

Pathways, Health, and Experiences of Homelessness among Foreign-Born Families

Alexia Polillo, BA

A thesis submitted to the
Faculty of Graduate and Postdoctoral Studies
in partial fulfillment of the requirements for the
Doctorate in Philosophy degree in Experimental Psychology

School of Psychology
Faculty of Social Sciences
University of Ottawa

© Alexia Polillo, Ottawa, Canada, 2019

Abstract

This thesis describes three studies that examined the experiences of foreign-born families staying in the emergency shelter system in Ottawa, Ontario, Canada. In the first study, timeline mapping and qualitative interviews were conducted with 13 Canadian-born and 23 foreign-born homeless families to understand the needs of these families and their pathways into homelessness. In the second study, data were drawn from quantitative interviews with 75 heads of families who were experiencing homelessness in Ottawa, Ontario, Canada. This cross-sectional study examined differences in mental and physical health, chronic medical conditions, access to care, unmet healthcare needs, and diagnoses of mental disorders between foreign-born and Canadian-born families. In the third study, in-depth interviews were used to explore the shelter experiences of 16 foreign-born adolescents and young adults (aged 16-21) who were residing in emergency shelters with their families.

Overall, findings from the three studies indicated that foreign-born families faced unique challenges before and during their homelessness. Moreover, some of these challenges were associated with adjusting to life in Canada. Challenges, such as staying housed and financially stable were common and led families to require shelter services. However, foreign-born families also reported positive experiences that may buffer some of the negative impacts associated with immigrating to a new country, housing instability, and homelessness. In the first study, more heterogeneity was found in the homeless pathways reported by foreign-born families than by Canadian-born families. The experiences they had prior to homelessness were also different across themes of poverty, health and substance use, interpersonal challenges, victimization, traumatic experiences, and stressful life events. In the second study, foreign-born heads of families reported better mental health and fewer chronic medical conditions than did Canadian-

born heads of families with a significantly lower proportion of foreign-born heads of families reporting having been diagnosed with a mental disorder. In the third study, youth described homeless shelters as stressful environments but also found that the shelters provided support to them and their families. Youth also discussed the various strategies they used to cope with the challenges of shelter life. Findings from the studies suggest that foreign-born families experiencing homelessness are a heterogeneous group with diverse needs and experiences who may require services that differ in type, duration, and intensity than those that may be required by Canadian-born families.

Acknowledgements

Thank you to the families who participated in this research and shared their deeply personal stories with me. I am moved by their honesty, strength, and resilience.

To my thesis supervisor, Dr. John Sylvestre. Without your encouragement and unwavering support, this doctoral degree would not have been possible. Thank you for supporting me during professional and personal setbacks and believing in me when I doubted myself. Thank you for creating a safe space for me to make mistakes and be myself throughout this journey. I am grateful to have you as my supervisor and mentor.

To my thesis committee members, Dr. Tim Aubry, Dr. Catherine Lee, and Dr. Dahlia Namian. Thank you for tirelessly reviewing my dissertation and providing me with your expertise, guidance, and thoughtful feedback. You have challenged me and made me a stronger researcher. I am honoured to have learned from you.

To my labmate, Nick Kerman. You set a standard for excellence that inspired me and pushed me to be a better researcher. Thank you for being on my team and providing me with advice, laughter, and support when I needed it most. Listening to loud music in the office and analyzing data in our converse are some of my happiest moments.

To my colleague and academic sister, Sheida Rabipour. You have made this doctoral degree magical and memorable. I am so humbled to be leaving this degree with a lifelong friend who I admire and respect. There is no progress without women like you.

To my sisters, Andria and Casandra Polillo. Even though I am your older sister, you have inspired me to be the best version of myself. You are relentless in the pursuit of your dreams and I am so lucky to share this life with you.

To my parents, Nadia and Pat Polillo. I would not be the woman I am today without your unconditional love, empathy, and acceptance. You have taught me how to work hard, stay focused, persevere, and chase my dreams with passion. I love you.

A special thank you to my best friend of 15 years, Brandon Laughton. You have held my hand throughout life and this doctoral degree. You have fiercely supported me, even during your own hardships. Your courage and authenticity inspire me every day. Thank you for loving me.

Statement of Co-Authorship

This thesis is comprised of three studies approved by the Office of Research Ethics and Integrity at the University of Ottawa (see Appendix A and B). Alexia Polillo served as the Principal Investigator for study one. She conducted a literature review, formulated research questions, and led the development of all aspects of the research, including data collection and analysis, managing of research assistants, and writing the manuscript. Dr. John Sylvestre served as the co-Principal Investigator for study one, co-author for all three studies, and supervised the doctoral thesis research by providing guidance and oversight throughout the research process and assisting with manuscript preparation and review for all three studies.

Data in study two and three were collected as part of the Families First Study in which Dr. John Sylvestre served as the Principal Investigator. For study two, Alexia Polillo was responsible for conducting a literature review, formulating research questions, analyzing quantitative data, writing the article, and coordinating with the journal editor. For study three, Alexia Polillo was responsible for conducting a literature review, formulating research questions, collecting data through qualitative interviews, analyzing qualitative data, writing the article, and coordinating with the journal editor.

Dr. Catherine M. Lee and Dr. Tim Aubry also served as co-investigators for the Families First study, are co-authors on study two and three, and serve as committee members for the doctoral thesis. Dr. Catherine M. Lee and Dr. Tim Aubry reviewed the manuscripts for study two and three. Nick Kerman contributed to the larger Families First study as a doctoral student, is a co-author on study two and three, and reviewed the manuscripts. Konrad Czechowski contributed to the larger Families First study as a research assistant and is a co-author on study three.

Table of Contents

Abstract.....	ii
Acknowledgements.....	iv
Statement of Co-Authorship.....	v
Table of Contents.....	vi
List of Tables.....	ix
Structure and Scope of the Thesis.....	1
General Introduction.....	4
Factors Associated with Family Homelessness.....	4
The Shelter Experiences of Families.....	8
Immigration: Definitions, Process, and Programs.....	11
Housing Challenges Facing Immigrants and Refugees.....	15
Homelessness among Immigrants and Refugees.....	19
A Need for Pathways Research.....	25
Overview of Current Research.....	32
Contribution to the Literature.....	34
Study One: Qualitative Study of Homeless Pathways.....	37
Abstract.....	38
Introduction.....	39
Methods.....	45
Results.....	48
Discussion.....	65
References.....	73

Study Two: Quantitative Study of Health Experiences.....	81
Abstract.....	82
Introduction.....	83
Methods.....	85
Results.....	88
Discussion.....	93
References.....	98
Study Three: Qualitative Study of Youths' Shelter Experiences.....	104
Abstract.....	105
Introduction.....	106
Methods.....	112
Results.....	118
Discussion.....	128
References.....	136
General Discussion.....	143
References.....	159
Appendix A: Ethics Approval for Families First Study.....	176
Appendix B: Ethics Approval for Pathways Study.....	178
Appendix C: Study One Recruitment Script.....	180
Appendix D: Study One Poster.....	182
Appendix E: Study One Consent Form.....	183
Appendix F: Study One Demographic Survey.....	186
Appendix G: Study One Interview Guide.....	188

Appendix H: Study One Timeline Example.....	191
Appendix I: Study Two Recruitment Script.....	192
Appendix J: Study Two Consent Form.....	194
Appendix K: Study Three Focus Group Recruitment Form.....	199
Appendix L: Study Three Consent Form for Focus Group One.....	201
Appendix M: Study Three Interview Guide for Focus Group One.....	204
Appendix N: Study Three Interview Recruitment Form.....	206
Appendix O: Study Three Consent Form for Interviews.....	208
Appendix P: Study Three Interview Guide.....	212
Appendix Q: Study Three Consent Form for Focus Group Two.....	215
Appendix R: Study Three Interview Guide for Focus Group Two.....	219

List of Tables

Table 1. Studies Examining the Experiences of Accompanied Youth in Shelters.....	29
Table 2. Studies Examining the Experiences of Foreign-Born Individuals and Heads of Families Residing in Emergency Shelters.....	30
Table 1a. Socio-Demographic Variables among Canadian-Born and Foreign-Born Heads of Families.....	50
Table 2a. Summary of Codes Associated with the Experiences of Canadian-Born and Foreign- Born Heads of Families Prior to Homelessness.....	54
Table 1b. Characteristics of Canadian-Born and Foreign-Born Participants.....	89
Table 2b. Results of t-tests and Descriptive Statistics for Mental Health, Physical Health, and Chronic Medical Conditions.....	91
Table 3b. Results of Chi-Square for the Five Most Commonly Cited Medical Conditions.....	92
Table 1c. Main Themes, Subthemes, and Initial Codes Related to the Experiences of Youth in Shelter.....	116

Structure and Scope of the Thesis

Every year, a large number of individuals and families leave their home countries to come to Canada. In 2018, Canada welcomed 303,257 immigrants and refugees (Immigration, Refugees and Citizenship Canada [IRCC], Government of Canada, 2018a) and these numbers will increase by 15% in 2021 (IRCC, Government of Canada, 2018b). When foreign-born individuals arrive in Canada, they may experience a range of challenges related to adjustment and settlement, such as unemployment, low wages, language difficulties, small social networks, and discrimination (Bérubé, 2010; Francis & Hiebert, 2014; Hiebert, D'Addario, & Sherrell, 2009; Murdie, 2008; Preston et al., 2009; Sherrell, D'Addario, & Hiebert, 2007; Sherrell, 2010; Teixeira, 2009, 2014). These challenges can prevent some foreign-born individuals from securing safe and affordable housing, which may increase their risk of homelessness (Fiedler, Schuurman, & Hyndman, 2006).

In more recent years, there has been a dramatic increase in the number of newcomer families who have used emergency shelters in Ottawa (Alliance to End Homelessness Ottawa, 2018). In 2014, only 4% of families living in Ottawa's shelters were newcomers, whereas in 2017, this percentage rose to 36% (Alliance to End Homelessness Ottawa, 2018). Notably, these reports do not include foreign-born families who are staying in violence against women shelters or those who are homeless but living on the streets or doubled-up with friends or family.

Foreign-born families can stay in the shelter for over a year while they wait for social housing and decisions to be made on their refugee claims (Alliance to End Homelessness Ottawa, 2018). Despite their long shelter stays, some of these families may have their claims rejected and be asked to leave the country. For those families that stay, little is known about their experiences and the impact homelessness and immigration may have on them.

A few studies have compared the experiences of foreign-born families to those of Canadian-born families living in emergency shelters. These studies have found that foreign-born families may become homeless for different reasons than Canadian-born families, and they may have different social, financial, health, and housing needs (Klodawsky, Aubry, Behnia, Nicholson, & Young, 2005; Paradis, Novac, Sarty, & Hulchanski, 2010). However, more research is needed to explore the experiences of foreign-born families prior to becoming homeless and to gain an in-depth understanding of their needs. The thesis addresses a broad research question: What are the experiences of foreign-born homeless families and how do their experiences compare to those of Canadian-born families living in the emergency shelter system?

The thesis is presented as a series of three studies. Study one explored the pathways into homelessness for foreign-born families and compared these pathways to those of Canadian-born families staying in emergency family shelters. Data were collected from 36 adult heads of families, 23 foreign-born and 13 Canadian-born, using timeline mapping and in-depth qualitative interviews. The semi-structured interview protocol included questions on families' housing histories in the four years prior to homelessness, housing quality, reasons for homelessness and housing transitions, immigration, significant life events, services and supports, the connection between life before the shelter and life in the shelter, strengths and challenges, and thoughts about the future. Data were analyzed using a general inductive approach, first and second cycle coding, and cross-case matrices (Miles, Huberman, & Saldaña, 2014).

In study two, data were drawn from baseline assessments of a study on homeless families staying in the emergency shelter system. This study explored differences in the mental and physical health of 75 adult heads of families based on country of birth (foreign-born and Canadian-born), as well as other areas of health, such as unmet healthcare needs, access to care,

diagnoses of mental disorders, and chronic medical conditions. Independent-samples t-tests were conducted to assess differences between foreign-born and Canadian-born participants in self-reported mental and physical health, as well as differences in the mean number of chronic medical conditions. Chi-square tests were also used to determine differences between foreign-born and Canadian-born heads of families in the five most commonly cited medical conditions, diagnoses of mental disorders, access to care, and unmet healthcare needs.

Study three examined the shelter experiences of 16 foreign-born youth who were living in the emergency shelter system with their families. Youth were recruited from two family homeless shelters by staff from a local community health center that ran programs for children and youth in shelters. Data were collected in three steps. First, an initial focus group was conducted with five youth to discuss questions and issues that they felt should be explored in the subsequent interviews. Next, in-depth qualitative interviews were conducted with 16 youth using a semi-structured interview guide that covered themes, such as pathways into the shelter, shelter experiences, life changes, and thoughts about the future. Lastly, a final focus group took place nine months after the interviews to share and validate the findings with youth in the shelter. Qualitative data were analyzed using the approach described in the first study.

General Introduction

The thesis was designed to increase our understanding of the needs and experiences of foreign-born families who are experiencing homelessness. First, to outline the background research for the thesis, the risk factors and possible causes of family homelessness will be reviewed. Second, the shelter experiences of homeless families will be presented. Third, the definitions, processes, and settlement programs associated with immigrating to Canada will be described. Fourth, housing challenges facing immigrants and refugees in Canada will be discussed. Finally, homelessness among immigrants and refugees in Canada will be examined. Following the review of past research, one manuscript and two published articles present study methodology and results. The thesis will conclude with a general discussion that summarizes findings from the three studies and addresses limitations, avenues for future research, and implications for policy and the provision of services.

Factors Associated with Family Homelessness

What is Family Homelessness?

Homelessness is defined as an individual or family without stable, permanent, appropriate housing, or the prospect or means of acquiring it (The Canadian Observatory on Homelessness, 2012). A homeless family may consist of at least one parent or legal guardian and one or more children under the age of 18 (McChesney, 1995). Homeless families can also include dependents, such as extended family members and biological or nonbiological children. Homeless families may take refuge in places like emergency shelters, on the streets, in hotels/motels, or with friends and family (Bassuk, 1990; Gaubatz, 2001; Nunez & Fox, 1999).

In Canada, a significant minority of families did not have sufficient income to meet their basic needs. According to a report by Employment and Social Development Canada (2016), in

2014, 8.8% of Canadians had incomes that were below the poverty line and 26.0% of those families were led by single mothers. Eight percent of Canadian families were also experiencing moderate to severe food insecurity. These challenges can put families at risk of becoming homeless and entering the formal shelter system (Gaetz, Donaldson, Richter, & Gulliver, 2013; Gaetz, Gulliver, & Richter, 2014).

Who is at Risk of Becoming Homeless?

To gain a more comprehensive understanding of family homelessness, it is important to understand structural and family risk factors. The study of structural and family risk factors has been a main focus of research. Structural risk factors can be embedded within our economic, governmental, legal, and organizational policies (Marshall, Kerr, Shoveller, Montaner, & Wood, 2009) and may increase the likelihood of family homelessness (Johnson, Scutella, Tseng, & Wood, 2015). Past research has identified structural risk factors as a lack of affordable housing, limited job opportunities with a sufficient wage, discrimination, poverty, unaffordable childcare, and a lack of available services and supports (Buckland, Jackson, Roberts, & Smith, 2001; Gaetz et al., 2013; Gaubatz, 2001; McArthur, Zubrzycki, Rochester, & Thomson, 2006; McChesney, 1995).

Family risk factors are characteristics, attributes, or circumstances that may leave some people more or less vulnerable to homelessness (Johnson et al., 2015). Previous research has identified family risk factors as disruptions during childhood (e.g., childhood victimization), violence and abuse, single parenthood, ethnoracial minority groups, frequent and recent moves, current pregnancy, a lack of social support, mental health problems, education and skills deficits, and substance use (Bassuk et al., 1997; Gaubatz, 2001; Howard, Cartwright, Barajas, 2009; McChesney, 1995; Shinn et al., 1998).

Family homelessness is a complex social problem and these structural and family risk factors may interact and influence the degree to which a family is vulnerable to homelessness (Gaetz et al., 2013). However, little is known about how these risk factors interact and lead to homelessness for families. It is unclear if families who experience multiple risk factors have a higher risk of homelessness than do families with one risk factor and the role structural risk factors play in families becoming homeless. Future research should study these risk factors and the possible causes of homelessness as interacting processes that may contribute to homelessness rather than isolated variables.

How Do Families Become Homeless?

Investigating the possible causes of homelessness has been a popular area of focus for research involving homeless single adults. In some studies, the reported causes of homelessness for single adults were a loss of housing due to financial issues, incidents of violence and abuse, substance use and mental health issues that impacted an individual's ability to maintain housing and finances, breakdown of relationships with family members or friends who were a main source of support, and transitioning out of a system like prison or foster care (Chamberlain & Johnson, 2011; Smith, 2009; van Laere, de Wit, & Klazinga, 2009). Similar to research involving single adults, loss of housing, violence and abuse, and relationship breakdown have also been found to be possible causes of homelessness for families.

The breakdown of relationships with family and friends has been found to be a possible cause of family homelessness. Studies suggest that prior to homelessness, families may have weak social ties and small social networks that offer minimal support during times of crisis (Bassuk, 1993; Bassuk et al. 1996). A study by Bassuk and Rosenberg (1988) compared the social support networks of 49 homeless families and 81 poor, housed families. Homeless

families had smaller support networks, they relied on their children for support more than housed families, and they had less contact with individuals in their support networks. More recently, in a qualitative study by Sylvestre, Kerman, Polillo, Lee, Aubry, and Czechowski (2017a), social isolation was identified by heads of families as a factor leading to their homelessness. Families who found themselves homeless reported that they did not have friends or family to turn to during times of struggle and if they did have social support, these networks were not able to meet their housing needs.

The loss of housing is an obvious factor that can lead families into homelessness. Some homeless families may experience housing instability in the form of frequent moves, poor quality housing, and overcrowded living situations, which can increase the risk of homelessness for families (Paradis, Wilson, & Logan, 2014; Shinn et al., 1998). Adult heads of families have also reported experiencing financial struggles prior to homelessness, such as difficulty paying rent due to low wages, losing a source of income as a result of divorce or a relationship ending, and increases in rent by landlords (Kirkman, Keys, Bodzak, & Turner, 2015; Sylvestre et al., 2017a). Similarly, in a quantitative study which involved interviews with 75 homeless families in Ottawa's family shelters, financial difficulties such as unemployment, insufficient income, and inability to pay first and last month's rent were identified by families as barriers to accessing housing (Sylvestre et al., 2017b).

Lastly, previous studies have found an association between fleeing a violent partner and becoming homeless. Research suggests that domestic violence is a reported cause of homelessness for some families (Kirkman et al., 2015) and the shelter system may act as a safe space for families who are leaving an abusive environment (Public Health Agency of Canada, 2012). In a sample of 777 homeless parents in the U.S., more than 76% had left their partner or

spouse because of violence and abuse (Nunez & Fox, 1999). Furthermore, for homeless families, violence often occurred with other events, including marriage breakdown and being evicted (Zamprelli, 2003).

Although research on the possible causes of homelessness may help identify factors or events that lead some families into homelessness, it does not explain the process by which families become homeless, how families move through this process, and how they experience instability. It is unclear if families experience a gradual descent into homelessness with multiple factors working together over time or if there is a single factor or event that triggers it. There is a need to better understand this process and how it influences the shelter experiences of families.

The Shelter Experiences of Families

Experiences of Adult Heads of Families in Shelters

Safety and security. Qualitative studies have elicited positive and negative shelter experiences from adult heads of families. For some adults, access to a family shelter provides a sense of relief and safety. In a study of 28 homeless families, heads of families reported feelings of safety while in the shelter and this safety was influenced by the sense of support they felt by other residents and shelter staff (Tischler, Rademeyer, & Vostanis, 2007). The time spent in a shelter helped them gain a sense of independence and provided them with a safe and secure place to live, especially for women and children that were fleeing violence and abuse (Goldstein, 2007; Styron, Janoff-Bulman, & Davidson, 2000; Tischler et al., 2007). In a study of 30 homeless families in New York, Goldstein (2007) found that heads of families viewed the shelter as a safe space for families and spoke positively about the shelter rules. Caseworkers in the shelter fostered this sense of safety by helping families during times of need and connecting them to resources in the community making life in the shelter more manageable.

Challenging shelter environments. Despite increased feelings of safety, the shelter environments are frequently characterized as restrictive. Adult heads of families in a study by Averitt (2003) described how shelter rules placed restrictions on their day-to-day routines with some believing that shelter staff used rules to control them. Choi and Snyder (1999) interviewed 50 homeless parents who also spoke about the loss of privacy, freedom, and peace that came along with living in a restrictive shelter environment. Families also had concerns about the long-term impacts that the shelter could have on their children. Other difficulties included poor treatment by shelter staff, a loss of privacy, the challenge of sharing space with other residents, and poor quality facilities (Averitt, 2003; Goldstein, 2007; Kissman, 1999; Styron et al., 2000; Sylvestre et al., 2017a; Tischler et al., 2007).

