.0%)
Recently moved to community and no local rent history	15 (20.0%)	4 (5.3%)	49 (65.3%)
No rent history at all	14 (18.7%)	10 (13.3%)	45 (60.0%)
No reference from past landlords	13 (17.3%)	13 (17.3%)	42 (56.0%)
Past eviction(s)	13 (17.3%)	1 (1.3%)	58 (77.3%)
Having three or more children in the household	12 (16.0%)	8 (10.7%)	50 (66.7%)
Problems with past landlords	9 (12.0%)	7 (9.3%)	57 (76.0%)
Past lease violations	7 (9.3%)	1 (1.3%)	65 (86.7%)
Someone in the household under 21 years of age	6 (8.0%)	4 (5.3%)	56 (74.7%)
Racial discrimination	5 (6.7%)	9 (12.0%)	58 (77.3%)
Having problems with police	2 (2.7%)	5 (6.7%)	66 (88.0%)
Having a criminal record or background	3 (4.0%)	2 (2.7%)	68 (90.7%)
Having a record for drug offences	3 (4.0%)	1 (1.3%)	69 (92.0%)
Having teenagers in the household	1 (1.3%)	3 (4.0%)	66 (88.0%)
Someone in the household that has a disability	3 (4.0%)	2 (2.7%)	67 (89.3%)

Note: Rows may not sum to 100% due to missing data ("refused" and "don't know" responses).

* Includes "not applicable" responses

It is unclear, however, whether a similar or different picture would emerge in other urban areas in Canada. Additionally, the presence of newcomers in this sample may reflect particular local barriers, such as low vacancy rates and high rents, and local labour market challenges.

As this study focused on families that had been in the emergency shelter system for some time, these findings may not reflect the larger population of families that use shelters for shorter periods of time, and who find housing on their own in the private market. The families in this study, which are largely awaiting social housing, may be larger in size, more economically disadvantaged, or more socially isolated than other families. It is also notable that despite the common histories of violence, this study did not examine families in shelters dedicated for women who have experienced violence. Had these shelters been included in the study, it is certain

that the frequency of violence would have been much higher.

More research is also needed to understand the implications of long stays in shelters. The participants in this study had stayed in the shelters for a considerable period of time. As our data have shown, participants describe physical and mental health challenges, as well as histories of violence. It is unclear the extent to which these issues exist prior to shelter stays, are exacerbated by shelter stays, or even if some shelter stays are stabilizing for families that have been struggling on their own for some time. Similarly, it is unclear whether the findings of higher levels of family chaos pre-date shelter stays or are exacerbated by the shelter stays.

Limitations

There are a number of limitations of this study. First, the sample was not randomly drawn from the population of emergency shelter users in Ottawa. Consequently, it is unknown the extent to which the sample is representative of this larger population. In addition, the observed differences or non-differences in this exploratory examination of newcomers and non-newcomers may be reflective only of this particular sample. This study examined differences between subgroups using 10 years as a demarcation between newcomers and non-newcomers, however analyses could also have been performed using place of birth (Canada versus foreign-born) or citizenship. Second, although most of the measures used in this study have been used with homeless populations in other research, it is possible that participants in this study may not have been comfortable with some of them. Finally, as this sample focused only on users of emergency shelters, it does not represent the full populations of homeless families that may be in Violence Against Women shelters, in transitional housing, or doubling up with other families. Given these limitations, the findings should be interpreted with caution and are in need of replication.

Conclusion

There remains much to be learned about the families that become homeless in Canada, their characteristics and their experiences of homelessness, and the challenges they face. Though much research has focused on family level characteristics, it is also important for research to link the prevalence of certain characteristics to broader macro-level factors. As we have suggested, vulnerability to homelessness is not only associated with characteristics of the family, but can also be assessed in terms of fit with the available local resources and opportunities. According to Shinn (2009), what distinguishes homeless families from other poor families is their access to resources. To better understand and prevent homelessness, it is important to continue to track who becomes homeless and to consider the particular factors at various ecological levels that must be addressed to reduce the vulnerabilities of such families.