Emotional distress. A common finding is that adult heads of families report emotional distress during their shelter stays, particularly when these stays are lengthy. This stress can arise from the living conditions in the shelter, the uncertainty of when they will exit to housing, and doubts about their ability to provide for their children (Averitt, 2003; Choi & Snyder, 1999; Goldstein, 2008; Kissman, 1999; Schindler & Coley, 2007). Feelings of powerlessness, guilt, low self-esteem, anger, and worthlessness were common among homeless mothers. Heads of families reported feelings of depression, psychological distress, suicidal thoughts, and stress (Averitt, 2003; Goldstein, 2007; Kirkman, Keys, Bodzak, & Turner, 2010; Styron et al., 2000; Sylvestre et al., 2017a; Tischler et al., 2007). It is unclear, however, the extent to which these experiences are solely the result of living in a shelter, or the product of periods of poverty and instability that may precede shelter stays.

Experiences of Young People in Shelters

Although there has been some research on the consequences of shelter stays on homeless children and unaccompanied youth, there is little on homeless youth residing with their families in shelters and no research involving foreign-born accompanied youth. Table 1 presents two studies that have examined the experiences of youth who are staying in emergency shelters with their families. However, because of the time period and country in which these studies were conducted, they may not be relevant to Canadian youth who are experiencing homelessness in the present day. Furthermore, these studies did not include the experiences of youth who were born outside of Canada but included the perspectives of children. The experiences of children may differ from those of youth who are at a critical developmental stage.

Penuel and Davey (1999) conducted qualitative interviews with 17 children and youth living in the U.S. (ages 8 to 14) about their experiences in two family shelters. They found that some children and youth did not view the shelter as a home because it lacked privacy, space, and their personal belongings. In contrast, others viewed the shelter as a home because it provided a roof over their heads and it was a place for family bonding. Although families were living in shelter indefinitely, children and youth reported that they avoided telling friends that they lived in a shelter, which, ultimately, had a negative impact on their friendships. Because of the aim and design of qualitative research, these findings may not be generalizable to the experiences of homeless youth beyond this study. Further, studies conducted in the U.S. during the 1990s may not be relevant to the current Canadian context because of differences in immigration and social policies, healthcare, and ethnoracial diversity. Thus, more recent Canadian studies are warranted.

A larger scale Canadian study by Neufeld-Redekop and Zamprelli (2007) surveyed the experiences of children and youth staying in 64 family violence shelters, 33 general emergency shelters, and 15 temporary shelters from 1999 to 2000. One of the primary challenges reported

by the shelters was overcrowding. Similar to Penuel and Davey's (1999) findings, challenges associated with the shelter environment were also reported, including insufficient space. However, Neufeld-Redekop and Zamprelli's (2007) findings suggest that children and youth may face additional challenges, including difficulties with self-esteem and well-being, and behavioural, social, and educational issues. Counselling for children and youth was also limited at emergency and temporary shelters (e.g., motels, hotels). Despite the strengths (e.g., sample size, sampling strategy) of this study compared to Penuel and Davey's (1999) study, it is unknown whether these findings are applicable to the current experiences of Canadian homeless families.

Study three was designed to address the urgent need to better understand the shelter experiences of foreign-born youth experiencing homelessness with their families. It was also developed to add research to the knowledge base on newcomer family homelessness that reflects the current Canadian context and explore pertinent findings from past research by including them as questions in the semi-structured interview guide (e.g. shelter environment, interpersonal relationships, health, access to services, personal well-being).

Immigration: Definitions, Process, and Programs

Historically, compared to the U.S., Canada's approach to immigration has differed by selection processes. Immigration policies in the U.S. have prioritized family reunification, whereas Canadian policies have focused on admitting immigrants based on their skills, employment, and education (Hiebert, 2006; Kaushal & Lu, 2016). Compared to Canada, the U.S. also has a larger presence of undocumented immigrants from Mexico (Picot & Hou, 2011). Canada's immigration policies have also evolved over time. Restrictions placed on immigrants from countries in the eastern hemisphere were lifted and Canada's point system in the 1990s

changed to include increases in skilled workers with high levels of education and language proficiencies in English and French (Greenwood & McDowell, 1991; Hiebert, 2006). More recently, the ethnoracial diversity of Canada's immigrant population has also changed from mostly European immigrants to include immigrants from predominantly Asian countries (Statistics Canada, 2017a). Further, the characteristics of incoming refugees and Canada's commitment to resettle refugees from specific countries vary according to shifts in international conflict.

There are also differences between the U.S. and Canada in regard to healthcare and social programs. Canada has publicly funded systems of universal health insurance, whereas the U.S. has a mix of private and publicly funded systems resulting in a number of Americans living without health insurance (Béland & Waddan, 2019; Kaushal & Lu, 2016). Social programs in Canada also offer higher levels of financial support than those in the U.S. which are almost entirely wage- and employment-based (Hoynes & Stabile, 2017). Even within Canada, available supports, rates and patterns of homelessness, shelter policies, and family characteristics can vary from region to region (Waegemakers Schiff, 2007). In Canada, these systems have also shifted over time through changes in spending on affordable and social housing, healthcare, education, and government funded subsidy programs (Gaetz, 2010).

Immigrants include individuals or families who have chosen to settle permanently in another country (Citizenship and Immigration Canada [CIC], Government of Canada, 2015). The Canadian Government divides immigrants into two groups: economic class and family class. The economic class consists of skilled workers, live-in caregivers, entrepreneurs, investors, and other individuals or groups that can meet the needs of Canada's economy. On the other hand, family class immigrants have to be sponsored by family members who are permanent residents or

Canadian Citizens. Furthermore, these sponsors are required to financially support family class immigrants for a certain period of time (CIC, Government of Canada, 2015).

Both economic and family class immigrants can apply for permanent residence from outside Canada or within Canada. The application process varies according to the class and the type of work. A point system is used to determine the eligibility of applicants based on factors that could impact the success of immigrants in Canada. These factors include: job skills, financial stability, employment experience, and family sponsors. Once the application is accepted, permanent resident status is granted, and these individuals or families are eligible for Canadian Citizenship after three years of residence in Canada (Canadian Citizenship and Immigration Resource Center, n.d.).

Refugees are individuals or families who leave their country of origin because they fear persecution and their safety has been threatened (CIC, Government of Canada, 2016). Refugees can seek protection from within Canada through the In-Canada Asylum Program (refugee claimants) or from outside of Canada through the Refugee and Humanitarian Resettlement Program. Refugees seeking protection from outside of Canada must be referred through an organization like the United Nations Refugee Agency or a privately sponsored group (CIC, Government of Canada, 2016). This group of refugees are considered resettled refugees because they are granted permanent resident status when they arrive in Canada (Ontario Council of Agencies Serving Immigrants, 2016).

Refugees who seek protection once in Canada can file a refugee claim at a CIC office or at an entry location like an airport or land border. Once refugees complete the application process and file a claim, a hearing will be scheduled with the Immigration and Refugee Board of Canada (Immigration and Refugee Board of Canada [IRB], Government of Canada, 2016).

During these hearings, refugees must prove that their lives would be in significant danger if they returned to their country of origin. The IRB is responsible for reviewing refugee claims and determining the status of refugees (IRB, Government of Canada, 2016). If the IRB accepts the claim, refugee claimants can apply for permanent resident status; if the claim is rejected, refugee claimants must return to their home countries. However, there are opportunities to appeal and re-review rejected claims (IRB, Government of Canada, 2016).

In 2017, 71.4 million individuals were displaced worldwide (United Nations High Commission for Refugees [UNHCR], 2017). Canada is one of the primary resettlement countries for displaced persons, including refugees and individuals seeking asylum. (UNHCR, 2012, 2016). In 2016, foreign-born individuals represented 21.9% of the Canadian population (Statistics Canada, 2017a). These statistics do not take into account nonpermanent residents like refugee claimants or individuals who are in Canada on a work or study permit (Statistics Canada, 2010; Statistics Canada, 2013a). A few years later in 2018, Canada welcomed 303,257 immigrants and refugees (IRCC, Government of Canada, 2018a) and these numbers will increase by 15% in 2021 (IRCC, Government of Canada, 2018b).

Immigrants and refugees arrive in Canada from numerous countries. Some refugees who resettle in Canada originate from countries such as Afghanistan, Democratic Republic of Congo, Sudan, Somalia, and Iran (Statistics Canada, 2013a) and the migration of refugees from these countries may change according to the conflicts that are happening worldwide (Murdie, 2010). For example, in 2015, Canada made a commitment to resettle 25,000 Syrian refugees as a result of the Syrian civil war (Global Affairs Canada, Government of Canada, 2016).

When immigrants and refugees arrive in Canada, they may relocate to large urban cities or more rural locations (Statistics Canada, 2013a). Ottawa is a popular destination for

immigrants and refugees. In 2016, there were 255,800 immigrants and 17,200 individuals without permanent resident status living in the Ottawa and Gatineau areas (Statistics Canada, 2017b). Some immigrants living in Ottawa may have higher unemployment rates, lower incomes, and larger family sizes than the general population and these challenges could make it difficult for them to find affordable housing (Social Planning Council of Ottawa, 2009).

Resettlement assistance is also available to individuals and families who immigrate to Canada. The Resettlement Assistance Program provides income support to government-assisted refugees (GAR) for one year (IRCC, Government of Canada, 2018c). These funds are used to help GARs with finding a place to live, getting transportation from the airport, and purchasing household items. The Immigration Loans Program also helps cover travel-related costs to Canada for GARs and the Interim Federal Health Program provides temporary coverage of healthcare benefits to GARs and refugee claimants (IRCC, Government of Canada, 2017, 2018c).

There are also nongovernmental service provider organizations that offer support to GARs in the form of counselling, information sessions, referrals to community resources, translation services, and employment and language workshops. Less support, both governmental and nongovernmental, is available to refugee claimants. However, they are eligible to receive financial assistance along with Canadian Citizens and permanent residents (Ontario Council of Agencies Serving Immigrants, 2015)

Housing Challenges Facing Immigrants and Refugees

Barriers to Housing

There is a paucity of research on the experiences of foreign-born families experiencing homelessness and even less that has been peer reviewed and published in scholarly journals. The

studies that do exist are limited by small sample sizes, cross-sectional designs, and have low internal and external validity. Because of the challenges facing foreign-born populations, including barriers to stability, a mistrust of researchers, and having a precarious legal status, conducting methodologically rigorous research can be difficult and is vulnerable to high attrition rates, and sampling and response bias.

Drawing from the substantial amount of research on the experiences of foreign-born individuals, barriers to finding housing within this population include: conflicts with landlords, a lack of social support, an uncertain legal status, language barriers, unemployment, low wages, insufficient knowledge of the housing and labour market, a lack of affordable housing, discrimination, and a lack of reliable housing information (Bérubé, 2010; Francis & Hiebert, 2014; Hiebert et al., 2009; Murdie, 2008; Preston et al., 2009; Sherrell et al., 2007; Sherrell, 2010; Teixeira, 2009, 2014).

Securing good quality housing is an indicator of successful integration into a new country, however, this process may take longer for refugees (Murdie, 2002). It could also take longer to find housing for individuals from visible minority groups due to discrimination in the housing market (Francis, 2010). In a study by Murdie (2002), Polish immigrants reportedly experienced less discrimination and more success in securing good quality housing than did Somali immigrants. Other factors that contributed to these differences were higher education and income levels and smaller family sizes for Polish immigrants. They also relied on Polish communities in Toronto to overcome language barriers and housing search difficulties.

The Search for Housing

To find housing, immigrants and refugees rely on a variety of information sources, such as family, friends, housing support workers, sponsors, and media in the form of newspapers and

the Internet (Murdie, 2008; Preston et al., 2009; Rose, 2001; Sherrell et al., 2007; Teixeira, 2014). Although these sources of information can be helpful to immigrants and refugees, the information may not be reliable. Some immigrants and refugees may be provided with conflicting information from multiple sources leading to poor decision-making regarding the size, price, location, and quality of housing (Carter, Polevychok, & Osborne, 2009). According to Carter et al. (2009), a common concern expressed by some refugees living in Toronto was that there were no resources in the community that could provide them with reliable housing information and housing search assistance.

Due to language barriers and low literacy skills, some immigrants and refugees may also have difficulty negotiating with landlords and understanding application forms, contracts, and reference letters (Carter et al., 2009; Preston et al., 2009). A study by Sherrell (2010) found that having access to a housing support worker through a community-based program was a vital resource for many immigrants and refugees because it allowed them to better navigate the housing market and complete important documentation. While the search for housing can be a long and difficult process for some immigrants and refugees, challenges may also arise once they are housed.

Housing and Homelessness

Once housed, immigrants and refugees may struggle to pay their rent and furnish their homes. They may also experience discrimination by their landlords because of their age, income, immigration status, and ethno-racial background (Murdie, 2008; Preston et al., 2009; Teixeira, 2014). It can also be common for issues with landlords to go unresolved because immigrants and refugees may not know their rights as tenants (Carter et al., 2009; Preston et al., 2009).

Even though immigrants and refugees can face a number of housing challenges, they still report high levels of housing satisfaction (Carter et al., 2009; Rose, 2001). In a study by Rose and Ray (2001), 407 refugee claimants living in Montreal reported high levels of housing satisfaction, despite many of them living in poor quality conditions. However, the standards participants used to evaluate their housing were unknown. Specifically, participants may have been comparing their housing in Montreal to housing in their home countries, which may have been in worse condition. Similarly, in a mixed-methods study with 75 refugees, Carter et al. (2009) found that refugees reported high levels of housing satisfaction but this satisfaction decreased by the second and third year of the study, especially in regard to the way they perceived the physical structure of their home. In qualitative interviews with participants, they associated decreases in their housing satisfaction with a better understanding of the housing conditions in Canada and felt more comfortable expressing their concerns by the third year of the study.

Another challenge immigrants and refugees may face is housing affordability with some immigrants and refugees spending over 30 percent of their income on housing costs (Murdie, 2010; Preston et al., 2009). Because immigrants and refugees are forced to spend a high percentage of their income on housing, due to low wages and high housing costs, it can increase their risk of homelessness, as well as compromise their ability to purchase food of sufficient amount and quality or meet the basic needs of family members (Carter et al., 2009; Preston et al., 2009; Rose, 2001; Sherrell et al., 2007; Sherrell, 2010; Teixeira, 2011, 2014). Immigrants and refugees are also at risk of homelessness due to poverty, difficulty finding employment, low wages, delays in obtaining work permits, mental health issues, decreases in funding for social

programs, and non-transferable education and employment credentials (Access Alliance Multicultural Health and Community Services, 2003; Enns, 2005).

To prevent homelessness and alleviate financial strain, immigrants and refugees may pool their income with others, live in overcrowded dwellings with friends and family of the same ethnic background, or live in poor quality basement suites (Preston et al. 2009; Sherrell, 2010; Teixeira, 2009, 2014). Although these living arrangements raise a number of safety concerns, they do help immigrants and refugees adapt to a new culture and housing market while improving their financial situation (Teixeira, 2014). For individuals that are living doubled-up with friends and family, it can also be difficult for researchers to estimate the rates of homelessness within this group because these individuals are hidden (D’Addario, Hiebert, & Sherrell, 2007; Enns, 2005; Fiedler et al., 2006; Hiebert et al., 2009; Teixeira, 2014).

Homelessness among Immigrants and Refugees

Individuals. During their first ten years in Canada, some immigrants and refugees may be at risk of becoming homeless (Hiebert et al., 2009). Whereas some immigrants and refugees use the formal shelter system, others avoid it because they fear deportation and jeopardizing their eventual citizenship (Sherrell et al., 2007).

Those immigrants who do enter the shelter system might be in relatively good health in comparison to Canadian-born homeless individuals. “The healthy immigrant effect” is most common in individuals who have recently immigrated to a new country and who report better health than their native-born counterparts. Over time, the health of these immigrants tends to decline, eventually meeting the health of Canadian-born individuals—A finding that some have attributed to the development of unhealthy behaviors like smoking, drinking alcohol, and

reduced physical activity (Newbold, 2010; Newbold & Danforth, 2003; Vang, Sigouin, Flenon, & Gagnon, 2015).

Emerging health problems experienced by foreign-born individuals can also be exacerbated by barriers accessing needed services and supports. These can include language barriers and communication difficulties, cultural differences and difficulty building doctor–patient relationships (Campbell, Klei, Hodges, Fisman, & Kitto, 2014; Kirmayer et al., 2011). As a result, compared to Canadian-born individuals, immigrants and refugees tend to have low rates of health service use and more unmet healthcare needs (Beiser, 2005; DesMeules et al., 2004; Newbold, 2005, 2010; Newbold & Danforth, 2003), which may, in turn, contribute to deteriorating health.

Table 2 presents an overview of two studies that examined the health and healthcare experiences of foreign-born individuals experiencing homelessness. In a large scale study with 1,189 homeless individuals living in Toronto’s emergency shelters, validated measures were used to compare the health of recent homeless immigrants (<10 years since immigration) to the health of nonrecent homeless immigrants (<10 years since immigration) and Canadian-born homeless individuals (Chiu, Redelmeier, Tolomiczenko, Kiss, & Hwang, 2009). Recent homeless immigrants reported fewer substance use problems, mental health problems, and chronic medical conditions than did nonrecent homeless immigrants or Canadian-born homeless individuals. Furthermore, recent homeless immigrants reported better physical health than did the other two groups (Chiu et al., 2009)

In another study, Klodawsky, Aubry, and Nemiroff (2014) examined the health of 45 foreign-born and 45 Canadian-born matched participants living in Ottawa’s emergency shelters using similar measures as Chiu et al. (2009). However, this study did not differentiate between

recent and nonrecent newcomers to Canada. Nevertheless, foreign-born participants reported better mental and physical health than did Canadian-born participants and they reported fewer chronic medical conditions and substance use problems. This pattern may be partially explained by Canada's health screening criteria that restrict admission to immigrants who are in good health when they enter the country (Vang et al., 2015), as well as differences between groups in the willingness to disclose problems. Because the studies by Chiu et al. (2009) and Klodawsky et al. (2014) examined mostly homeless individuals, it is unknown if, and to what extent, these findings are generalizable to other homeless subpopulations, such as foreign-born families. Further, although understanding health disparities was the main focus of each study, Klodawsky et al. (2014) also minimally explored the healthcare needs of foreign-born individuals but more research is required.

Based on these studies, study two was developed to investigate differences in mental and physical health among foreign-born and Canadian-born heads of families using measures similar to those used by Chiu et al. (2009) and Klodawsky et al. (2014). Study two was also designed to make new contributions to the literature by including variables that assessed unmet health care needs, access to care, and diagnoses of mental disorders in a sample of foreign-born heads of families experiencing homelessness.

Families. In Canada, some immigrant and refugee families enter the formal shelter system (Sylvestre, Kerman, Polillo, Aubry, & Lee, 2015). In a sample of 687 families residing in Ottawa's family shelters, Sylvestre et al. (2015) reported that 25% of homeless families were permanent residents and 14% were refugee claimants. According to Paradis and colleagues (2010), some refugees may use the shelter as a form of housing, while they wait for decisions to be made regarding their citizenship status. However, shelters may not be able to meet the needs

of these families. For example, a study conducted by Access Alliance Multicultural Health and Community Services (2003) examined the experiences of immigrants and refugees residing in Toronto's shelters and drop-ins for single men and women. The study found that using a shelter and drop-in was challenging for immigrants and refugees because they experienced discrimination by staff, the shelter lacked culturally appropriate services, and staff had difficulties with language and translation. The staff also lacked basic information on Canada's immigration policies and there was a lack of coordination between shelters, drop-ins, legal clinics, community health centres, and settlement organizations. The extent to which these experiences can be applied to immigrant and refugee families staying in the family shelter system is unknown.

Although there is a limited amount of research on the pathways into homelessness for foreign-born families, most of what we do know comes from research reports which have found differences between foreign-born heads of families and their Canadian-born counterparts. One report examined the main reasons or causes of homelessness for these families. In a report by the City of Toronto (2001), 24% of families cited refugee claimant status as the main reason for shelter-entry in 1999 and this percentage increased to 27% in 2000. Furthermore, the highest increases were found in the family shelter system. When compared to other groups such as immigrants and sponsored refugees, refugee claimants are the most vulnerable to homelessness, because they have limited access to federal settlement programs as previously mentioned (D'Addario et al., 2007; Sherrell et al., 2007).

Table 2 outlines two qualitative studies that investigated the reported causes of homelessness among foreign-born families. A Canadian panel study by Aubry and colleagues (2003) examined the experiences of 412 homeless individuals living in Ottawa's emergency

shelters. The sample was further divided up into subgroups: single adult men, single adult women, male youth, female youth, and adults in families. In a subsequent report by Klodawsky et al. (2005) data from the panel study were used to compare the reported causes of homelessness for 99 foreign-born and 78 Canadian-born matched participants. The sample consisted of foreign- and Canadian-born participants from each of the five homeless subgroups (adult men and women, male and female youth, and adults in families). The study found that 26% of foreign-born individuals reported difficulties paying rent as the cause of their homelessness in comparison to 14% of Canadian-born participants. More foreign-born participants (24%) than Canadian-born participants (13%) cited family conflict as the cause of their homelessness, whereas Canadian-born participants (15%) were more likely to attribute their homelessness to substance use or an exit from a medical/correctional facility than were foreign-born participants (4%).

A qualitative study by Paradis and colleagues (2010) also examined the reported causes of homelessness, but unlike the panel study (Klodawsky et al. 2005), they included the perspectives of both permanent residents and refugee claimants. They also explored families' experiences with housing instability. Among this sample of 91 female-headed families, 50 Canadian-born women and 41 immigrant/refugee women, were divided into three groups: (a) Canadian-born women, (b) immigrant women with permanent resident status, and (c) immigrant women without permanent resident status, including refugee claimants. These women were recruited from city-run shelters in Toronto where they lived with their children. During the data collection process, participants were interviewed three times over the course of a year.

The study found that immigrant women without permanent resident status had the most unstable pre-shelter housing and reported more housing transitions in the two years prior to

shelter-entry than status immigrant women. The factors leading to homelessness for women without permanent resident status were similar to those reported by foreign-born families in the panel study (Klodawsky et al., 2005), including issues related to the loss of housing (e.g., eviction) and conflicts with family members and landlords (Paradis et al., 2010). Furthermore, women without permanent resident status had a longer shelter stay than did women in the other two groups.

Status immigrant women had fewer moves in the two years prior to shelter entry and they lived in more stable housing arrangements than did Canadian-born homeless women and women without permanent resident status. Families headed by status immigrant women lost their housing due to domestic violence, job loss, or emergency incidents such as fires. The added perspectives of status immigrant women indicate that there is another group of foreign-born families that may be vulnerable to homelessness and their experiences should be highlighted in future research. Lastly, similar to findings in the panel study (Klodawsky et al., 2005), Canadian-born women experienced health challenges, such as substance use issues, that contributed to their homelessness. They had also been homeless in the past and experienced conflicts with family members that put their housing at risk (Klodawsky et al., 2005; Paradis et al. 2010).

Findings from these studies suggest heterogeneous needs of the homeless population, particularly within foreign-born families. Despite these findings, there is still a lack of consistency across the two studies overall, making it unclear how housing, health, and conflict contribute to homelessness for families. Although Canadian-born and foreign-born families may experience similar challenges prior to homelessness, these studies indicate that the possible causes of homelessness may also differ depending on the group. Foreign-born families, especially families with an uncertain legal status like refugee claimants, may have more housing

issues (e.g., inability to pay rent, eviction, issues with landlords) and conflicts with partners than do Canadian-born families. On the other hand, Canadian-born families may have more health and substance abuse issues, as well as conflicts with family members.

Because of the qualitative methods used in both studies and the time period in which the studies were conducted, there remain gaps in knowledge. It is unclear how families become homeless and experience this process, and if the reported causes of homelessness in Klowdowsky et al.'s (2005) and Paradis et al.'s (2010) studies reflect the experiences of families who are currently residing in the emergency shelter system, given the political context and the influx of foreign-born individuals seeking asylum in Canada from the U.S.

In this thesis, study one was developed to begin building a typology of foreign-born homeless families that helps us understand the heterogeneous needs of these families and captures the diverse pathways that lead them into homelessness. Findings from past research were incorporated into the study as questions in the semi-structured interview guide and a novel method known as timeline mapping was used to expand our understanding of the process through which families become homeless.

A Need for Pathways Research

A homeless pathway has been defined as a typical trajectory into homelessness with a defined set of characteristics (Chamberlain & Johnson, 2011). Pleace (2016) discussed the benefits of incorporating a pathways model into homelessness research. This model takes into account the heterogeneity of the homeless population by highlighting their distinct pathways and experiences. Pleace (2016) also added that it is important to consider other factors that may not fit into the conventional homeless pathways model, such as structural factors, gender, settings, citizenship, and immigration. Moreover, Clapham (2003) emphasized the need for more

pathways research that highlights the dynamic experiences of individuals before they become homeless and how these experiences interact with broader influences, such as policies, institutions, and services.

Although there are not clear guidelines on how to incorporate a homeless pathways approach into study design and methods, past research has viewed this approach as an analytical framework used to study process by building a typology of subgroups that represent varying patterns or characteristics (Clapham, 2003). Research questions, interview protocols, and a comparative analysis plan that are designed to capture a sequence of events, the dynamic nature of homelessness, and the interaction between structural and individual factors can be a way of incorporating a pathways approach into research. Specifically, duration or frequency of homelessness, reason for homelessness, housing transitions, significant events, housing quality, and experiences of homelessness have been explored in past research as variables that can help us better understand the pathways into and out of homelessness (Clapham, 2003).

Most pathways studies do not retrospectively track a trajectory into homelessness. Instead, studies focus on risk factors and the possible causes of homelessness as isolated variables and overlook how they interact to contribute to homelessness for families. Van Laere and colleagues (2009) examined the pathways of 120 recently homeless adults. The findings highlighted the reported causes of homelessness, such as instances of violence, substance use, financial difficulties, and mental or physical health problems. Similarly, Chamberlain and Johnson (2011) reported substance use, mental health problems, family breakdown, and housing issues as common pathways into adult homelessness. However, because these studies did not fully capture the temporal sequence of events prior to homelessness and any overlapping structural and individual challenges, they were methodologically limited.

For studies to move beyond the aforementioned limitations, researchers need to explore other methods that may provide a new perspective to pathways research. Qualitative methods have been used effectively to study process by taking into account participants' narratives and the experiences associated with homelessness. Padgett, Tiderington, Smith, Derejko, and Henwood (2016) used in-depth qualitative interviews to investigate the process of mental health recovery in a sample of 74 formerly homeless adults. Research findings highlighted the challenges (e.g., a loss of social support, substance use, incarceration) individuals with serious mental illness faced, when these challenges occurred, and how they interacted with structural factors, such as poverty and inadequate services. A study by Mallett, Rosenthal, and Keys (2005) also explored the pathways into homelessness for 302 young people using qualitative interviews. Researchers identified four common homeless pathways and the events that led to homelessness for youth. Family conflict, substance use, and homelessness were all factors that influenced youth leaving home, but the temporal sequence of events differed according to the pathway.

Timeline mapping, a less commonly-used method in homelessness research, can also help us understand the order of events that occur before families enter the shelter. Timeline mapping involves a chronological display of events or experiences and allows for a discussion between the interviewer and participant about the significance of each point on the timeline (Berends, 2011; Patterson, Markey, & Somers, 2012). This is a popular method in migration research and research involving vulnerable groups because it can build rapport between the interviewer and participant, it allows participants to set boundaries around what information they choose to disclose, and the visual nature of the method is helpful for individuals who are not fluent in English (Berends, 2011; Kolar, Ahmad, Chan, & Erickson, 2015; Patterson et al., 2012).

Using qualitative interviews and timeline mapping in combination with a pathways approach can help us understand the process through which families become homeless and differences in experiences within a broader context (e.g., settings, time, structural factors). Further, to our knowledge, no studies have investigated homeless pathways within the foreign-born population. This approach can make the research process more inclusive for foreign-born families, while overcoming barriers associated with language and trust.

Table 1

Studies Examining the Experiences of Accompanied Youth in Shelters

Study	Context	Sample	Methods	Relevant Findings
Penuel & Davey, 1990	City: Unknown Country: U.S. Study period: 1996	<i>N</i> = 17 children and youth Age: 8-14 Number of groups: 1 Country of birth: unknown Shelter type (n): family (2)	Design: Cross-sectional Measures/Strategy: Qualitative interviews	Challenges with the physical environment of the shelter (e.g., lack of privacy and space) and social relationships. Positive reports by children and youth that the shelter acts as a safe place to stay and facilitates family bonding
Neufeld-Redekop & Zamprelli, 2007	City: Multi-city Country: Canada Study period: 1999-2000	<i>N</i> = 112 shelters Shelter type (n): General (33), family violence (64), motel/ hotels (15) <i>N</i> of participants unknown Number of groups: 1 Country of birth: Unknown	Design: Cross-sectional Measures/Strategy: Surveys	Children and youth reported overcrowding, insufficient study space and difficulties sharing rooms in the shelter Difficulties with self-esteem, well-being, and behavioural, social, and educational issues. Limited availability of counselling

Table 2

Studies Examining the Experiences of Foreign-Born Individuals and Heads of Families Residing in Emergency Shelters

Study	Context	Sample	Methods	Relevant Findings
Chiu, Redelmeirer, Tolomiczenko, Kiss, & Hwang, 1990	City: Toronto Country: Canada Study period: 2004-2005	$N = 1,189$ single adults Number of groups: 3 Country of birth (n): Canadian-born (812), recent immigrants (116), and non-recent immigrants (261)	Design: Cross-sectional Measures/Strategy: Standardized measures	Foreign-born individuals reported better physical and mental health and were less likely to report chronic medical conditions and substance use issues
Klodawsky, Aubry, & Nemiroff, 2014	City: Ottawa Country: Canada Study period: 2002-2003	$N = 90$ single adults, youth, heads of families Number of Groups: 2 Country of birth (n): Canadian-born (45) and foreign-born (45)	Design: Cross-sectional Measures/Strategy: Standardized measures	Foreign-born individuals reported better physical and mental health, more chronic medical conditions, and were less likely to report substance use issues than Canadian-born individuals Canadian-born individuals had more contact with service providers and were more likely to report having unmet healthcare needs than foreign-born families

Klodawsky, Aubry, Behnia, & Nicholson, & Young, 2005	City: Ottawa Country: Canada Study period: 2002-2003	<i>N</i> = 177 single adults, youth, heads of families Number of groups: 2 Country of birth (n): Canadian-born (78) and foreign-born (99)	Design: Cross-sectional Measures/Strategy: Qualitative interviews eliciting reported causes of homelessness	Foreign born participants were more likely to identify the cause of their current homelessness as financial problems or family conflict than Canadian-born participants Canadian-born participants were more likely to identify health and substance use issues, as well as exiting a medical/correctional facility as the cause of their current homelessness than foreign-born participants
Paradis, Novac, Sarty, & Hulchanski (2010)	City: Toronto Country: Canada Study period: Unknown	<i>N</i> = 91 heads of families Number of groups: 3 Country of birth (n): Canadian-born (50) and foreign-born (41) was grouped by immigrant women with permanent resident status or without it	Design: Cross-sectional Measures/Strategy: Qualitative interviews eliciting reported causes of homelessness	Canadian-born heads of families: Family conflict, health and substance use issues Immigrant women with permanent resident status: Emergency incidents, job loss, and domestic violence Immigrant women without permanent resident status: Loss of housing and conflicts with family members and landlords

Overview of Current Research

The thesis was developed to investigate the experiences of foreign-born homeless families living in the emergency shelter system in Ottawa, Ontario, Canada. The overarching question guiding the thesis was: What are the experiences of foreign-born homeless families and how do their experiences compare to those of Canadian-born families living in the emergency shelter system? The thesis is comprised of a series of three studies that speak to the experiences of adult heads of families and youth who are experiencing homelessness. Both quantitative and qualitative methods were used to better understand family homelessness from multiple methodological frameworks.

The first study used in-depth qualitative interviews and timeline mapping to examine the pathways into homelessness for foreign-born and Canadian-born families staying in one of three emergency homeless shelters. The study was designed to understand the process through which families become homeless and if these homeless pathways differ for foreign-born and Canadian-born homeless families. The research questions were: (a) What are the pathways into homelessness for foreign-born and Canadian-born homeless families? and (b) How do the homeless pathways for foreign-born families compare to those of Canadian-born families?

In the second study, structured interviews were used to explore the health of foreign-born and Canadian-born adult heads of families residing in three emergency homeless shelters and off-site accommodations (e.g., motels). The goal of this study was to highlight disparities in health, diagnoses of mental disorders, and access to healthcare services between foreign-born and Canadian-born families. The research questions guiding this study were: (a) Are there differences in self-reported mental health and diagnoses of mental disorders between foreign-born and Canadian-born adult heads of families who are homeless? (b) Are there differences in

self-reported physical health and chronic medical conditions between foreign-born and Canadian-born adult heads of families who are homeless? and (c) Are there differences in healthcare accessibility and unmet healthcare needs between foreign-born and Canadian-born adult heads of families who are homeless?

The third study used focus groups and in-depth qualitative interviews to investigate the shelter experiences of foreign-born adolescents and young adults residing with their families in one of two emergency homeless shelters. The interview protocols were developed to understand how youth became homeless, their experiences in the shelter, and their hopes for the future. The research questions addressed by this study were: (a) What do youth see as the positive and negative experiences of living with their families in a homeless shelter? and (b) How do youth cope with the challenges they experience in the shelter?

The second and third studies in the thesis are part of a larger study of family homelessness at the University of Ottawa which explored the experiences of families who were residing in the emergency family shelter system. Families were recruited with the help of shelter caseworkers and staff from a local community health center. Baseline assessments and in-depth qualitative interviews were conducted with adult heads of families while they were living in the shelter and in community housing. Youth who were experiencing homelessness with their families were also interviewed during their shelter stay. Data were collected from November 2013 to May 2015. The study was approved by the Office of Research Ethics and Integrity at the University of Ottawa (see Appendix A and B). Study two has been published in the *International Journal of Migration, Health, and Social Care* and study three has been published in the *Journal of Children and Poverty*.

Contribution to the Literature

The Federal Government's multi-year plan to welcome 310,000 newcomers to Canada, the highest number of immigrants in recent history, indicates that immigration is a priority for Canada (IRCC, Government of Canada, 2018d). Along with Canada's changing population, there should also be an increase in support and resources to ensure that immigrants and refugees are set-up to succeed. For some, adjusting to life in a new country and becoming financially stable are challenges that may lead to homelessness. Because the number of homeless immigrant and refugee families may be growing and an even larger number that may be at risk to do so, it is essential to better understand these families and how to support them. Research highlighting the needs of foreign-born families can be used to identify areas for homelessness prevention and intervention, improve shelter policies and practices, develop culturally-sensitive services, impact social and immigration policies for Canada's changing population, and address one of Canada's future priorities, immigration.

Most family homelessness research has focused on families who were born in the U.S. and Canada and has overlooked the experiences of foreign-born homeless families who immigrated to these countries. Even studies with homeless youth are largely characterized by the experiences of unaccompanied youth who are not in the care of a parent and do not include foreign-born youth who are residing in the shelter with their families. Because of differences in services and familial support, literature on the experiences of homeless foreign-born individuals and unaccompanied youth may not be generalizable to those of foreign-born parents and accompanied youth. The thesis addressed the aforementioned research gap by adding the perspectives of foreign-born families, both parents and youth, to the knowledge base on family homelessness.

Although there is a larger body of research on foreign-born individuals and the difficulties they may face accessing housing, only a few Canadian studies have included homeless foreign-born families in their sample (Aubry et al., 2003; Klodawsky et al., 2005; Paradis et al., 2010). These studies have yielded unclear findings about the process through which families become homeless and the role health, immigration, victimization, income, housing instability, services, and social support plays in their lives. These areas of inquiry were incorporated into the thesis as variables in the quantitative study using psychometrically validated instruments and questions in the qualitative interview guides.

Many studies of family homelessness focused on understanding family and structural risk factors (e.g., single parenthood, a lack of affordable housing). More recent studies have shifted the focus to explore the reported causes of family homelessness (e.g., job and housing loss). However, these studies have provided a limited understanding on how families become homeless, how the challenges they face interact, and how instability is experienced over a period of time. A qualitative pathways approach, along with innovative data collection tools such as timeline mapping, can be used to study the process described above (Kolar et al., 2017; Padgett et al., 2016; Piat et al., 2014; Pleace, 2016). The approach captures participants' narratives, the temporal sequence of events that occur prior to homelessness, and families' heterogeneous experiences within a broader context. The thesis will use this approach in the third qualitative study as it has never been explored in past research with foreign-born homeless families.

Lastly, using quantitative and qualitative approaches in the thesis was a valuable contribution to the literature. The qualitative studies provided context and clarified some findings that were unclear in the quantitative study and conversely. Further, the qualitative studies gave participants an opportunity to tell their own stories. Incorporating the perspectives of Canadian-

born families as a comparison group was also a strength of the thesis that allowed us to identify similarities and differences between the two groups and make unique recommendations for policy and practice.

Study One

Qualitative Study of Homeless Pathways

An Exploratory Study of the Pathways into Homelessness Among of Foreign-Born and
Canadian-Born Families: A Timeline Mapping Approach

Alexia Polillo & John Sylvestre

University of Ottawa

Acknowledgements

Alexia Polillo was supported by the Social Science and Humanities Research Council of Canada Joseph-Armand Bombardier Canada Graduate Master's Scholarship and an Ontario Graduate Scholarship.

Abstract

Although family homelessness has been frequently studied, little is known about families' pathways into homelessness and how these pathways compare across different subgroups of the homeless population. More specifically, despite the growing number of foreign-born homeless families in Canada, no studies have investigated their experiences prior to becoming homeless. To address this gap, this study explored the pathways into homelessness for foreign-born families and compared these pathways to those of Canadian-born families staying in emergency family shelters. Timeline mapping and in-depth qualitative interviews were conducted with 13 Canadian-born and 23 foreign-born homeless families residing in emergency homeless shelters. Findings showed that foreign-born families reported greater diversity in their pathways into homelessness than did Canadian-born families. Foreign-born heads of families also described their experiences with settling in a new country and how these experiences contributed to their financial and housing insecurity. Social isolation, a lack of support, and the challenging emotions associated with fleeing an unsafe country made life before homelessness even more challenging for these families. In contrast, Canadian-born families spoke about their longstanding relationship with poverty, homelessness, and housing instability. They navigated these challenges, while dealing with the loss of relationships, health issues, family separation, and violence and abuse. Despite these differences, both groups reported similar service experiences and systemic and structural barriers. Policy implications and areas for future study are discussed.

Introduction

Homelessness is a dynamic social problem, evolving over time in terms of the number of people affected and who is most susceptible. In more recent years, Canada has seen a dramatic increase in the use of family shelters, not only with more families using them, but with their length of stay increasing (Alliance to End Homelessness Ottawa, 2018; Segaert, 2017). From 2005 to 2014, the length of time families spent in emergency shelters in Canada increased by 4% (Segaert, 2017) and by 23% for families using Ottawa's emergency shelters from 2014 to 2017 (Alliance to End Homelessness Ottawa, 2018).

There has also been a change in families who use the shelters with an increasing presence of newcomers to Canada (Alliance to End Homelessness Ottawa, 2018). In 2017, 36% of families living in shelters were newcomers to Canada, compared to only 4% in 2014 (Alliance to End Homelessness Ottawa, 2018). This is likely an underestimate as some families may be living doubled up with friends or family members and some may be using a separate shelter system for women who have left situations of domestic violence. There may also be a risk of homelessness among foreign-born families who have been living in Canada for a number of years, but still experience social isolation, and financial and housing instability.

Despite the increasing number of foreign-born families in shelters, most research on family homelessness in Canada has focused on Canadian-born families (Alliance to End Homelessness Ottawa, 2018; City of Toronto, 2001; Sylvestre, Kerman, Polillo, Lee, & Aubry, 2015; Sylvestre, Kerman, Polillo, Lee, Aubry, & Czechowski, 2017; Waegmakers Schiff, 2007). Some studies have indicated that foreign-born families may experience housing instability, intimate partner violence, conflicts with family members, poverty, eviction, and job loss prior to homelessness (Paradis, Wilson, & Logan, 2014; Sylvestre et al., 2017). However, little is known

about the needs of foreign-born families, their pathways into homelessness, and how their experiences compare to those of Canadian-born families. This is a significant gap in the research and having a better understanding of these experiences is critical to identify areas for intervention and refine already existing supports.

To expand on previous research, this study examines the pathways that foreign-born families take into homelessness and compares these pathways to those of Canadian-born homeless families. Moreover, this study used a qualitative approach to gather findings and timeline mapping—an innovative data collection tool used in migration research. In this paper, we provide a brief overview of the family homelessness literature, then consider some methodological gaps in past research, and close with a review of the literature on foreign-born homeless families.

Family homelessness: Moving beyond risk factors and reported causes

Family homelessness research grew in the 1980s with a focus on family level risk factors. Family risk factors are characteristics, attributes, or circumstances that may leave some people more or less vulnerable to homelessness (Johnson, Scutella, Tseng, & Wood, 2015). Past studies have identified family risk factors as a history of disruptions during childhood (e.g., placement in foster care, childhood victimization), violence and abuse, single parenthood, ethnoracial minority groups, frequent and recent moves, a lack of social support, mental health problems, education and skills deficits, and substance use (Bassuk et al., 1997; Bassuk, Rubin, & Lauriat, 1986; Gaubatz, 2001; McChesney, 1995; Shinn et al., 1998; Wood, Valdez, Hayashi, & Shen, 1990).

As research in this area grew over time, researchers began to recognize family homelessness as a complex issue that extended beyond family level risk factors to include structural risk factors. Structural risk factors can be embedded within our economic,

governmental, legal, and organizational policies (Marshall, Kerr, Shoveller, Montaner, & Wood, 2009) and can make families vulnerable to homelessness (Johnson et al., 2015). A lack of affordable housing, limited job opportunities with a sufficient wage, poverty, discrimination, unaffordable childcare, and a lack of available services and supports have been identified as structural factors that may contribute to family homelessness (Gaetz, Donaldson, Richter, & Gulliver, 2013; Gaubatz, 2001; Gould & Williams, 2010; McChesney, 1995).