Notes

¹ In an unpublished technical report, available upon request, the authors compared this sample to all users of the family shelter system in Ottawa in a comparable period. This sample was similar to the larger population of shelter users (e.g., sex and age of respondents, number of dependents, citizenship) except in two respects—our sample had been homeless longer and included more two-parent families.

References

- Abt Associates. n.d. *The Impact of Housing and Services Interventions for Homeless Families: Baseline Interview*. http://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=200912-2528-004&icID=191672. (Accessed September 12, 2016).
- Alliance to End Homelessness Ottawa. 2016. *2015 Progress Report on Ending Homelessness in Ottawa*. Author: Ottawa.
- Aubry, T., F. Klodawsky, E. Hay, and S. Birnie. 2003. *Panel Study on Persons who are Homeless in Ottawa: Phase 1 results*. Centre for Research on Educational and Community Services, University of Ottawa: Ottawa.
- Babor, T. F., J.C. Higgins-Biddle, J.B. Saunders, and M.G. Monteiro, M. G. 2001. *The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care (Second edition)*. World Health Organization, Department of Mental Health and Substance Dependence: Geneva.
- Bassuk, E. L. 1986. Homeless families: Single mothers and their children in Boston shelters. *New Directions for Mental Health Services* 1986: 45-53.

- Bassuk, E. L. 1990. Who are the homeless families? Characteristics of sheltered mothers and children. *Community Mental Health Journal* 26: 425-434.
- Bassuk, E. L., J.C. Buckner, L.F. Weinreb, A. Browne, S.S. Bassuk, R. Dawson, and J.N. Perloff, 1997. Homelessness in female-headed families: Childhood and adult risk and protective factors. *American Journal of Public Health* 87: 241-248.
- Bassuk, E. L., L.F. Weinreb, J.C. Buckner, A. Browne, A. Salomon, and S.S. Bassuk. 1996. The characteristics and needs of sheltered homeless and low-income housed mothers. *JAMA* 276: 640-646.
- Bell, S., and M. Shinn. 2013. *Family options study: Interim report*. U.S. Department of Housing and Urban Development. Washington.
- Browne, A., and S.S. Bassuk. 1997. Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. *American Journal of Orthopsychiatry* 67: 261-278.
- City of Ottawa. 2016. *City of Ottawa municipal integration strategy 2016-2018*. Author: Ottawa.
- Culhane, D. P., S. Metraux, J.M. Park, M., Schretzman, and J. Valente. 2007. Testing a typology of family homelessness based on patterns of public shelter utilization in four U.S. jurisdictions: Implications for policy and program planning. *Housing Policy Debate* 18: 1-41.
- D'Addario, S., D. Hiebert, and K. Sherrell. 2007. Restricted access: The role of social capital in mitigating absolute homelessness among immigrants and refugees in the GVRD. *Refuge* 24: 107-115.
- Dumas, J. E., J. Nissley, A. Nordstrom, E.P. Smith, R.J. Prinz, and D.W. Levine. 2005. Home chaos: Sociodemographic, parenting, interactional, and child correlates. *Journal of Clinical Child and Adolescent Psychology* 34: 93-104.
- Employment and Social Development Canada. 2016. *Homelessness Partnering Strategy: Highlights of the national shelter study 2005-2014*. Author: Ottawa. http://www.edsc.gc.ca/eng/communities/homelessness/reports/shelter_study_2014.shtml (Accessed September 12, 2016).
- Fertig, A. R., and D.A. Reingold. 2008. Homeless among at-risk families with children in twenty American cities. *Social Service Review* 82: 485-510.
- Fiedler, R., N. Schuurman, and J. Hyndman, J. 2006. Hidden homelessness: An indicator-based approach for examining the geographies of recent immigrants at-risk of homelessness in Greater Vancouver. *Cities* 23: 205-216.
- Gaetz, S., J. Donaldson, T. Richter, and T. Gulliver. 2013. *The state of homelessness in Canada 2013*. Canadian Homelessness Research Network Press: Toronto.
- Grant, R., D. Gracy, G. Goldsmith, A. Shapiro, and I.E. Redlener. 2013. Twenty-five years of child and family homelessness: Where are we now? *American Journal of Public Health* 103: 1-10.
- Gulliver-Garcia, T. 2016. *Putting an end to child and family homelessness in Canada*. Raising the Roof: Toronto.
- Hiebert, D. 2010. Newcomers in the Canadian housing market. *Canadian Issues*, Fall: 8-15.
- Howard, K. S., S. Cartwright, and R.G. Barajas. 2009. Examining the impact of parental risk on family functioning among homeless and housed families. *American Journal of Orthopsychiatry* 79: 326-335.
- Klodawsky, F., T. Aubry, and R. Nemiroff, R. 2014. Homeless immigrants' and refugees' health over time. In *Homelessness and Health in Canada*, ed. M. Guirguis-Younger, R. McNeil, and S.W. Hwang. Ottawa: University of Ottawa Press.
- Matheny, A. P., T.D. Wachs, J.L. Ludwig, and K. Phillips. 1995. Bringing order out of chaos: Psychometric characteristics of the confusion, hubbub, and order scale. *Journal of Applied Developmental Psychology* 16: 429-444.
- McChesney, K. Y. 1995. A review of the empirical literature on contemporary urban homeless families. *Social Service Review* 69: 429-460.
- Mental Health Commission of Canada. 2010. *At home/chez soi instrument protocol*. Author: Calgary.
- Murphy, J. 2010. *The settlement and integration needs of immigrants: A literature review*. Ottawa Local Immigration Partnership: Ottawa.
- Neufeld-Redekop, G. N., and J. Zamprelli. 2001. *Children and youth in homeless families: Shelter spaces and services*. Canada Mortgage and Housing Corporation: Ottawa.
- Newbold, K. B. 2005a. Self-rated health within the Canadian immigrant population: Risk and the healthy immigration effect. *Social Science & Medicine* 60: 1359-1370.
- Newbold, B. 2005b. Health status and health care of immigrants in Canada: A longitudinal analysis. *Journal of*