More recent studies have explored the possible causes of family homelessness and they can be categorized as financial challenges (e.g., job loss, changes in income, eviction) and interpersonal challenges (e.g., social isolation, family conflict, experiences of violence). A qualitative study by Sylvestre et al. (2017) highlighted the influence of social isolation and limited social support on housing instability, as well as homelessness. A study by Kirkman, Keys, Bodzak, & Turner (2015) showed that for some families, fleeing a violent partner was associated with homelessness and the shelter acted as a safe space for these families. Lastly, some families attributed their homelessness to difficulties paying rent, losing a job or source of income, rent increases by landlords, frequent moves, and poor-quality housing (Kirkman et al., 2015; Paradis et al., 2014; Shinn et al., 1998; Sylvestre et al., 2017). Although previous studies have helped us understand the challenges facing homeless families, we still do not know how these challenges lead to homelessness.

Using a pathways model—A nuanced approach to family homelessness research

The research that has been conducted to date does not take into account the process through which families become homeless, how the challenges they face interact, and how instability is experienced over time. More specifically, these studies do not retrospectively track a family's trajectory into homelessness. Qualitative methods have been used to study a process

similar to the one described above (Kolar, Ahmad, & Chan, 2017; Padgett, Tiderington, Smith, Derejko, & Henwood, 2016; Piat et al., 2014). This approach captures participants' narratives and the experiences associated with homelessness.

Timeline mapping can help us understand the temporal sequence of events that occur prior to homelessness. It can also build rapport between the interviewer and participant, it allows participants to set boundaries for the information they choose to disclose, and the visual nature of the timeline is helpful for individuals who are not fluent in English (Kolar et al., 2015). Timeline mapping is common in migration research. However, it is a less commonly used method in homelessness research. Using these methods in combination with a pathways model can help us understand differences in experiences within a broader context (e.g., settings, time, societal factors).

A pathway has been defined as a typical trajectory into homelessness with a defined set of characteristics (Chamberlain & Johnson, 2011). Pleace (2016) discussed the benefits of incorporating a pathways model into homelessness research. This model takes into account the heterogeneity of the homeless population by highlighting their distinct pathways and experiences. Pleace (2016) also adds that it is important to consider other factors that may not fit into the conventional homeless pathways model, such as structural factors, settings, and immigration. Other theories have also been used to explain pathways and process in past research. For example, Lee's (1966) theory of migration uses push and pull factors, and intervening obstacles to explain why individuals migrate to new countries. In more recent years, researchers have expanded the use of this theory to explain residential mobility (Spring, Ackert, Crowder, & South, 2017). Incorporating these theories and methods into family homelessness

research with diverse subgroups of the homeless population is worth exploring, especially because no studies have investigated homeless pathways within the foreign-born population.

Foreign-born homeless families: A vulnerable population

During their first ten years in a new country, immigrants and refugees can be at risk of housing instability and poverty. A number of factors have been associated with housing instability among foreign-born individuals, including discrimination, a lack of affordable housing, insufficient knowledge of the housing market, large family size, unreliable housing information, unemployment, low wages, delays in work permits, an uncertain legal status, and the language and literacy skills needed to complete application forms and contracts (Bérubé, 2010; Carter, Polevychok, & Osborne, 2009; Francis & Hiebert, 2014; Hiebert, D'Addario, & Sherrell, 2009; Murdie, 2008; Preston et al., 2009; Sherrell, D'Addario, & Hiebert, 2007; Sherrell, 2010; Teixeira, 2009, 2014). Many of these challenges are unique to immigrants and refugees and may increase their risk of homelessness (Fiedler, Schuurman, & Hyndman, 2006). In a sample of 687 families residing in family shelters in a mid-sized Canadian city, Sylvestre et al. (2015) reported that 25% of homeless families were permanent residents and 14% were refugee claimants. However, little is known about the experiences of these families.

Most of what we currently know about foreign-born homeless families comes from research reports which have found differences between foreign-born heads of families and their Canadian-born counterparts. A panel study by Aubry, Klodawsky, Hay, and Birnie (2003) which included homeless subgroups such as families found that more individuals in the foreign-born group reported family conflict and difficulties paying rent as the cause of their homelessness than Canadian-born individuals. Canadian-born individuals were more likely to attribute their

homelessness to substance use or an exit from a medical/correctional facility than were foreign-born participants.

Similar patterns of findings were reported in a sample of 50 Canadian-born and 41 foreign-born homeless heads of families (Paradis, Novac, Sarty, & Hulchanski, 2010). Paradis and colleagues (2010) found that foreign-born heads of families attributed their homelessness to conflicts with family members and landlords, as well as hardships associated with job loss, eviction, and informal living arrangements. They also reported experiences with domestic violence and emergency incidents such as fires. Canadian-born families were more likely than foreign-born families to have past experiences with homelessness, family conflict, substance use, and housing instability.

These studies offer findings that may indicate the heterogeneous needs of the homeless population. Foreign-born families may have more financial and housing issues (e.g., inability to pay rent, eviction, issues with landlords) and experiences with intimate partner violence than Canadian-born families. On the other hand, Canadian-born families may experience more health and substance abuse issues, as well as challenging relationships with friends and family. However, continued research is needed to better understand how these experiences lead to homelessness for families.

In this exploratory study, we examine the needs and experiences of foreign-born families prior to homelessness and how these experiences compare to those of Canadian-born homeless families. We also use timeline mapping to retrospectively track the housing histories and significant events families experienced in the four years prior to homelessness. The research questions guiding this study are: (1) What are the pathways into homelessness for foreign-born

and Canadian-born homeless families? And (2) How do the homeless pathways for foreign-born families compare to those of Canadian-born families?

Methods

Participants

Data were collected from a convenience sample of 36 adult heads of families, 23 foreign-born and 13 Canadian-born, who were staying in two of three family shelters in Ottawa, Ontario, Canada. Adult heads of families were eligible to participate in the study if they were: (a) over the age of 18, (b) English- or French-speaking, and (c) living in the shelter with at least one child under the age of 18. We also included a foreign-born family who was pregnant with their first child and a Canadian-born single parent who was living with his family in the four years prior to homelessness but was currently alone in the shelter while he figured out his living situation with his family. Because the focus of the study was on the experiences of families before homelessness and not their shelter experiences, we included these participants to capture the heterogeneity of families living in family shelters.

Procedure

This study was approved by the University of Ottawa's Research Ethics Board. Data were collected from December 2017 to August 2018. Participants were recruited by shelter caseworkers using a recruitment script (see Appendix C) and three participants contacted the researcher directly to schedule interviews using information found on study posters that were distributed in the shelters (see Appendix D). All participants provided informed consent to participate in the study and received a \$25 honorarium at the start of the interview (see Appendix E). In-depth qualitative interviews were conducted by the author using a semi-structured protocol and a timeline mapping approach. Four participants completed their interviews in French with a

trained French-speaking interviewer. Participants also completed a demographic survey (see Appendix F).

The protocol included questions on participants' housing histories in the four years prior to homelessness, housing quality, reasons for homelessness and housing transitions, immigration, significant life events, services and supports, the connection between life before the shelter and life in the shelter, strengths and challenges, and thoughts about the future (see Appendix G). During the interview, participants also created a timeline of their experiences and living situations four years before homelessness (see Appendix H). For each point on the timelines, participants were asked a series of questions related to the themes described above. These questions included: "Can you describe your housing to me?", "Were there any significant events that you or your family experienced that may have led to homelessness or impacted the stability of your housing?", and "Were there any issues with keeping or maintaining this housing?" Interviews lasted between 30 and 60 minutes.

Data Analysis

All interviews were audio-recorded and transcribed verbatim. Fewer Canadian-born families participated in the study than foreign-born families because at the time of recruitment most families staying in the shelter were born outside of Canada. Further, data saturation was reached even with the small sample of Canadian-born families because their experiences were similar and no new information emerged from the interviews.

This study adopted a critical realist perspective. This approach assumes a reality that is independent of the observer and only imperfectly knowable (Denzin & Lincoln, 2005). Interviews were analyzed using a general inductive approach (Saldaña, 2009). First, all transcripts were labeled Canadian-born or foreign-born. During the first cycle of coding, two to

three transcripts were coded using NVivo computer software (QSR International, 2018). These preliminary codes were used to generate an initial coding scheme that was verified on the next set of transcripts. Next, the codes were grouped into categories based on similar content until all transcripts were analyzed. During the second cycle of coding, core themes were developed by examining the relationship between codes and categories (Charmaz, 2006). Once this coding process was completed, the researcher compared the experiences of foreign-born and Canadian-born families within each theme.

The first and second cycle coding described above was also used to analyze and code for the process through which families became homeless. NVivo computer software (QSR International, 2018) was used to code for the main components of the homeless pathway, including housing quality, living arrangements, planned and unplanned moves, reason for housing transitions, reason for homelessness, reason for immigration, and significant events. The number of moves prior to homelessness was also a main pathway component that calculated by reviewing the visual timeline created during the interviews. Coded data within each of these themes were reviewed and cases were grouped together based their average number of moves and similarities in the process through which they became homeless.

In the next phase of data analysis, groupings of participants and their coded data within each theme were organized in a cross-case matrix. A cross-matrix was developed based on recommendations by Miles, Huberman, and Saldaña (2014) to help condense the data in a simplified table to observe similarities, differences, and patterns across participants. Four groupings of participants emerged from the coded data and were given unique labels: *new arrivals*, *stable migrants*, *unsettled migrants*, and *Canadian-born families*. These groupings formed the rows of the matrix and represented the four distinct homeless pathways. The columns

of the matrix were derived from the pathway components that were mentioned above, as well as three additional columns that were created to organize coded data from Table 2a into the four homeless pathways. These columns were services/supports, structural/contextual factors, and other (e.g., employment, education, income, health, safety concerns and victimization, interpersonal, and family integrity).

The matrix and coding were reviewed throughout the research process to ensure findings were accurate and identify disconfirming cases. Findings were discussed in regular meetings with the thesis supervisor who oversaw the ongoing analysis. If there were any difficulties verifying specific findings, a consensus was reached. Quotations were used to provide rich, descriptive data and to represent the perspectives of participants. Data analysis came to an end once data saturation had been reached and new codes and relationships no longer emerged from the data (Patton, 2002). Reflexive journals and analytic memos were also completed to ensure quality and rigour (Charmaz, 2006).

Results

Sample Characteristics

Thirty-six parents from 34 families participated in this study. Characteristics of Canadian-born and foreign-born heads of families are presented in Table 1a. Thirty-one families were residing in a family shelter managed by a charitable organization and three families were staying in one of two family shelters supported by the City of Ottawa. Of the participants, 25 (69.4%) were female and 11 (30.6%) were male and the average age of participants was 35.60 years ($SD = 8.82$). There were 23 (63.9%) single-parent families and 12 (33.3%) two-parent families in the study. The size of the average family was 3.17 people ($SD = 1.27$); families had an average of 1.60 children ($SD = 0.98$). At the time of the interviews, participants had been

homeless for 5.50 months ($SD = 3.66$). Twenty-three participants were born outside of Canada and 13 were Canadian-born. Foreign-born families had spent an average of 5.59 years ($SD = 7.76$) in the country. Ten (45.5%) participants had lived in Canada for less than one year, four (18.1%) had spent between one and five years in the country, and eight (36.4%) had lived in the country for over ten years. Eighteen (78.3%) participants arrived in the country as refugees and five (21.7%) arrived as immigrants. Fifteen (65.2%) participants were not yet Canadian Citizens, and the four most common countries of birth were the Democratic Republic of Congo, Burundi, Haiti, and Nigeria. Other than English, the most common languages spoken by participants were French, Creole, Burundi, and Kinyarwanda.

As shown in Table 1a, compared to Canadian-born participants, foreign-born participants were more likely to be female, older in age, unemployed, and receiving financial assistance or unemployment insurance. They were also more likely to have a two-parent family structure, larger families, and longer periods of homelessness. More Canadian-born participants reported being married or cohabitating with partners than did foreign-born families. Foreign-born participants reported having lower annual and monthly incomes than did Canadian-born participants and Canadian-born participants had more moves than foreign-born participants.

Table 1a

Socio-Demographic Variables among Canadian-Born and Foreign-Born Heads of Families

	Canadian-born (<i>N</i> = 13)	Foreign-born (<i>N</i> = 23)
	<i>M</i> (SD) or <i>n</i> (%)	
Sex		
Male	5 (38.5%)	6 (26.1%)
Female	8 (61.5%)	17 (73.9%)
Age (years)	31.08 (4.97)	38.27 (9.57)
Marital status		
Married or cohabitating	8 (61.5%)	13 (56.5%)
Single	3 (23.1%)	5 (21.7%)
Divorced, separated, widowed	2 (15.2%)	5 (21.7%)
Family Composition		
Single-parent families	6 (46.2%)	6 (26.1%)
Two-parent families	7 (53.8%)	16 (69.6%)
Average family size	2.69 (0.85)	3.32 (1.21)
Average length of time homeless (months)	4.42 (3.09)	6.09 (3.88)
Average number of moves	4.85 (2.03)	3.28 (1.95)
Employment*		
Unemployed	10 (76.9%)	18 (78.3%)
Employed	3 (23.1%)	2 (8.7%)
Student/Volunteer		1 (4.3%)
Average annual income for families	\$20,141.54 (\$19,498.45)	\$15,100.00 (\$9,077.52)
Average monthly income for families	\$1,444.46 (\$1,210.45)	\$956.45 (\$480.14)
Primary source of income		
Financial assistance (OW)	9 (69.2%)	19 (82.6%)
Disability income (ODSP)	2 (15.4%)	1 (4.3%)
Unemployment insurance	0	2 (8.7%)
Earnings from paid work	2 (15.4%)	0

*Data were missing for one participant

What are the pathways into homelessness for these families?

In this section, we will briefly outline the pathways into homelessness for foreign-born and Canadian-born families. By pathways, we are referring to the groupings of participants based on similarities in the process through which they became homeless. Notably, four homeless pathways were identified for families: (a) *new arrivals*, (b) *stable migrants*, (c) *unsettled migrants*, and (d) *Canadian-born families*. These pathways will be discussed in greater detail in the pathway components section.

New arrivals: Housing in home country → Move to Canada → Shelter

In the four years prior to homelessness, families in this group ($N = 12$) were living in their home countries. Most of these families reported living in stable, affordable, and good quality housing for a long period of time. Although they described a sense of security in their housing, they did not feel safe in their country and immigrated to Canada. Most families in this group had few housing transitions ($M = 2.75$, $SD = 0.97$) and moved directly into the shelter shortly after they arrived in Canada. Seven families in this group were refugee claimants and did not have government support during the immigration process. These families flew to the U.S., crossed the border by land into Quebec, and were brought to a shelter in Montreal. Because some families could not speak French, they moved and entered the family shelter system in Ottawa. These families were still waiting for decisions to be made on their refugee claims while in the shelter. The other five participants in this group were sponsored refugees and made their refugee claim from their home countries. When they arrived in Canada, a worker helped them find housing and set-up the resettlement support they received from the government or private sponsors. However, regardless of this support, it was not enough to prevent these families from becoming homeless.

Stable migrants: Housing in Canada → Shelter

Families in this group ($N = 7$) immigrated to Canada more than four years before their current episode of homelessness. They experienced fewer housing transitions ($M = 1.29$, $SD = 0.49$) than families in the other groups and maintained long-term housing in the last four years before homelessness. Families reported having stable employment and income in Canada, but still struggled to pay rent and financially support their children. They did not report any recent challenges with immigration and most families in this group were Canadian citizens. Families attributed their homelessness to a significant event that led to the loss of their housing, such as divorce, job loss, and a building fire.

Unsettled migrants: Housing in United States → Housing → Move to Canada → Shelter

Families in this group ($N = 4$) were a more transient group compared to other foreign-born families. However, when compared to Canadian-born families, they reported similar patterns of housing instability. Families in this group reported a number of housing transitions ($M = 3.25$, $SD = 1.71$) and moved to different countries and cities before settling in Canada. Families left their home countries and lived in the U.S. for a few years. After residing in the U.S., families immigrated to Canada because they worried about the political context in the U.S. and anti-immigration rhetoric. Soon after, they entered the shelter in Canada where they waited for decisions to be made on their immigration status. Similar to families in the *new arrivals* group, these families immigrated to Canada without resettlement support.

Canadian-Born Families: Housing → Housing → Shelter → Housing → Shelter

One pathway emerged from the data for Canadian-born families. Unlike foreign-born families, Canadian-born families ($N = 13$) were a relatively homogenous group with adult family heads who had experienced housing instability and persistent poverty throughout their lifetime.

They reported more moves than foreign-born families ($M = 4.85$, $SD = 2.03$). Participants described most moves as unexpected, and families transitioned between living in rental or social housing units, doubled-up with friends or family, and shelters. Canadian-born families also discussed their experiences with substance use, victimization, family separation, financial issues, poor quality housing, sex work, the Children's Aid Society (CAS), and the criminal justice system, and how these challenges contributed to their housing instability and led them to homelessness.

How do the homeless pathways for foreign-born families compare to those of Canadian-born families?

In this section, we will examine key themes and subthemes that emerged from interviews with families. Within each theme, we will compare the experiences of foreign-born and Canadian-born families. Table 2a for main themes, subthemes, and initial codes.

Table 2a

Summary of Codes Associated with the Experiences of Canadian-Born and Foreign-Born Heads of Families Prior to Homelessness

Main Themes	Subthemes	Initial Codes
Structural barriers	Poverty	Financial struggles: Difficulty buying food, insufficient income, difficulty paying rent, and limited income support Unemployment: Difficulty finding employment, job loss, and inability to work (e.g., work permits, disability) Housing and homelessness: Past experiences living in a shelter, poor quality housing, and high housing costs
	Housing	A lack of affordable housing, and issues with housing and rent documents and deadlines
	Services	Immigration referral centre, drop-in programs (meals, pregnancy classes, and bus tickets), food and furniture banks, parenting programs, housing providers, family doctors and psychiatrists, alcoholics anonymous, counselling, refugee assistance programs, legal aid, walk-in clinics, daycare, education and employment programs, language classes, and financial assistance programs
Victimization, traumatic experiences, and stressful life events	Stressful life events	Divorce, loss of a family member, a building fire, forced marriage, and sudden disability
	Traumatic experiences and victimization	Intimate partner violence, physical and sexual abuse, living in a conflict zone, discrimination and harassment, and threats of female circumcision

Health and substance use issues	Mental health and substance use	Diagnoses of mental disorders (post-traumatic stress disorder, anxiety, depression, attention deficit/hyperactivity disorder), sobriety, methadone treatment, and substance use
	Physical health	Diabetes, nausea, difficulty eating, physical inactivity, hepatitis C, chronic pain, seizures, placenta previa, and sepsis
	Emotional difficulties	Feeling stressed, depressed, emotional, angry, and frustrated, crying, and hiding emotions from children
Interpersonal relationships	Stable relationships	Supportive network, making new friends within cultural community, relying on friends and family for resources (housing), and strong bond with children
	Destabilizing relationships	Breakdown in relationships with family and friends, limited social networks, family separation, unhealthy relationships, and isolation

Shared experiences of poverty. Poverty was a theme common to all families in this study, whether the participants were employed or receiving financial assistance. Living in poverty was a multi-dimensional problem for families, and it had a negative influence on many aspects of their lives, including their ability to buy good quality food, remain stably housed, participate in social activities, and receive appropriate support for their mental and physical health. Attempts to improve their financial circumstances were also compounded by significant barriers (e.g., stressful life events, traumatic experiences, uncertain legal status, health and substance use issues, structural and system barriers) that made it difficult for families to stay employed, maintain a living income, and remain stably housed.

Across all pathways, twenty participants discussed not having a livable income that afforded them long-term, good quality housing. They reported struggling to make ends meet, especially if they were parents to young children. A foreign-born participant with permanent resident status in the *new arrivals* group described the financial trade-offs they had to make when they had children:

Where I was working, the contract finished, and I was looking for another job and I was unable to find one. At the time, my wife was having a baby and she was no longer receiving [maternity benefits]. We went to find the daycare for the baby at that time, so she could start looking for a job. And it takes time from the city and at the time, they said there is no money. We can't afford to pay rent, we can't afford to pay the daycare.

Another Canadian-born participant was receiving financial assistance, but still struggled to pay rent and feed her children. She discussed how difficult it was to come to the shelter, but ultimately, recognized the benefits it would have on her family's future:

Basically, I tried to think of it like it's going be better for my kids, because we can't keep struggling, with paying rent and food, and they're only going to get more expensive. I just wanted something better for them.

Even though all families in this study were experiencing financial hardships, factors that influenced these hardships were different for foreign-born and Canadian-born families. Many foreign-born participants reported having a high-level of education and stable, good quality jobs in their home countries. However, some participants who were asylum seekers or in the *unsettled migrants* group ($n = 11$) could not work in Canada because they did not have work permits. As they waited for their work permits, they were receiving financial assistance and participating in employment programs to help them integrate into the workforce.

Families in the *new arrivals* group may become families in the *stable migrants* group the longer they reside in Canada. Both *stable migrants* and resettled refugees were permanent residents, and some were Canadian citizens, who started to face the same structural financial barriers that disrupt the lives of many Canadians in this country, such as getting into the housing market and finding stable employment with a living wage. Participants in these groups ($n = 12$) reported having periods of stable employment and housing in the four years prior to homelessness, but still had difficulty paying rent. Private market rent was not affordable for families with minimum wage jobs and for families living in subsidized housing, their rent increased if their income increased. Other families in this group also experienced systemic barriers in regard to difficulties accessing income supports for which they were eligible. For instance, one participant lost her subsidized housing because she received misinformation about renewing her lease. Another participant spoke about losing her rent supplement because her children's father made too much money, even though he did not financially support the family.

All Canadian-born participants ($n = 13$) discussed their longstanding experiences with unstable living environments which began for them as children and continued into adulthood. For them, experiences with poverty, interpersonal challenges, victimization and in some cases, homelessness, were intergenerational and families spent years navigating multiple service systems (e.g., community mental health and social services). Canadian-born participants did not report a specific reason for their financial struggles and rarely discussed employment, as it may not have been a current reality for them given their histories of instability. However, one participant discussed how an injury from a car accident affected his employment and his family's financial situation:

I was in the hospital for a week, I'm laying up in bed, man. I can't do nothing. My wife's getting mad because we're getting low on money. I'm not working, she's getting more frustrated with me.

Another participant described the challenges his family experienced when he went to jail on drug-related charges:

It was hell, like I had no way of talking to my family, I had no house phone, my wife was basically couch surfing, you know? It was brutal. She couldn't pay the rent because I was in [jail] and... I was on social assistance or disability and she was on my cheque.

Painful memories: Victimization, traumatic experiences, and stressful life events.

Both Canadian-born and foreign-born families described the victimization, traumatic experiences, and stressful life events they experienced. They discussed how these events contributed to their housing instability, homelessness, and for foreign-born families, their decision to immigrate. Foreign-born participants reported having traumatic experiences that were associated with living in conflict zones or dangerous cultural/religious practices in the four years

prior to homelessness. Ten participants in the *new arrivals* group felt unsafe in their home countries because of civil war, political transitions within government, discrimination, and direct threats of physical violence. One foreign-born participant explained:

The country was not safe. There was some political transitions. There was some troubles and we had fear, so we couldn't stay. In 2015, they started a civil war in the country...People fighting, people killed in the road, something terrible. It's very scary and it's not safe.

Another participant described having to leave Nigeria with his wife because she was forced to marry another man who wanted her to undergo female circumcision:

The man came there and took my wife while she was asleep. My wife was forced to marry him and my wife was sneaking out to come see me. Before he can start doing anything with my wife, their tradition is to circumcise. After hearing that, my wife was afraid!

Eight participants in the *unsettled* and *stable migrants* groups also experienced traumatic and stressful life events in Canada that were not connected to their immigration-related experiences. These included the death of a loved one, divorce, a building fire, a disability that occurred unexpectedly, intimate partner violence, and forced marriage. One participant discussed having to leave her house, change cities, and move into the shelter because a violent partner found out where she lived when she was fighting for custody of her children: "I was pregnant with my daughter when he stabbed me...six places...Yeah, so I told him, 'divorce me' and he's like, 'No I'm not going to divorce you, I'm going to kill you.'"

Nine Canadian-born participants reported experiencing physical and sexual abuse during childhood and adulthood, as well as intimate partner violence, harassment, and the death of

supportive caregivers who played a pivotal role in their lives. Of these nine, a few participants described how growing up with an abusive parent impacted their mental health as adults. One participant said:

My stepfather abused me physically, mentally, but also abused his power...So basically in 2010, I said, "You know what? All this time, I've been blamed for everything and everything's been me and I've been taking consequences for everything when really I was just a child who was abused" and I was reacting.

Another participant spoke about how losing her grandmother had negatively affected her and her sobriety: "I started a job and my grandmother passed which was really hard for me. I talked to her every night. It really broke me but then I ended up relapsing."

Struggles associated with health and substance use issues. Canadian-born heads of families spoke about their health and substance use issues, whereas foreign-born heads of families discussed their emotional experiences before becoming homeless. Seven Canadian-born participants reported having physical health concerns. These included diabetes, nausea and difficulty eating, hepatitis C, chronic pain from a car accident, seizures, physical inactivity, placenta previa while pregnant, and sepsis from an infected tooth. Speaking about her dental problems, one participant explained:

I had a tremor in my hand, so I went to see the doctor about it. They were like you have nerve pain, they gave me some Lyrica which is a nerve blocker. I couldn't feel any pain coming from my nerves, so then I passed out. The paramedics figured out I was septic because I didn't know what year it was, I was very disoriented. I woke up from fainting and I was told to stay on the floor because I couldn't walk. Everything shut down, my vision was very bad, and then I went to the hospital.

Foreign-born families did not report having any diagnoses of mental disorders and mental health or substance use issues, whereas all Canadian-born participants ($n = 13$) reported struggling with these health issues. Eight participants were diagnosed with anxiety, depression, post-traumatic stress disorder (PTSD), and attention deficit/hyperactivity disorder (ADHD). One participant was seeing a psychiatrist at the request of CAS for his mental health issues. All participants ($n = 13$) reported having substance use issues and nine participants had partners with substance use issues prior to homelessness. All participants were working on maintaining their sobriety and seven participants were receiving methadone treatment. Due to their struggles with substance use, eight participants were involved with CAS and two participants had children who were under the legal care of extended family members. One participant who experienced homelessness as a teenager and was now living in the shelter as an adult discussed her experiences with having three children in the care of CAS because of her struggles with mental health issues:

[My children] were taken away because they considered me to be too young of a mother to be caring for them. The main concern for them was the fact that I have mental health issues, such as ADHD, anxiety, and PTSD. And I guess they felt that I wasn't up to that task, so they decided that they needed to take away my children.

Another participant explained how a failed drug test led to her involvement with CAS:

I had a dirty urine test. I used to be a crack cocaine user... We had to get a counsellor and they came to me the other day saying that now they're worried about our parenting skills. They are saying we need to engage more with the baby.

Unlike Canadian-born families, foreign-born participants across all subgroups reported being in good mental and physical health and did not report any diagnoses of mental disorders.

However, some participants described the difficult emotions they experienced in the four years prior to homelessness. Participants reported feeling stressed, depressed, emotional, angry, frustrated, and crying at night to hide their emotions from their children. These emotions stemmed from experiences with immigration, traumatic events in their home countries and in Canada, and the pressure to become financially stable. One foreign-born participant in the *unsettled migrants* group described how emotionally draining it was fleeing a violent partner for years and then immigrating to a new country:

I mentally was crying every day. I'm getting counselling now because I was pregnant and honestly, I did not want to live because it was just completely ... like, the move and everything, the not knowing of what's going to happen... it really stressed me out. I was crying almost every day.

Interpersonal relationships: A source of stability or dysfunction. Both Canadian-born and foreign-born families reported having relationships that were a source of strength and stability and ones that were unhealthy and destabilizing. Fourteen foreign-born participants in the *new arrivals* and *unsettled migrants* groups did not have any family or friends when they moved to Canada in the four years prior to homelessness, and for the few families that did know people in Canada, they realized these relationships were unreliable. As time went on, some participants reported making friends with people who were from the same cultural community as them and they provided them with social support and a place to stay when they needed it: "I was crying to myself when my kids were sleeping, but when they are awake, you have to be strong. I've come down because after two days, I found Burundians... The first time you come, you don't know anyone." These families also had partners and other family members who were still living in their home countries and they hoped to sponsor them once they became permanent residents.

Seven foreign-born participants in the *stable migrants* group reported having a supportive network of friends, family, and neighbours in Canada. Of these seven, three participants moved in with friends when they lost their homes, and two participants spoke about how their relationships with family members deteriorated and the negative affect it had on their housing stability. One participant, explained:

[My cousin] showed me the room that I have to live in and it was in the basement...I said, 'well, I cannot stay [in basement], you have to give me the room upstairs for my daughter because she has asthma. And then she told me 'you don't have to stay,' and she put me out...even my daughter is traumatized.

A few Canadian-born families also experienced family separation and described the emotional impacts it had on them. As previously mentioned, Canadian-born families were separated from family members because of their involvement with CAS and the criminal justice system. Prior to homelessness, all Canadian-born participants ($n = 13$) reported having stressful interactions with family, friends, landlords, and partners and discussed how these interactions were connected to their housing transitions and homelessness. One participant spoke about the lack of help she received from her family because of her sexual orientation when she left an abusive partner:

Because of me being gay. It was a big thing. Even with my family and stuff, like no one would help me...Like 19 of my family, nobody would fucking help me. My daughter... what we were going through, nobody would fucking help.

Nine participants also reported having partners who were no longer in their children's lives, seven who ended or were trying to end their unhealthy relationships with partners and family members, three who reported feeling isolated without supportive relationships, and four

who discussed having to move in with family members, even when they knew the relationship could negatively impact their mental health and their sobriety. Despite these interpersonal challenges, all participants in this study commented on how deeply they cared about their children and how their relationship with their children gave them strength during difficult moments. Said one participant to her daughter: “I was crying and I’m like, ‘Look, I promise you, we’re going to go to a better place, it’s going to be better. I’m not going to let you go through anything like this.’”

Housing and services: A system spread too thin. Three Canadian-born and six foreign-born participants identified a lack of affordable housing as a main factor that contributed to their housing instability and homelessness. Participants in this study spoke about the structural challenges they faced finding affordable housing, especially in the private market. It was difficult for one participant “because you’ve got to come up with your first and your last month’s rent.” Another participant, explained:

The housing is one of the challenges...I think that is the service that needs to be looked at deeper. There are a lot of people coming into the country, there are a lot of needs. Maybe the government has to build to accommodate people but that is the biggest challenge I’ve seen since I came into the country. It’s linked to the availability of housing.

Participants also reported having negative experiences with social housing providers in Ottawa because the housing was poorly maintained and in neighbourhoods perceived to be dangerous.

Despite the hardships families encountered prior to homelessness, 11 Canadian-born and 20 foreign-born participants discussed their experiences with helpful services in the community. Participants in both groups found out about the shelter through Social Services Ottawa and the immigration referral centre. Canadian-born participants reported benefitting from drop-in

programs (meals, pregnancy classes, and bus tickets), food and furniture banks, CAS parenting programs, housing providers, family doctors and psychiatrists, alcoholics anonymous, and counselling through the methadone program. Foreign-born participants relied on similar services, however, they also had support for their immigration and resettlement needs. The services foreign-born participants accessed were refugee assistance programs, legal aid, counselling, family doctors and walk-in clinics, daycare, housing providers, education and employment programs, language classes, and food banks. A few participants also mentioned the need for more counselling, parenting programs, housing and income support, and help navigating the social service and community mental health system. A foreign-born participant said: “We weren’t newcomers at the time because we had been living there for five years but we didn’t know anyone we could go to, we didn’t know who to talk to that could help us find a better place.”

Discussion

This study explored the pathways into homelessness for foreign-born families and compared these pathways to those of Canadian-born families living in emergency shelters. The findings demonstrated that there were multiple pathways into homelessness for families in this study. Pathways for foreign-born families varied according to their frequency of moves, immigration status, level of need, length of time in Canada, and experiences prior to homelessness. Unlike families in the foreign-born groups, Canadian-born families reported similar experiences prior to homelessness that highlighted their longstanding relationship with poverty, homelessness, and housing instability, and how these experiences intersected with other factors (e.g., interpersonal challenges, health and substance use issues, stressful life events). Given these findings, more heterogeneity was found in the homeless pathways reported by

foreign-born families than Canadian-born families—a novel contribution to the literature on family homelessness.

Themes that emerged from the data were consistent across foreign-born and Canadian-born families. However, their experiences within these themes were different and context-dependent. Foreign-born heads of families described their experiences with settling in a new country and the influence it had on their financial and housing situation. They reported being in good mental and physical health but dealt with the challenging emotions and stressors associated with being recent immigrants and fleeing an unsafe country. Social isolation was ever-present for foreign-born families before becoming homeless, yet supportive friends and family acted as a buffer to the loneliness they experienced. Canadian-born families experienced poverty, homelessness, and housing instability throughout their lives. They navigated these financial hardships while dealing with health and substance use issues, past experiences of victimization and trauma, destabilizing relationships with partners and family members, and in some cases being separated from their children. Families in both groups experienced similar structural and systemic barriers (e.g., a lack of affordable housing) and were well-connected to services before becoming homeless. However, they still reported difficulties accessing services.

Before becoming homeless, families in both groups experienced periods of unemployment and housing and financial instability. Even with financial assistance, families noted significant challenges providing food for their children—a finding consistent with previous research involving Canadian low-income families on social assistance (Tarasuk, Dachner, & Loopstra, 2014). Factors that influenced poverty were unique to each group. The financial situation of *new arrivals* and *unsettled migrants* was influenced by their recent immigration, uncertain legal status, and their inability to work. Over time, these participants may become

families in the settled migrants group whose experiences resembled those of other low-income, working families in Canada (Pitt, Sherman, & MacDonald, 2015). For Canadian-born families, experiences with poverty, unemployment, and homelessness, were intergenerational and prevalent throughout their lives. Although families did not cite specific reasons for their current financial hardships, some reported being dependent on social programs because of disability or mental health issues.

Canadian-born families described the negative impact health and substance use issues had on their housing and financial stability. Some participants spoke about having to move out of their homes because their partner started using drugs again and it threatened their sobriety. Other participants reported having difficulty working because of their chronic medical conditions, substance use, diagnoses of mental disorders, and elevated symptoms of anxiety or depression. Bassuk, Volk, and Olivet (2010) argued for a three-tier service continuum that meets the distinct needs of homeless families. According to Bassuk and colleagues (2010), Tier 3 of the service continuum is comprised of about 10% of all homeless families and these families may require lifelong, intensive services. Because of their needs in a number of different life domains and chronic health challenges, Canadian-born families in this study may fall within Tier 3 of the continuum.

Foreign-born families were not without their emotional difficulties, but overall, they reported being in good mental and physical health, and did not report any diagnoses of mental disorders. Although these findings are consistent with other research in this area (Islam, 2013; Polillo et al., 2018; Vang, Sigouin, Flenon, & Gagnon, 2015), foreign-born families may not have felt comfortable sharing negative health experiences because of their precarious legal status or they may be willing to address their health concerns once they leave the shelter and have a

sense of stability. A meta-analysis by Fazel, Reed, Panter-Brick, and Stein (2012) found that approximately 10% of refugees in western countries have PTSD, 5% have major depression, and 4% have generalized anxiety disorder. The lack of diagnosed mental health disorders reported by foreign-born heads of families in this study may be associated with their limited access to healthcare and mental health services as a result of the short duration of time some families had lived in Canada.

For new arrivals, their experiences with social isolation were linked to immigration. Families described feeling socially isolated when they arrived in Canada because they did not have people they could depend on for support. Canadian-born families also felt socially isolated, but these feelings were associated with deteriorations in their relationships. Weakening social networks that are depleted of resources and support can be a common precursor to homelessness for families (Milaney, Ramage, Yang Fang, & Louis, 2017; Toohey, Shinn, & Weitzman, 2004). The emotionally daunting affects of family separation were also described by families in both groups. In some cases, foreign-born families had partners in their home countries who were waiting to be sponsored. Other Canadian-born families had children who were living in foster care or with extended family members. Studies have shown that among homeless mothers, substance use and mental health issues may increase the risk of mother-child separations, but in turn, the stress of these separations, can also exacerbate these issues (Barrow & Lawinski, 2009; Cowal, Shinn, Weitzman, Stojanovic, & Labay, 2002). Being separated from a family member because of immigration was also associated with stress and loneliness among foreign-born families (Stewart et al. 2015).

Families spoke at great length about their experiences with victimization, traumatic experiences, and stressful life events. These experiences were described as being stressful,

destabilizing, and emotionally trying for families. They were also compounded by financial hardships forcing some families to leave their homes, move to new cities, and enter the shelter. Even if these experiences occurred in early childhood, some heads of families discussed the negative affect it had on them as adults by emphasizing the connection between these experiences and their current diagnoses of PTSD. Experiences of childhood abuse and violence in adulthood have been found to increase the risk of homelessness and multiple shelter stays among families (Bassuk, Perloff, & Dawson, 2001). For foreign-born families in this study, living in a war-torn country was spoken about as a part of their past, but the stress associated with these traumatic experiences was persistent. Although foreign-born families in this study reported being in good mental and physical health, such experiences may affect the mental health of parents and children years after their immigration (Fazel et al., 2012). However, because of the cross-sectional design of this study, we cannot predict the long-term outcomes of migration on families.

Prior to becoming homeless, families in both groups were supported by a wide-range of services in the community. Yet, they still reported gaps in services. Some Canadian-born families spoke about how helpful it was to receive counselling through the methadone program, while other families needed counselling support, but had difficulty accessing it. Although there is a sense of collaboration between resettlement services and other types of social services, foreign-born families were balancing two different service systems, which was challenging at times. A few foreign-born families discussed how having a worker who could help them navigate these systems would be helpful. These findings highlight a need for counselling and system navigation services to help families access appropriate resources.

Lee's (1966) theory of migration can also offer a framework to help us understand the pathways into homelessness for families. For families in this study, becoming homeless can be viewed as a process, which has been found in past research with homeless individuals (Piat et al., 2014). During this process, families may experience challenges that disrupt their stability and push them closer to becoming homeless. In the context of this study, push factors could be economic (e.g., difficulty finding a job, low levels of income, poor quality housing), health-related (e.g., substance use, diagnoses of mental disorders, physical and mental health issues), interpersonal (e.g., lack of social support, family separation, relationship breakdowns), and trauma-related (e.g., physical and sexual abuse, intimate partner violence). Push factors may be destabilizing and associated with stress and feelings of frustration, as families fight to stay housed and meet the needs of their family.

Families in this study also reported structural and systemic barriers which can be viewed as intervening obstacles that contributed to their homelessness, such as a lack of affordable housing, limited access to services, services that were insufficient in meeting their needs, and document-related issues. These intervening obstacles may interact with push and pull factors and increase the risk of families becoming homeless. At certain points during this process, families had positive experiences that alleviated some of their troubles and pulled them away from becoming homeless. These pull factors, included having access to services in the community, living doubled-up with friends or family, and supportive relationships. As time goes on, challenges may persist and pull factors may become rare, as families find themselves homeless.

Implications for Policy and Practice

Please see the general discussion section of the thesis for specific policy recommendations.

Limitations and Future Research

This study had several limitations. First, the unequal sample sizes between groups may have represented the perspectives of foreign-born families more than Canadian-born families. Second, because the study relied on a convenience sample of participants, the findings may not be representative of the experiences of all sheltered homeless families, especially those who are immigrating to Canada from the U.S. Additionally, due to the nature of the sampling strategy used in this study, the response rate of families is unknown. Thus, making it difficult to determine the representativeness of families who agreed or did not agree to participate in this study. Third, participants may have had difficulty recalling their experiences prior to homelessness if there were gaps in memories or challenging experiences that participants did not want to discuss. Fourth, due to the cross-sectional and qualitative design of the study, the findings could not be generalized to the experiences of families in other shelters, countries, and time periods, or families who may be experiencing hidden homelessness (e.g., living doubled-up with friends or family). Furthermore, this study cannot be used to predict the long-term outcomes of homeless families. Fifth, the study was limited to the experiences of families in the four years prior to homelessness and may have overlooked earlier experiences that could be linked to their current homelessness. Sixth, families may not have felt comfortable reporting negative experiences because of their precarious living situation, uncertain legal status, or involvement with CAS.

The aforementioned limitations highlight areas for future study. Future research should consider using a quantitative and longitudinal design to examine the trajectories of families once they moved out the shelter. Since findings from this study may indicate within-group differences among foreign-born families, it is important to study their experiences as a heterogenous group

based on their length of time in Canada and their immigration status. Future research could also explore differences between low-income and homeless foreign-born families to identify areas of need and homelessness prevention within this population. Although it was beyond the scope of this study, there is a need for more research that focuses on the strength and resilience of Canadian-born and foreign-born families who are experiencing homelessness.