Health Services Research & Policy 10: 77-83.

- Ng, E., and W. Omariba. 2010. Is there a healthy immigrant effect in mental health? Evidences from population-based health surveys in Canada. *Canadian Issues*, Summer: 23-28.
- Nunez, R., and C. Fox. 1999. A snapshot of family homelessness across America. *Political Science Quarterly* 114: 289-307.
- Ottawa Local Immigration Partnership. 2011. *Ottawa immigration strategy: Planning together for prosperity, vibrancy and inclusion*. Author: Ottawa.
- Paradis, E., S. Novac, M. Sarty, and J.D. Hulchanski. 2008. *Better off in a shelter? A year of homelessness and housing among status immigrant, non-status migrant, and Canadian-born families*. Centre for Urban and Community Studies, Toronto: University of Toronto.
- Shinn, M. 2009. How psychologists can help to end homelessness. *In Psych: The Bulletin of the Australian Psychological Society*, 31: 8-11.
- Shinn, M., J.R. Knickman, and B.C. Weitzman. 1991. Social relationships and vulnerability to becoming homeless among poor families. *American Psychologist* 46: 1180-1187.
- Shinn, M., B.C. Weitzman, D. Stojanovic, J.R. Knickman, L. Jiménez, L. Duchon, S. James and D.H. Krantz. 1998. Predictors of homelessness among families in New York City: From shelter request to housing stability. *American Journal of Public Health* 88: 1651-1657.
- Skinner, H. A. 1982. The drug abuse screening test. *Addictive Behaviors*, 7: 363-371.
- Statistics Canada. 2014. *Low income lines, 2012-2013 (Income research paper series no. 75F0002M)*. Ottawa: Statistics Canada.
- Waegemakers Schiff, J. 2007. Homeless families in Canada: Discovering total families. *Families in Society*, 88, 131-140.
- Ware, J.E., M. Kosinski, and B. Gandek. 2002. *SF-36 health survey: Manual and interpretation guide*. Quality Metric Incorporated: Lincoln
- Ware, J. E., M. Kosinski, and S.D. Keller. 1996. A 12-item short-form health survey: Construction of scales and preliminary tests of reliability and validity. *Medical Care*, 34: 220-233.