References

- Alliance to End Homelessness Ottawa. (2018). *Homelessness in Ottawa: A roadmap for change. Progress report review 2014-2017*. Retrieved from https://static1.squarespace.com/static/5a4d46cdb1ffb6b826e6d6aa/t/5b2120fb70a6ad360c735687/1528897791429/AllianceProgressReport2017Web_EN.pdf
- Aubry, T., Klodawsky, F., Hay, E., & Birnie, S. (2003). *Panel study on persons who are homeless in Ottawa: Phase 1 results*. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.485.5038&rep=rep1&type=pdf>
- Barrow, S. M., & Lawinski, T. (2009). Contexts of mother-child separations in homeless families. *Analyses of Social Issues and Public Policy*, 9, 157-176. doi:10.1111/j.1530-2415.2009.01171.x
- Bassuk, E. L., Buckner, J. C., Weinreb, L. F., Browne, A., Bassuk, S. S., Dawson, R., & Perloff, J. N. (1997). Homelessness in female-headed families: Childhood and adult risk and protective factors. *American Journal of Public Health*, 87, 241-248.
- Bassuk, E. L., Perloff, J. N., & Dawson, R. (2001). Multiply homeless families: The insidious impact of violence. *Housing Policy Debate*, 12, 299-320. doi:10.1080/10511482.2001.9521407
- Bassuk, E. L., Rubin, L., & Lauriat, A. S. (1986). Characteristics of sheltered homeless families. *American Journal of Public Health*, 76, 1097-1101. doi:
- Bassuk, E. L., Volk, K. T., & Olivet, J. (2010). A framework for developing supports and services for families experiencing homelessness. *The Open Health Services and Policy Journal*, 4, 34-40. doi:10.2174/1874924001003010034

- Bérubé, M. (2010, Fall). Beyond the four walls: The Sainte Marie neighbourhood as seen by its immigrant residents. *Canadian Issues*, 90-95.
- Carter, T. S., Polevychok, C., & Osborne, J. (2009). The role of housing and neighbourhood in the re-settlement process: A case study of refugee households in Winnipeg. *The Canadian Geographer*, 53, 305-322. doi:10.1111/j.1541-0064.2009.00265.x
- Chamberlain, C., & Johnson, G. (2011). Pathways into adult homelessness. *Journal of Sociology*, 49, 60-77. doi:10.1177/1440783311422458
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: SAGE Publications Inc.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: SAGE Publications Inc.
- Cowal, K., Shinn, M., Weitzman, B. C., Stojanovic, D., & Labay, L. (2002). Mother-child separations among homeless and housed families receiving public assistance in New York City. *American Journal of Community Psychology*, 30, 711-730. doi:10.1023/A:1016325332527
- Denzin, N., & Lincoln, Y. (2005). *The SAGE handbook of qualitative research*. Thousand Oaks, CA: SAGE Publications Inc.
- Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *Lancet*, 379, 266-282. doi:10.1016/S0140-6736(11)60051-2
- Fiedler, R., Schuurman, N., & 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. doi:10.1016/j.cities.2006.03.004

Francis, J., & Hiebert, D. (2014). Shaky foundations: Refugees in Vancouver's housing market.

The Canadian Geographer, 58, 63-78. doi:10.1111/j.1541-0064.2013.12056.x

Gaetz, S., Donaldson, J., Richter, T., & Gulliver, T. (2013). *The state of homelessness in*

Canada. Toronto: Canadian Homelessness Research Network Press. Retrieved from

<http://homelesshub.ca/sites/default/files/SOHC2103.pdf>

Gaubatz, K. (2001). Family homelessness in Britain: More than just a housing issue. *Journal of*

Children and Poverty, 7, 3-22. doi:10.1080/10796120120038000

Gould, T. E., & Williams, A. R. (2010). Family homelessness: An investigation of structural

effects. *Journal of Human Behavior in the Social Environment*, 20, 170-192.

doi:10.1080/10911350903269765

Hiebert, D., D'Addario, S., & Sherrell, K. (2009). Taking care of their own? Or falling between

the cracks? Absolute and relative homelessness among immigrants, refugees, and refugee

claimants in Vancouver. In J. D. Hulchanski et al. (Eds.), *Finding home: Policy options*

for addressing homelessness in Canada (pp. 554-570). Toronto, Ontario, Canada: Cities

Centre, University of Toronto.

Islam, F. (2013). Examining the 'healthy immigrant effect' for mental health in Canada.

University of Toronto Medical Journal, 90, 169-75.

Johnson, G., Scutella, R., Tseng, Y., & Wood, G. (2015). Examining the relationship between

structural factors, individual characteristics, and homelessness. *Australian Housing and*

Urban Research Institute Positioning Paper Series, 1-50.

- Kirkman, M., Keys, D., Bodzak, D., & Turner, A. (2015). 'I just wanted somewhere safe': Women who are homeless with their children. *Journal of Sociology*, 51, 722-736. doi:10.1177/1440783314528595
- Kolar, K., Ahmad, F., Chan, L., & Erickson, P. G. (2015). Timeline mapping in qualitative interviews: A study of resilience with marginalized groups. *International Journal of Qualitative Methods*, 14, 13-32. doi:10.1177/160940691501400302
- Lee, E. S. A theory of migration. *Demography*, 3, 47-57. doi:10.2307/2060063
- Marshall, B. D., Kerr, T., Shoveller, J. A., Montaner, J. S., & Wood, E. (2009). Structural factors associated with an increased risk of HIV and sexually transmitted infection transmission among street-involved youth. *BMC Public Health*, 9, 1-9. doi:10.1186/1471-2458-9-7
- McChesney, K. (1995). A review of the empirical literature on contemporary urban homeless families. *Social Service Review*, 69, 429-460.
- Milaney, K., Ramage, K., Yang Fang, X., Louis, M. (2017). Understanding mothers experiencing homelessness: A gendered approach to finding solutions to family homelessness. Toronto: Canadian Observatory on Homelessness Press.
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook (3rd ed.)*. Thousand Oaks, CA: SAGE Publications Inc.
- Murdie, R. A. (2008). Pathways to housing: The experiences of sponsored refugees and refugee claimants in accessing permanent housing in Toronto. *Journal of International Migration and Integration*, 9, 81-101. doi:10.1007/s12134-008-0045-0

- Padgett, D. K., Tiderington, E., Smith, B. T., Derejko, K. S., & Henwood, B. F. (2016). Complex recovery: Understanding the lives of formerly homeless adults with complex needs. *Journal of Social Distress and the Homeless*, 25, 60-70.
doi:10.1080/10530789.2016.1173817
- Paradis, E., Novac, S., Sarty, M., & Hulchanski, J. D. (2010). Homelessness and housing among status immigrant, non-status migrant, and Canadian-born families in Toronto. *Canadian Issues*, 36-39.
- Paradis, E., Wilson, R. M., & Logan, J. (2014). *Nowhere else to go: Inadequate housing & risk of homelessness among families in Toronto's aging rental buildings*. Toronto, Ontario, Canada: Cities Centre, University of Toronto.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: SAGE Publications Inc.
- Piat, M., Polvere, L., Kirst, M., Voronka, J., Zabkiewicz, D., Plante, M., . . . Goering, P. (2015). Pathways into homelessness: Understanding how both individual and structural factors contribute to and sustain homelessness in Canada. *Urban Studies*, 52, 2366-2382. doi: 10.1177/0042098014548138
- Pitt, R., Sherman, J., & Macdonald, M. (2015). Low-income working immigrant families in Quebec: Exploring their challenges to well-being. *Canadian Journal of Public Health*, 106, 539-545. doi:10.17269/cjph.106.5028
- Pleace, N. (2016). Researching homelessness in Europe: Theoretical perspectives. *European Journal of Homelessness*, 10, 19-44.

- Polillo, A., Kerman, N., Sylvestre, J., Lee, C. M., & Aubry, T. (2018). The health of foreign-born homeless families living in the family shelter system. *International Journal of Health, Migration and Social Care*, 14, 260-268. doi:10.1108/IJMHSC-11-2017-0048
- Preston, V., Murdie, R. A., Wedlock, J., Agrawal, S., Anucha, U., D'Addario, S., ... Murnaghan, A. M. (2009). Immigrants and homelessness – at risk in Canada's outer suburbs. *The Canadian Geographer*, 53, 288-304. doi:10.1111/j.1541-0064.2009.00264.x
- QSR International. (2018). NVivo qualitative data analysis software (Version 12) [Computer software]. Melbourne, Australia: QSR International Pty Ltd.
- Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology*, 15, 121-148. doi:10.1007/BF00919275
- Saldana, J. (2009). *The coding manual for qualitative researchers*. Thousand Oaks, CA: SAGE Publications Inc.
- Sherrell, K. (2010, Fall). Legal status, place, or something else? The housing experiences of refugees in Winnipeg and Vancouver. *Canadian Issues*, 52-57.
- Sherrell, K., D'Addario, S., & Hiebert, D. (2007). On the outside looking in: The precarious housing situations of successful refugee claimants in the GVRD. *Refuge: Canada's Journal on Refugees*, 24, 64-76.
- Shinn, M., Weitzman, B. C., Stojanovic, D., Knickman, J. R., Jiménez, L., Duchon, L., . . . Krantz, D. H. (1998). Predictors of homelessness among families in New York City: From shelter request to housing stability. *American Journal of Public Health*, 88, 1651-1657.

- Spring, A., Ackert, E., Crowder, K., & South, S. J. (2017). Influence of proximity to kin on residential mobility and destination choice: Examining local movers in metropolitan areas. *Demography*, 54, 1277-1304. doi:10.1007/s13524-017-0587-x
- Stewart, M., Dennis, C. L., Kariwo, M., Kushner, K. E., Letourneau, N., Makumbe, K., Makawrimber, E. & Shizha, E. (2015). Challenges faced by refugee new parents from Africa in Canada. *Journal of Immigrant Minority Health*, 17, 1146-1156. doi:10.1007/s10903-014-00
- Sylvestre, J., Kerman, N., Polillo, A., Aubry, T., & Lee, C. M. (2015). *Profiles of homeless families in Ottawa*. Ottawa, Canada: Centre for Research on Educational and Community Services.
- Sylvestre, J., Kerman, N., Polillo, A., Lee, C. M., Aubry, T., & Czechowski, K. (2017). A qualitative study of the pathways into and impacts of family homelessness. *Journal of Family Issues*, 39, 2265-2285. doi:10.1177/0192513X17746709
- Tarasuk, T., Dachner, N., & Loopstra, R. (2014). Food banks, welfare, and food insecurity in Canada. *British Food Journal*, 116, 1405-1417. doi:10.1108/BFJ-02-2014-0077
- Teixeira, C. (2009). New immigrant settlement in a mid-sized city: A case study of housing barriers and coping strategies in Kelowna, British Columbia. *The Canadian Geographer*, 53, 323–339. doi:10.1111/j.1541-0064.2009.00266.x
- Teixeira, C. (2014). Living on the “edge of the suburbs” of Vancouver: A case study of the housing experiences and coping strategies of recent immigrants in Surrey and Richmond. *The Canadian Geographer*, 58, 168–187. doi:10.1111/j.1541-0064.2013.12055.x

- Toohey, S. M., Shinn, M., & Weitzman, B. C. (2004). Social networks and homelessness among women heads of household. *American Journal of Community Psychology*, 33, 7-20.
doi:10.1023/B:AJCP.0000014315.82860.d2
- Waegemakers Schiff, J. (2007). Homeless families in Canada: Discovering total families. *Families in Society*, 88, 131-140. doi:10.1606/1044-3894.3600
- Wood, D., Valdez, R. B., Hayashi, T., & Shen, A. (1990). Homeless and housed families in Los Angeles: A study comparing demographic, economic, and family function characteristics. *American Journal of Public Health*, 80, 1049-1052. doi: 10.2105/AJPH.80.9.1049
- Vang, Z., Sigouin, J., Flenon, A. & Gagnon, A. (2015). The healthy immigrant effect in Canada: A systematic review. *Population Change and Lifecourse Strategic Knowledge Cluster Discussion Paper Series*, 3, 1-41.

Study Two
Quantitative Study of Health Experiences

The Health of Foreign-Born Homeless Families Living in the Family Shelter System*

Alexia Polillo, Nick Kerman, John Sylvestre, Catherine M. Lee, & Tim Aubry

University of Ottawa

Acknowledgements

Funding for the Families First study was provided by the Canadian Institutes of Health Research (CIHR). Alexia Polillo was supported by the Social Science and Humanities Research Council of Canada Joseph-Armand Bombardier Canada Graduate Master's Scholarship and an Ontario Graduate Scholarship.

*This article was published in 2018 in the *International Journal of Migration, Health and Social care*, 14, 260-268. doi:10.1108/IJMHSC-11-2017-0048. This article is © Emerald Publishing Limited and permission has been granted for this version to appear here. Emerald does not grant permission for this article to be further copied/distributed or hosted elsewhere without the express permission from Emerald Publishing Limited.

Abstract

Foreign-born families face challenges following migration to Canada that may impact their well-being and lead them to homelessness. Yet, there is limited research on the experience of homelessness in this population. The purpose of this paper is to examine the health of foreign-born families staying in the emergency shelter system in Ottawa, Ontario, Canada, and compare their experiences to Canadian-born homeless families who are also living in shelters. Interviews were conducted with 75 adult heads of families who were residing in three family shelters. This study focused on mental and physical health functioning, chronic medical conditions, access to care and diagnoses of mental disorders. Foreign-born heads of families reported better mental health than did Canadian-born heads of families with a significantly lower proportion of foreign-born participants reporting having been diagnosed with a mental disorder. Foreign-born heads of families also reported fewer chronic medical conditions than did Canadian-born heads of families. This study relied on self-reported health and access to healthcare services. Data were drawn from a small, non-random sample. This study is one of the first studies to examine the health and well-being of homeless foreign-born heads of families. Moreover, this paper also focuses on disparities in health, diagnoses of mental disorders, and access to healthcare services between foreign-born and Canadian-born families – a comparison that has not been captured in the existing literature.

Introduction

Many immigrants and refugees leave their home countries in search of a new life in Canada. In 2014, Canada welcomed 28,662 refugees and 231,750 immigrants, and these numbers increased in 2016 (Immigration, Refugees and Citizenship Canada, Government of Canada, 2015, 2016). After their arrival in Canada, immigrants and refugees may experience a range of challenges related to adjustment and settlement, including poverty, unemployment, low wages, difficulties finding housing and work permit delays (Francis & Hiebert, 2014; Hiebert, D’Addario, & Sherrell, 2009; Murdie, 2008; Preston et al., 2009; Sherrell, D’Addario, & Hiebert, 2007; Teixeira, 2009, 2014). Furthermore, foreign-born individuals may also be vulnerable to a range of health outcomes following their migration to Canada. The length of time that immigrants and refugees have spent in the new country has an influence on these health outcomes (McDonald & Kennedy, 2004; Newbold, 2005).

The “healthy immigrant effect” refers to the observation that newcomers report fewer problems than do Canadian-born individuals when they first arrive in Canada, but that their reported health declines as their time spent in the country increases (De Maio, 2010; Vang, Sigouin, Flenon, & Gagnon, 2015). Early in their settlement, compared to Canadian-born individuals, immigrants report better mental health, better physical health and fewer chronic medical conditions (De Maio, 2010; Islam, 2013; Newbold, 2010). This pattern may be partially explained by Canada’s health screening criteria that restrict admission to immigrants who are in good health when they enter the country (Vang et al., 2015), but it may also reflect willingness to disclose problems. After about five to ten years in Canada, immigrants’ reported health has been shown to decline: a finding that some have attributed to the development of unhealthy behaviors like smoking, drinking alcohol, and reduced physical activity (Newbold, 2010; Vang et al.,

2015). Further, emerging health problems experienced by foreign-born individuals can be exacerbated by barriers accessing needed services and supports. These can include language barriers and communication difficulties, cultural differences and difficulty building doctor–patient relationships (Campbell, Klei, Hodges, Fisman, & Kitto, 2014; Kirmayer et al., 2011). As a result, compared to Canadian-born individuals, immigrants and refugees tend to have low rates of health service use and more unmet healthcare needs (Beiser, 2005; DesMeules et al., 2004; Newbold, 2005, 2010; Newbold & Danforth, 2003), which may, in turn, contribute to deteriorating health.

A serious problem faced by some immigrants and refugees in Canada is housing insecurity and homelessness. About one-third of the sheltered homeless population (single adults, families and youth) is estimated to be born outside of Canada, with about 10 percent having arrived in Canada in the past ten years (Chiu, Redelmeier, Tolomiczenko, Kiss, & Hwang, 2009). There are many factors that contribute to the high rates of immigrants in the shelter system, including: unemployment, low social capital and substance use (D’Addario, Hiebert, & Sherrell, 2007; Shier, Graham, Fukuda, & Turner, 2016). Although many of these are also social determinants of health, which typically put homeless people further at-risk of developing or exacerbating health problems, it is unclear whether this is the case with refugees and immigrants. This is because there is preliminary evidence that the healthy immigrant effect may be applicable to the homeless population.

Chiu et al. (2009) found that recent immigrants experiencing homelessness reported fewer mental and physical health issues, chronic health conditions and substance use problems than did immigrants who had been in Canada for more than ten years. Moreover, in a recent study of health differences between foreign- and Canadian-born homeless individuals, foreign-

born participants reported better overall mental and physical health, and less drug use than did those born in Canada (Klodawsky, Aubry, & Nemiroff, 2014). Among foreign-born participants, no health differences were found between refugees and immigrants. The findings suggest that there may be variations in the mental and physical health of people experiencing homelessness related to their country of birth. Because the studies by Chiu et al. (2009) and Klodawsky et al. (2014) examined homeless individuals, it is unknown if, and to what extent, these findings are generalizable to other homeless subpopulations, such as foreign-born families.

Foreign-born families can face many challenges following migration to Canada that lead them to become homeless. Yet, there is a dearth of research on the experience of homelessness for this population. In particular, no study has examined the health of foreign-born families experiencing homelessness. This study is designed to address this knowledge gap by describing the self-reported health of heads of families who are foreign-born and staying in the shelter system in Ottawa, Ontario. Their health reports are compared to heads of Canadian-born homeless families who are also living in the shelter system. Accordingly, three research questions are examined: (1) Are there differences in self-reported mental health and diagnoses of mental disorders between foreign-born and Canadian-born adult heads of families who are homeless? (2) Are there differences in self-reported physical health and chronic medical conditions between foreign-born and Canadian-born adult heads of families who are homeless? And (3) Are there differences in healthcare accessibility and unmet healthcare needs between foreign-born and Canadian-born adult heads of families who are homeless?

Methods

Data were drawn from baseline assessments of a study on sheltered homeless families in Ottawa, Ontario, Canada. This study explored the differences in adult heads of families' mental

and physical health based on country of birth (foreign-born and Canadian-born), as well as other areas of health, such as unmet healthcare needs, access to care, diagnoses of mental disorders and chronic medical conditions.

Participants

The sample consisted of 75 adult heads of families who were residing in one of three family shelters or other off-site accommodations provided by the city (e.g. motels). Study eligibility criteria required participants to have spent a minimum of one month in the shelter system; be a parent or guardian in a family comprised of at least one adult and one child; be over the age of 18; and speak English or French.

Data Collection

Shelter workers were responsible for referring families to the research team who met the inclusion criteria using a recruitment script (see Appendix I). Data were collected from November 2013 to December 2014. For a general overview of the study and sample, see (Sylvestre, Kerman, Polillo, Lee, & Aubry, 2017). All participants provided informed consent to take part in an interview (see Appendix J) that collected baseline data on family composition and demographic information, recent housing histories, social support, health, home environment, access to care and service use. This paper focuses on mental and physical health functioning, chronic medical conditions, access to care and diagnoses of mental disorders. The authors report no known conflicts of interest, and this study was reviewed and approved by the Research Ethics Board of the University of Ottawa.

Measures

Mental and physical health were measured using the Short Form-12 Health Survey Version 1 (SF-12; Ware, Kosinski, & Keller, 2002). The SF-12 is a 12-item, self-report measure

that is comprised of two subscales: physical component summary and mental component summary. Scores on each subscale can range from 0 (lowest level of health) to 100 (highest level of health), with 50 representing the mean score ($SD = 10$) for the general US population. The internal consistency of the SF-12 for this sample was good ($\alpha = 0.81$).

Chronic medical conditions were assessed using a modified version of the Comorbid Conditions List (CMC; Mental Health Commission of Canada, 2010). The measure lists 29 chronic medical conditions (e.g. asthma, high blood pressure, diabetes) that have been present for more than six months, which are tallied to create a total score, ranging from 0 to 29. An additional section was added to the CMC to assess mental health diagnoses using a single item: “Have you ever been diagnosed (by a doctor) with a mental health problem?” Participants responded to the item dichotomously by answering “yes” or “no.” No subscale or total scores are computed for this section of the measure.

Two items from the At Home/Chez Soi demonstration project protocol were used to measure access to healthcare (Goering et al., 2011). Participants were asked: “Do you have a regular medical doctor?” and “In the past 6 months, was there ever a time when you felt that you and your children needed healthcare but you and your child didn’t receive it?” Participants responded to the items by answering “yes” or “no.” No subscale or total scores are computed.

Data Analysis

Independent-samples *t*-tests were conducted to assess differences between foreign-born and Canadian-born participants in self-reported mental and physical health, as well as differences in mean number of chronic medical conditions. Follow-up analyses involved follow-up chi-square tests to determine differences between foreign-born and Canadian-born participants in the five most commonly cited medical conditions in the sample. A two-tailed Fisher’s exact test was

used to examine the relationship between birth in Canada and mental health diagnosis. Lastly, two chi-square tests were used to examine the relationship between birth in Canada or elsewhere and access to healthcare. For the five chi-square tests that were conducted on chronic medical conditions, the significance level was set at $p = .01$ to minimize the familywise error-rate; alpha was set at .05 for all other tests. Cohen's d and odds ratios were used to calculate effect size. Data were analyzed using SPSS 23.

Results

Sample Characteristics

Of the 75 adult heads of families who participated in this study, 27 were Canadian-born and 48 were foreign-born. The sample consisted of 20 men and 55 women who had a mean age of 35.8 years ($SD = 8.55$). On average, families were comprised of 3.11 individuals ($SD = 1.71$) and had been residing in the shelter system for 6.25 months ($SD = 5.24$). Foreign-born participants had been living in Canada for an average of 6.57 months ($SD = 7.53$) and 31 (64.6%) were newcomers to Canada (less than 5 years in country).

In total, 24 percent of participants were permanent residents or immigrants, 25.3 percent were refugee claimants, 46.7 percent were Canadian citizens, and 4.0 percent of participants did not disclose their citizenship status. The most common countries of origin for foreign-born participants were: Congo ($n = 10$; 21.0%), Haiti ($n = 8$; 17.0%), Burundi ($n = 4$; 8.0%), and Somalia ($n = 4$; 8.0%). See Table 1b for more characteristics of Canadian-born and foreign-born heads of families.

Table 1b

Characteristics of Canadian-Born and Foreign-Born Participants

	Canadian-born		Foreign-born	
	<i>n</i> (%)	<i>M</i> (SD)	<i>n</i> (%)	<i>M</i> (SD)
Sex				
Male	6 (23.1%)		14 (29.2%)	
Female	20 (76.9%)		34 (70.8%)	
Age (years)		33.8 (8.98)		36.8 (8.21)
Marital status				
Single/Never married	8 (30.8%)		11 (22.9%)	
Married/Cohabiting	9 (34.6%)		28 (58.3%)	
Separated/Divorced/Widowed	9 (34.6%)		9 (18.8%)	
Average number of children		2.15 (1.26)		2.68 (1.34)
Education				
No/Some high school	12 (46.2%)		14 (29.2%)	
Completed high school	5 (19.2%)		19 (18.8%)	
Some post-secondary	3 (11.5%)		19 (18.8%)	
Completed post-secondary	6 (23.1%)		16 (33.3%)	
Primary occupation				
Unemployed	22 (84.6%)		42 (87.5%)	
Employed	3 (11.5%)		2 (4.2%)	
Other			4 (8.4%)	
Average length of time in shelter (months)		5.68 (3.14)		6.82 (6.31)

Mental and Physical Health

The overall physical health ($M = 50.88$, $SD = 9.44$) of the full sample was comparable to 1998 scores of the U.S. general population ($M = 50.00$, $SD = 10.00$) from which the scale norms were developed (Ware et al., 2002), whereas the overall mental health of the sample ($M = 44.66$, $SD = 11.78$) was lower. The most common chronic medical conditions reported by the full sample were back problems (44.7%), dental problems (32.9%), migraine headaches (30.3%), and anemia (26.3%).

Comparisons of health differences indicated that foreign-born participants reported significantly better mental health than did Canadian-born participants, with a medium-size effect (see Table 2b). A significantly lower proportion of foreign-born participants (8.2%) reported having been diagnosed with a mental disorder by a doctor compared to 30.8% of Canadian-born participants ($p = .02$, $OR = 4.89$, 95% CI [1.31, 18.29]). Self-reported physical health of foreign-born and Canadian-born participants did not differ.

Canadian-born participants reported significantly more chronic medical conditions ($M = 3.85$, $SD = 2.52$) than did foreign-born participants ($M = 1.88$, $SD = 2.03$, $p = .001$). This finding represented a large-size effect, $d = 0.86$, 95% CI [0.36, 1.36]. Of the five most commonly cited conditions (back problems, dental problems, migraine headaches, anemia, and foot problems), significant differences were found between foreign-born and Canadian-born participants in two medical conditions: anemia and migraine headaches (see Table 3b). In both cases, a higher proportion of Canadian-born participants reported having these conditions than did foreign-born participants.

Table 2a
Results of t-tests and Descriptive Statistics for Mental Health, Physical Health, and Chronic Medical Conditions

	Foreign-born			Canadian-born			95% CI for Mean Difference	t	df	d	95% CI for Effect Size
	M	SD	n	M	SD	n					
Mental Health	47.35	11.19	41	40.59	11.68	27	-12.39, -1.13	-2.40	66	.59	0.09, 1.09
Physical Health	51.65	9.24	41	49.70	9.78	27	-6.63, 2.73	-.833	66	.20	-0.29, 0.70
Chronic Medical Conditions	1.88	2.03	48	3.85	2.52	27	0.91, 3.04	3.71	73	.86	0.36, 1.36

Table 3b

Results of Chi-Square Tests for the Five Most Commonly Cited Medical Conditions

	Canadian-born n (%)	Foreign-born n (%)	χ^2	df	<i>p</i> *	OR	95% CI
Migraine Headaches	14 (53.8%)	8 (16.7%)	11.16	1	.001	5.83	1.98, 17.21
Anemia	12 (46.2%)	8 (17.8%)	6.56	1	.01	3.96	1.34, 11.74
Back Problems	16 (61.5%)	17 (35.4%)	4.66	1	.03	2.92	1.09, 7.83
Dental Problems	11 (42.3%)	12 (25.0%)	2.36	1	.13	2.20	0.80, 6.08
Foot Problems	6 (23.1%)	6 (12.5%)	1.39	1	.24	2.10	0.60, 7.33

* *p* was set at .01 for the five statistical analyses

Access to Care

Overall, 30 participants (42.9%) reported having a regular general practitioner and just under one-quarter of participants ($n = 17$; 23.9%) indicated problems accessing needed healthcare in the past six months. No differences were found in having access to a regular general practitioner between Canadian-born (50.0%) and foreign-born participants (38.6%), reflecting poor access to care for both groups. Similarly, the percentages of Canadian-born and foreign-born participants who reported unmet healthcare needs did not differ, 15.4% and 28.9%, respectively.

Discussion

The study partially replicates findings of differences in self-reported health between foreign-born and Canadian-born homeless families. Foreign-born homeless family heads reported better mental health and fewer chronic medical conditions than did Canadian-born heads of families. Further, foreign-born participants were less likely to report having received a mental health diagnosis than were Canadian-born participants. As for differences in the five most commonly cited chronic medical conditions, anemia and migraine headaches were more commonly reported by Canadian-born homeless families than by foreign-born families. These results are consistent with prior research, which also indicated differences in mental health status and chronic medical conditions between foreign-born and Canadian-born homeless individuals (Chiu et al., 2009; Klodawsky et al., 2014). However, because these studies had heterogeneous samples of people experiencing homelessness, it was unknown how applicable the health differences were to the different homeless subpopulations that were included in the samples. The findings from this study provide support that, for family homelessness, foreign-born heads of families may have better mental health and fewer chronic medical conditions than those born in

Canada. Differences in mental health could also be reflective of Canadian-born families with poorer mental health having a higher risk of homelessness than Canadian-born families with no mental health problems. Further study could examine the supports needed by families with parental mental health problems to prevent homelessness.

Although foreign-born heads of families reported fewer chronic medical conditions than did Canadian-born participants, there were no differences in self-reported physical health between the two groups – a finding that is contrary to past research on immigrant and refugee health (Klodawsky et al., 2014). In this study, the lack of differences may be attributable to participants' age, as both Canadian-born and foreign-born adult heads of families tended to be young and reported good physical health that was comparable to the general population. From the perspective of the healthy immigrant effect, another factor that may explain why few differences in physical health were observed is the heterogeneity of the foreign-born group, which included both immigrants and refugees who had been in Canada for varying durations.

In addition to examining the general mental health of heads of families, this study assessed the percentage of participants who reported having been diagnosed with mental disorders to better understand the extent of clinical mental health conditions among homeless families. Fewer heads of foreign-born homeless families reported having a diagnosis of a mental disorder than did Canadian-born homeless family heads. Although this is consistent with the finding that foreign-born homeless families have better self-reported mental health than Canadian-born homeless families, the difference may be the result of underreporting by foreign-born participants due to stigma about mental health. A fear of being stigmatized is still of major concern within foreign-born communities who may have migrated from countries where mental health is less accepted (Kirmayer et al., 2011). Further, as a result of this stigma, foreign-born

individuals may be more reluctant to seek mental health treatment (Fenta, Hyman, & Noh, 2006, Nadeem et al., 2007; Saechao et al., 2012). Culturally, some immigrants and refugees may also have a different view of mental health problems and how to treat them (e.g., spiritual practices), so participants may not feel it necessary to pursue treatment for anxiety, depression, and other conditions (Fenta et al., 2006; O'Mahoney & Donnelly, 2007; Whitley, Kirmayer, & Groleau, 2006).

The greater proportion of Canadian-born heads of families reporting a diagnosis of a mental disorder may be the result of difficulties faced by immigrants and refugees in accessing mental health services, including ones that are culturally appropriate (Stewart et al., 2015). Further, when this population does receive care, poor quality care is not uncommon (McKeary & Newbold, 2010), which may discourage them from reaching out for help and support in the future. These differences may also be due to Canadian-born heads of families having access to Canada's healthcare system for a longer period of time than foreign-born heads of families, which may make it more likely that they sought mental health treatment and received a diagnosis.

In the context of this study, just under one-quarter of participants had unmet healthcare needs in the past six months, but there were no significant differences between Canadian-born and foreign-born homeless families – a finding consistent with some previous research (Ali, McDermott, & Gravel, 1995; Setia, Quesnel-Vallee, Abrahamowicz, Tousignant, & Lynch, 2011; Vang et al., 2015). The lack of differences may be the result of factors, such as poverty and homelessness, which may make it difficult for both groups to access healthcare services resulting in unmet healthcare needs (Hauff & Secor-Turner, 2014; Teruya et al., 2010). Only half of Canadian-born homeless families and even less than half of foreign-born families reported

having regular access to a medical doctor. The lack of differences may also be due to the small number of homeless families who reported unmet healthcare needs, which could have made it difficult to detect differences between groups. The homeless families in this study had caseworkers in the shelter who could refer them to health services (e.g., nurse practitioner) as needed. Therefore, the rates of unmet healthcare needs are likely to be higher among families who are not living in the shelter and who are not linked with caseworkers. Overall, though foreign-born families may encounter additional barriers to accessing needed health services, it appears that this is a pervasive issue for families experiencing homelessness regardless of country of birth.

Limitations and Future Research

This study had several notable limitations. First, due to the cross-sectional design of the analysis, the study did not track changes in health over time, preventing the findings from being fully interpretable in the context of the healthy immigrant effect. Second, the study relied on self-reported health and access to services. Collecting self-reported health information about a foreign-born population living in precarious situations may not be accurate because of a fear of stigma or concerns about their status in the country. These concerns may limit the conclusions that can be drawn from comparing the responses of foreign-born families and Canadian-born families who are legal citizens. Third, study findings should be interpreted with caution due to the small, non-random sample.

Future research could examine health and service use outcomes based on foreign-born homeless families' length of time in Canada, as well as consider using objective measures to capture actual health and not solely self-reported perceptions of health. One example could be to add the perspectives of service providers to better understand the health of foreign-born

homeless families and examine whether their views of health align with the perspectives of families. Future research could also examine the influence of health on the experiences of homelessness for foreign-born and Canadian-born families, and how health influences their ability to regain stability once they leave the shelter, as well as explore mental health as a risk factor for homelessness in Canadian-born families.

As this study did not explore the domains in which families had unmet healthcare needs, this is an area of research that requires examination in future research in order to better support families during their episodes of homelessness. Given that foreign-born families experiencing homelessness are not a homogeneous group, there is also a critical need for further study of how the health and service use patterns of immigrants may differ from those of refugees.

The findings speak to the need for: (1) providing foreign-born communities with not only health education, but also information about the rights of non-citizens in order to minimize the fear of stigma and promote a better understanding of mental and physical health, and increase health seeking behaviours; (2) delivering health services with culturally competent practices to increase trust between service providers and foreign-born communities; (3) ensuring that shelters and service providers continue connecting families to resources related to mental health, physical health, and settlement services; and (4) making sure that health coverage (e.g., Interim Federal Health Program) for newcomers in Canada is accepted by all healthcare providers in order to ensure equitable access to care for the most vulnerable groups, such as refugee claimants.

References

- Ali, J. S., McDermott, S., & Gravel, R. G. (2004). Recent research on immigrant health from statistics Canada's population surveys. *Canadian Journal of Public Health, 95*, 1-9. doi:10.17269/cjph.95.505
- Beiser, M. (2005). The health of immigrants and refugees in Canada. *Canadian Journal of Public Health, 96*, 30-40.
- Beiser, M., & Hou, F. (2016). Mental health effects of premigration trauma and postmigration discrimination on refugee youth in Canada. *Journal of Nervous and Mental Disease, 204*, 464-470. doi:10.1097/NMD.0000000000000516
- Campbell, R. M., Klei, A. G., Hodges, B. D., Fisman, D., & Kitto, S. (2014). A comparison of health access between permanent residents, undocumented immigrants and refugee claimants in Toronto, Canada. *Journal of Immigrant and Minority Health, 16*, 165-176. doi:10.1007/s10903-012-9740-1
- Chiu, S., Redelmeier, D. A., Tolomiczenko, G., Kiss, A., & Hwang, S. W. (2009). The health of homeless immigrants. *Journal of Epidemiology and Community Health, 63*, 943-948. doi:10.1136/jech.2009.088468
- D'Addario, S., Hiebert, D., & Sherrell, K. (2007). Restricted access: the role of social capital in mitigating absolute homelessness among immigrants and refugees in the GVRD. *Refuge: Canada's Journal on Refugees, 24*, 107-115.
- De Maio, F. G. (2010). Immigration as pathogenic: A systematic review of the health of immigrants to Canada. *International Journal for Equity in Health, 9*, 1-20. doi:10.1186/1475-9276-9-27

- DesMeules, M., Gold, J., Kazanjian, A., Manuel, D., Payne, J., Vissandjée, B., . . . Mao, Y. (2004). New approaches to immigrant health assessment. *Canadian Journal of Public Health, 95*, 22-26.
- DesMeules, M., Gold, J., McDermott, S., Cao, Z., Payne, J., Lafrance, B., . . . Mao, Y. (2005). Disparities in mortality patterns among Canadian immigrants and refugees, 1980–1998: Results of a national cohort study. *Journal of Immigrant and Minority Health, 7*, 221-232. doi:10.1007/s10903-005-5118-y
- Fenta, H., Hyman, I., & Noh, S. (2006). Mental health service utilization by Ethiopian immigrants and refugees in Toronto. *The Journal of Nervous and Mental Disease, 194*, 925-934. doi:10.1097/01.nmd.0000249109.71776.58
- Francis, J., & Hiebert, D. (2014). Shaky foundations: Refugees in Vancouver's housing market. *The Canadian Geographer, 58*, 63-78. doi:10.1111/j.1541-0064.2013.12056.x
- Gee, E. M. T., Kobayashi, K. M., & Prus, S. G. (2004). Examining the healthy immigrant effect in mid- to later life: findings from the Canadian community health survey. *Canadian Journal of Aging, 23*, 55-63.
- Goering, P. N., Streiner, D. L., Adair, C., Aubry, T., Barker, J., Distasio, J., . . . Zabkiewicz, D. M. (2011). The at home/chez soi trial protocol: A pragmatic, multi-site, randomized controlled trial of a housing first intervention for homeless individuals with mental illness in five Canadian cities. *BMJ Open, 1*, 1-18. doi:10.1136/bmjopen-2011-000323
- Immigration, Refugees and Citizenship Canada, Government of Canada. (2015). *2015 annual report to parliament on immigration*. Retrieved from: <http://www.cic.gc.ca/english/resources/publications/annual-report-2015/index.asp>

Immigration, Refugees and Citizenship Canada, Government of Canada. (2016). *Report on plans and priorities in 2016-2017*. Retrieved from:

<http://www.cic.gc.ca/english/resources/publications/rpp/2016-2017/#a2.2.2>

Hauff, A. J., & Secor-Turner, M. (2014). Homeless health needs: Shelter and health service provider perspective. *Journal of Community Health Nursing*, 31, 103-117.

doi:10.1080/07370016.2014.901072

Hiebert, D., D'Addario, S., & Sherrell, K. (2009). Taking care of their own? Or falling between the cracks? Absolute and relative homelessness among immigrants, refugees, and refugee claimants in Vancouver. In J. D. Hulchanski et al. (Eds.), *Finding home: Policy options for addressing homelessness in Canada* (pp. 554-570). Toronto, Ontario, Canada: Cities Centre, University of Toronto.

Islam, F. (2013). Examining the “healthy immigrant effect” for mental health in Canada.

University of Toronto Medical Journal, 90, 169-175.

Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., ... Pottie, K.

(2011). Common mental health problems in immigrants and refugees: General approach to primary care. *Canadian Medical Association Journal*, 183, 1-9.

doi:10.1503/cmaj.090292

Klodawsky, F., Aubry, T., & Nemiroff, R. (2014). Homeless immigrants' and refugees' health

over time. In M. Guirguis-Younger, R. McNeil, & S. W. Hwang (Eds.), *Homelessness & health in Canada* (pp. 111-132). Ottawa, Ontario, Canada: The University of Ottawa

Press.

- McDonald, J. T., & Kennedy, S. (2004). Insights into the 'healthy immigrant effect': Health status and health service use of immigrants in Canada. *Social Science & Medicine*, 59, 1613-1627. doi:10.1016/j.socscimed.2004.02.004
- McKeary, M., & Newbold, B. (2010). Barriers to care: The challenges for Canadian refugees and their health care providers. *Journal of Refugee Studies*, 1-23. doi:10.1093/jrs/feq038
- Mental Health Commission of Canada. (2010). *At home/chez soi instrument protocol*. Calgary, Alberta, Canada: Author.
- Murdie, R. A. (2008). Pathways to housing: The experiences of sponsored refugees and refugee claimants in accessing permanent housing in Toronto. *Journal of International Migration and Integration*, 9, 81-101. doi:10.1007/s12134-008-0045-0
- Nadeem, E., Lange, J. M., Edge, D., Fongwa, M., Belin, T., & Miranda, J. (2007). Does stigma keep poor young immigrant and U.S.-born black and Latina women from seeking mental health care. *Psychiatric Services*, 58, 1547-1554. doi:10.1176/ps.2007.58.12.1547
- Newbold, B. K. (2005). Health status and health care of immigrants in Canada: A longitudinal analysis. *Journal of Health Services Research & Policy*, 10, 77-83. doi:10.1258/1355819053559074
- Newbold, B. K. (2010). Linking immigrant settlement, health, housing, and homelessness in Canada. *Canadian Issues*, 28-31.
- Newbold, B. K., & Danforth, J. (2003). Health status and Canada's immigrant population. *Social Science & Medicine*, 57, 1981-1995. doi:10.1016/s0277-9536(03)00064-9
- O'Mahoney, J. M., & Donnelly, T. T. (2007). The influence of culture on immigrant women's mental health care experiences from the perspectives of health care providers. *Issues in Mental Health Nursing*, 28, 453-471. doi:10.1080/01612840701344464

- Preston, V., Murdie, R. A., Wedlock, J., Agrawal, S., Anucha, U., D'Addario, S., ... Murnaghan, A. M. (2009). Immigrants and homelessness – at risk in Canada's outer suburbs. *The Canadian Geographer*, 53, 288-304. doi:10.1111/j.1541-0064.2009.00264.x
- Saechae, F., Sharrock, S., Reicherter, D., Livingston, J. D., Aylward, A., Whisnant, J., Koopman, C., & Kohli, S. (2012). Stressors and barriers to using mental health services among diverse groups of first-generation immigrants to the United States, *Community Mental Health Journal*, 48, 98-106. doi:10.1007/s10597-011-9419-4
- Setia, M. S., Quesnel-Vallee, A., Abrahamowicz, M., Tousignant, P., & Lynch, J. (2011). Access to health-care in Canadian immigrants: A longitudinal study of the national population health survey. *Health & Social Care in the Community*, 19, 70-79. doi:10.1111/j.1365-2524.2010.00950.x
- Sherrell, K., D'Addario, S., Hiebert, D. (2007). On the outside looking in: the precarious housing situations of successful refugee claimants in the GVRD. *Refuge: Canada's Journal on Refugees*, 24, 64-76.
- Shier, M. L., Graham, J. R., Fukuda, E., & Turner, A. (2016). Predictors of living in precarious housing among immigrants accessing housing support services. *Journal of International Migration and Integration*, 17, 173-192. doi:10.1007/s12134-014-0396-7
- Statistics Canada. (2010). *Projections of the diversity of the Canadian population: 2006 to 2031* (Catalogue no. 91-551-X). Retrieved from <http://www.statcan.gc.ca/pub/91-551-x/91-551-x2010001-eng.pdf>
- Stewart, M., Dennis, C. L., Kariwo, M., Kushner, K. E., Letourneau, N., Makumbe, K., ... Shizha, E. (2015). Challenges faced by refugee new parents from Africa in Canada.

- Journal of Immigrant and Minority Health*, 17, 1146-1156. doi:10.1007/s10903-014-0062-3
- Sylvestre, J., Kerman, N., Polillo, A., Aubry, T., & Lee, C. M. (2017). A profile of families in the emergency family homeless shelter system in Ottawa, Ontario, Canada. *Canadian Journal of Urban Research*, 26.
- Teixeira, C. (2009). New immigrant settlement in a mid-sized city: A case study of housing barriers and coping strategies in Kelowna, British Columbia. *The Canadian Geographer*, 53, 323–339. doi:10.1111/j.1541-0064.2009.00266.x
- Teixeira, C. (2014). Living on the “edge of the suburbs” of Vancouver: A case study of the housing experiences and coping strategies of recent immigrants in Surrey and Richmond. *The Canadian Geographer*, 58, 168–187. doi:10.1111/j.1541-0064.2013.12055.x
- Teruya, C., Longshore, D., Andersen, R. M., Arangua, L., Nyamathi, A., Leake, B., & Gelberg, L. (2010). Health and health care disparities among homeless women. *Women & Health*, 50, 719-736. doi:10.1080/03630242.2010.532754
- Vang, Z., Sigouin, J., Flenon, A., & Gagnon, A. (2015). The healthy immigrant effect in Canada: A systematic review. *Population Change and Lifecourse Strategic Knowledge Cluster Discussion Paper Series*, 3, 1-41.
- Ware, J. E., Kosinski, M., Keller, S. D. (1996). A 12-item short-form health survey: Construction of scales and preliminary tests of reliability and validity. *Medical Care*, 34, 220-233.
- Whitley, R., Kirmayer, L.J., & Groleau, D. (2006). Understanding immigrants’ reluctance to use mental health services: A qualitative study from Montreal. *The Canadian Journal of Psychiatry*, 51, 205-209. doi:10.1177/070674370605100401

Study Three

Qualitative Study of Youths' Shelter Experiences

The Experiences of Adolescents and Young Adults Residing with their Families in Emergency Shelters in Canada*

Alexia Polillo, John Sylvestre, Nick Kerman, Catherine M. Lee, Tim Aubry, & Konrad Czechowski

University of Ottawa

Acknowledgements

Funding for the Families First study was provided by the Canadian Institutes of Health Research (CIHR). Alexia Polillo was supported by the Social Science and Humanities Research Council of Canada Joseph-Armand Bombardier Canada Graduate Master's Scholarship and an Ontario Graduate Scholarship.

*This is an Accepted Manuscript of an article published by Taylor & Francis in *Journal of Children and Poverty*, 24, 89-107 on April 30th 2018, available online:
<https://www.tandfonline.com/doi/abs/10.1080/10796126.2018.1470438>

Abstract

Emergency homeless shelters can be stressful environments for families. They can be associated with emotional distress and feelings of restriction for parents, and with behavioural, social, and developmental challenges for children. However, little is known about the experiences of accompanied youth residing in shelter with their families, as the literature about this age group's experiences of homelessness has mainly focused on unaccompanied youth. Findings from the current study are drawn from qualitative interviews with 16 adolescents and young adults (aged 16–21) who were homeless and living with their families in family homeless shelters in Ottawa, Ontario, Canada. Youth described family homeless shelters as stressful environments but also found that the shelters provided support to them and their families. Youth discussed the various strategies they used to cope in facing the challenges of shelter life. These findings add to our understanding of youth who are homeless and highlight the ways in which they adapt to the challenges of living in a family homeless shelter with their families. Recommendations are included for ways that shelter staff and policymakers can enact operational and systemic changes that could potentially improve the experiences of such youth and their families.

Introduction

Family homelessness is a significant social problem (Henry, Shivja, de Sousa, & Cohen, 2015; Noble, 2014) that is a product of both structural and family level risk factors (Gaubatz, 2001). Structural risk factors include inadequate income support for families living in poverty, a lack of affordable housing, inaccessibility of childcare, and unemployment (Gaetz, Donaldson, Richter, & Gulliver, 2013; McArthur, Zubrzycki, Rochester, & Thomson, 2006). These structural factors, along with family and individual risk factors, may work together to influence a family's vulnerability to becoming homeless. Family and individual risk factors include single parenthood, parental history of disruptions during childhood (e.g., placement in foster care), poor work history, a lack of social support, education and skills deficits, limited financial resources, membership in a visible minority group, violence and abuse, mental health problems, alcohol and drug use, and an uncertain legal status (Biel, Gilhuly, Wilcox, & Jacobstein, 2014; Buckner, 2014; Haber & Toro, 2004; Holtrop, Piehler, Gewirtz, & August, 2017; Howard, Cartwright, & Barajas, 2009).

Although research has painted a portrait of the characteristics of homeless families, less is known about the experiences of these families when they enter family homeless shelters. To our knowledge, few studies have examined the experiences of young people who reside with their families in these shelters. Compared to their younger siblings, those in the developmental phase of adolescence or early adulthood have greater autonomy and connection outside of the family. Furthermore, they have different roles and responsibilities from their parents or guardians and a more limited range of life experiences as compared to those older members of family.

This study describes findings from a qualitative study of the experiences of homeless youth, most from families that have immigrated to or have refugee status in Canada. Prior to

presenting findings from this study, we review the available research on the experiences of homeless families in shelters, look briefly at the literature on homeless youth (unaccompanied and accompanied), and consider how unaccompanied youth may be uniquely affected in these environments.

The experiences of families in emergency homeless shelters

Qualitative studies on the experiences of adult heads of families in these settings have focused on the experiences of homeless mothers residing with their children. In contrast, there is little research on the experiences of accompanied youth residing in a family homeless shelter. Below, we summarize common findings from studies of homeless families.

Safety and security. For some adults, access to a family shelter provides a sense of relief and safety. In a study of 28 families, participants reported feeling safe while in the shelter due to support from other residents and shelter staff (Tischler, Rademeyer, & Vostanis, 2007). They described how the shelter helped them become more independent and provided them with safety and security, particularly if they were fleeing violence and abuse (Goldstein, 2007; Styron, Janoff-Bulman, & Davidson, 2000; Tischler et al., 2007). Goldstein (2007) found that homeless heads of families viewed the shelter as a safe space for families and spoke positively about the shelter rules. Caseworkers in the shelter fostered feelings of stability through practical help and connection to community resources.

Challenging shelter environments. Despite increased feelings of safety, the shelter environments were often characterized as restrictive. Averitt (2003) described parents' perceptions of the ways in which shelter rules restricted their day-to-day family routines. Some parents believed that shelter staff used rules to control them. Other difficulties reported included being treated poorly by shelter staff, experiencing a loss of privacy, sharing limited physical

space with other residents, and staying in shelters with poor quality facilities (Averitt, 2003; Goldstein, 2007; Kissman, 1999; Styron et al., 2000; Tischler et al., 2007).

Emotional distress. Adult heads of families commonly report emotional distress, particularly when shelter stays are long. They attribute their distress to the living conditions in the shelter, uncertainty about their departure, and concerns about their ability to provide for their children (Averitt 2003; Choi & Snyder 1999; Goldstein 2007; Kissman 1999; Schindler & Coley, 2007). Feelings of powerlessness, guilt, low self-esteem, and anger were commonly described, as were feelings of depression and suicidal thoughts (Averitt, 2003; Goldstein, 2007; Styron et al., 2000; Tischler et al., 2007). It is unclear, however, whether these experiences are solely the result of living in a shelter or also the product of the poverty and disruption that precede homelessness.

Experiences of young people

Unaccompanied youth. Most research on youth experiencing homelessness has focused on unaccompanied youth who are not in the care of a parent and are living on the streets or in youth-specific shelters. For some unaccompanied youth, homelessness can be the result of trauma such as an abusive home environment, the lack of family financial and social support, breakdown of relationships with family members, and aging out of foster care (Barker, 2012; Gaetz, 2014; Hyde, 2005). In a study of 1,202 youth (ages 17–21) transitioning out of foster care, just over a quarter (28%) were homeless within a year of exiting the system (Shah et al., 2017). Structural factors (e.g., poverty, discrimination, and a lack of affordable housing) and systemic issues (e.g., failures in mental health care, child protection services, and the criminal justice system) can also play a role in unaccompanied youth becoming homeless (Gaetz et al., 2014).

Some youth may also have difficulty completing high school, which can act as a barrier to finding full-time employment (Gaetz, 2014), and relying on panhandling, sex work, or selling drugs as main sources of income is not uncommon (Kidd, 2006). Female youth are particularly vulnerable to sexual exploitation and sex work, trading sex for basic needs (e.g., money, shelter), and experiencing physical and sexual violence (Gaetz, 2014; Sekharan, 2015). Navigating the challenges associated with homelessness can be even more complex for unaccompanied youth without familial support, economic stability, and the developmental skills needed to establish lives on their own (Gaetz, 2014).

Instability in the form of chronic or episodic periods of homelessness and transitions between living on the streets, couch surfing, or staying in shelters may be common experiences for some unaccompanied youth (Curry et al., 2017; Gaetz, 2014). While in the shelter, some unaccompanied youth may experience challenges with the living conditions (e.g., lack of cleanliness in the shelter), rules, and relationships with service providers (Altena, Beijersbergen, & Wolf, 2014). It is important to remember that the social environment and resources of a youth-serving shelter are different from those of a family-serving shelter, and the presence of parents, siblings, and other families may create different experiences for youth who are in the shelter with their families than for unaccompanied youth.

Accompanied youth

Little is known about youth residing with their families in family shelters. In an early study, Penuel and Davey (1999) interviewed 17 participants (ages 8–14) living in a southeastern city in the United States about their experiences in family shelters. They found that some participants did not view the shelter as a home because it lacked privacy, adequate space, and personal belongings. In contrast, others viewed the shelter as a home because it provided a roof

over their heads and a place for family bonding. Although families were living in the shelter indefinitely, participants reported that they avoided telling friends where they lived, and it negatively affected their friendships.

Neufeld-Redekop and Zamprelli (2007) surveyed children and youth staying in 64 family violence shelters, 33 general emergency shelters, and 15 temporary shelters in Canada. One of the primary challenges noted by youth was overcrowding. Children and youth were required to share rooms with other families, and the shelters lacked sufficient study space. Children and youth reported experiencing decreased self-esteem and diminished well-being, as well as behavioural, social, and educational difficulties.

Homeless shelters can be stressful for young people, with the potential for emotional, behavioural, social, and developmental consequences. Given these risks, it is worth considering how this developmental period may intersect with homelessness and bring with it unique experiences and challenges. Developmental psychologists have identified adolescence as a period of heightened sensitivity to the social environment (Blakemore & Mills, 2014). It is a period during which social-cognitive processes such as perspective-taking, decision-making, self-awareness, understanding the mental states and intentions of others, processing social emotions, and sensitivity to peer exclusion develop, as young people explore a wide variety of new social environments (Blakemore & Mills, 2014).

Experiences in these social environments can influence the development of these social-cognitive processes in areas such as risk-taking and emotion regulation. Research has shown that due to this heightened environmental sensitivity, exposure to stressful social environments during adolescence can have profound and long-lasting impacts on social-cognitive processes,

reflected in structural changes in the brain and evident in mental health problems such as depressive symptoms and addictive behaviours (Blakemore & Mills, 2014).

Homeless shelter stays can be challenging for youth. Unfortunately, there is an absence of research examining this issue. The current study was designed to increase our understanding of youth experiencing homelessness and their experiences in a family shelter.

The current study

Our study examined the experiences of adolescents and young adults residing with their families in one of two emergency family homeless shelters in Ottawa, Ontario, Canada. Shelters are open to one- and two-parent families and may be accessed by long-term residents and newcomer families to Canada. There is no limit on the length of stay in the shelters. In 2016 homeless families spent an average of 92 nights in them, with stays tending to be longest for larger families because of the lack of multi-bedroom, subsidized social housing units (Alliance to End Homelessness Ottawa, 2017). In 2014 non-Canadians were estimated to comprise only about 5% of emergency shelter users across Canada in shelters serving primarily homeless individuals (Employment and Social Development Canada, Government of Canada, 2016); however, newcomers to Canada comprise a significant proportion of homeless families in Ottawa's family shelter system. Of 706 families residing in Ottawa's family shelters, about 60% were born outside of Canada, and only about half (54.6%) were Canadian citizens at the time of shelter entry. One quarter (25.0%) were permanent residents or immigrants, and 13.7% were refugee claimants (Sylvestre, Kerman, Polillo, Aubry, & Lee, 2015). A much lower proportion of immigrants was found in a study of unaccompanied youth experiencing homelessness in Toronto in which almost one quarter (22.3%) of youth had been born outside of Canada (Gaetz, O'Grady, & Buccieri, 2010). Further, in a sample of 74 unaccompanied immigrant youth experiencing

homelessness, about 78% were not yet Canadian citizens (Centre for Addiction and Mental Health and Children's Aid Society of Toronto 2014). The main research questions guiding our study are: (1) What do youth see as the positive and negative experiences of living with their families in a homeless shelter? and (2) How do youth cope with the challenges they experience in the shelter?

Methods

Recruitment

Youth were eligible to participate in the study if they: (a) were between the ages of 16 and 24; (b) had lived in the shelter with their families for a minimum of three months; and (c) spoke English or French. The age range (16–24) was chosen for this study because 2011 Canadian Census data reveal that 42.3% of those aged 20–29 still lived with their parents (Statistics Canada 2011). This developmental phase is critical in the transition to young adulthood (Arnett & Tanner 2006). Participants were recruited from two family homeless shelters in Ottawa, Ontario, Canada. The recruitment process was facilitated by staff from a local community health center that ran programs for children and youth in the shelters. Staff members described the study to youth using recruitment scripts and confirmed that they met eligibility criteria (see Appendix K, N). Subsequently, the centre's staff contacted the research team, and scheduled a time and date for the interviews and focus groups.

Data collection

There were three sequential steps in our data collection: [1] focus group 1, [2] interviews, and [3] focus group 2. Each step was approved by a university research ethics board, and all participants provided informed consent prior to data collection (see Appendix L, O, Q).

Focus group one. Two trained facilitators conducted an initial focus group to gain understanding of youth experiences in the shelters. We were interested in ensuring that the interview questions for the second stage of the study would be relevant to participants. During the focus group, participants were asked about their pathways into the shelter, what they liked and disliked about living in the shelter, their hopes for the future, and if there were any important questions and issues that they felt should be explored in the interviews (see Appendix M). Five female youth participated in the focus group and subsequently participated in interviews. The focus group lasted approximately 75 minutes and was audio recorded and transcribed verbatim. The transcript was then used to develop an interview guide.

Interviews. Sixteen youth were interviewed for this study, with one interview conducted in French. We used a semi-structured interview guide that asked youth about their families' pathways into the shelter, their experiences in the shelter, changes in their lives as a result of their shelter stay, and their thoughts about the future (see Appendix P). Interview questions included: 'What was it like for you when you first moved into the shelter?', 'What are the biggest ways in which your life has changed since you've come here?', and 'Do you ever think about the future and where your family will end up?' Interviews were audio recorded and lasted approximately 45–60 minutes. Interview recordings were transcribed verbatim and checked for accuracy.

Focus group two. A focus group took place nine months after the final interview and an analysis of the interview data. Our goal was to share and validate themes that had emerged from prior interviews with youth (see Appendix R). However, because participants were no longer living in the shelter at the time of the focus group, it was conducted instead with three youth who had not participated in the initial focus group or interviews. The facilitator presented the findings

to participants and gave them an opportunity to comment. The focus group was audio recorded and lasted approximately 35 minutes. The focus group did not add to the findings, but participants confirmed that they were consistent with their own experiences.

Data analysis

Findings from the current study were based on the in-depth qualitative interviews. Interview data were analyzed based on recommendations from Miles, Huberman, & Saldana (2014). Step one was to summarize each transcript using a matrix divided into two sections. The first section summarized participants' responses to the main interview questions. The second section included summaries of participants' comments on such themes as physical space, impact of the shelter on relationships, impacts on school, emotions/coping, shelter rules, shelter staff, and interactions with other residents. These themes were developed by reviewing participants' responses in the transcripts and identifying commonalities that emerged across all participants. These themes were then added to the matrix over the course of the analysis. Summaries were supplemented with quotes that exemplified the summarized content. Completed matrices were verified by a second analyst to ensure accuracy and completeness. Any discrepancies between the two analysts in the main themes or subthemes were resolved by discussion until a consensus was reached.

In step 2, a preliminary set of descriptive codes was created from a review of the completed matrices (Miles, Huberman, and Saldana 2014). These codes were then applied to an initial set of interviews, and adjustments were made by adding new codes, or grouping codes together (see Table 1c). An iterative process followed in which transcripts were coded, and adjustments were made to the coding scheme. QDA Miner qualitative data analysis software (Provalis Research, 2011) was used to organize and retrieve the coded data. A second analyst

then verified the coding, and any disagreements were resolved through discussions with members of the research team until a consensus was reached.

Table 1c

Main Themes, Subthemes, and Initial Codes Related to the Experiences of Youth in Shelter

Main Themes	Subthemes	Initial Codes
The shelter environment	Physical qualities of the shelter	Negative: Small rooms, noise, cleanliness, lack of privacy and personal space, limited access to computers and internet, limited space for homework, bed bugs and cockroaches, and broken air conditioning and heating Positive: Calm, quiet, adequate space, ease of access to food and resources, and social activities
	Feeling restricted by shelter rules	Receiving visitors, completing chores and responsibilities, creating daily routines, and making compromises
	Getting support from staff and access to resources	Staff (nurses, youth coordinators, shelter staff, and counsellors), type of support (future planning, homework, community involvement, healthcare services, and moving into the shelter)
Changes in family life associated with living in a shelter	Family cohesion and communication	Communication, bonding, and conflict between family members
	Family roles	Responsibilities (chores, making phone calls, scheduling appointments, emotional support, and taking care of siblings)
How youth experienced homelessness	Emotional well-being	Feeling overwhelmed, bored, tired, scared, frustrated, worried, and positive feelings towards circumstances
	Social support and friendships	Strained school friendships, difficulty making friends in shelter, conflicts with residents, building friendships with other residents

Coping with shelter life	Distractions (music, homework, sleep, reading, smoking marijuana, exercise, and cleaning), establishing boundaries, limiting time spent in shelter (school and library)
Sense of identity	Personal growth (maturity, positivity, patience, and decreases in frustration), lessons learned (focusing less on difficulties, controlling temper, and dealing with new situations)

In step 3, a cross-case matrix, which is used to organize the data of all participants into general categories, was employed to understand commonalities and differences in participant experiences in the shelter and how they responded to the challenges they faced (Miles et al., 2014). The columns in the matrix were divided into positive, negative, and neutral shelter experiences, and the rows were divided into seven categories: family, physical environment, rules, staff, reactions, responsibilities, and social life. As before, the cross-case matrices were verified by a second analyst and discussed in team research meetings. A review of these matrices enabled the team to arrive at preliminary conclusions regarding the experiences of participants. These findings were reviewed and the research team compared the findings to the matrices and coded data to ensure accuracy and to seek disconfirming evidence.

Results

Sample

Sixteen youth, (10 female and 6 male), with an average age of 17.1 years ($SD = 1.59$), participated in interviews. Although the age of participants ranged from 16 to 21, the majority ($n = 12$) of participants were 16 and 17. Ten participants were not Canadian citizens at the time of their interviews, and only one had been born in Canada. Ten participants were from single-parent families and six from two-parent families. Participants had been residing in the shelters for an average of 6.3 months ($SD = 3.5$). All were in school at the time of their interviews, with 14 in high school, one in college or university, and one who did not disclose their level of education.

The main themes identified in the analysis were related to the shelter environment; the experience of homelessness for families; and the experience of homelessness for youth.

The shelter environment

In the interviews, all 16 participants spoke about the shelter environment, the challenges that they faced during their stay, and the stability they experienced in this environment. The aspects of the shelter environment most commonly mentioned by participants were the physical qualities of the shelter, the strict shelter rules and regulations, relationships with staff, and access to programming and resources.

Physical qualities of the shelter. All participants identified negative aspects of life in a family emergency shelter, including small rooms, noise, and unclean kitchens and bathrooms. Participants pointed to a lack of privacy and personal space. They also noted limited access to computers, the internet, and space in which to do homework and stay connected to their lives outside of the shelter. One 16-year-old participant explained:

There's no Wi-Fi in the shelter, only when the playroom is open on Tuesday and Thursday. Sometimes they give us homework, and you want to explain to the teacher why I leave it, so I think it would be great if we could access Wi-Fi every day.

Three participants also pointed to issues such as bed bugs and cockroaches, as well as broken air conditioning and heating. Explained a different 16-year-old participant:

My mom . . . saw cockroaches on the floor, and that's honestly the worst thing that we've seen here. There's not really a lot, other than that, and bedbugs. We kind of just keep to ourselves in our room, just because of that, that's probably the only bad thing I have to say about it.

Despite these issues, more than half of the participants ($n = 11$) also identified positive qualities of the shelters. For some, the shelter was calm and quiet, the family's room was adequate, and the shelter in general, provided families with enough room to live their daily lives

without constraints. Participants also appreciated the ease of access to food, resources, and social activities in the shelter. Said one 16-year-old participant:

The playroom is open Monday and Tuesday for the youth but the only thing that we do is go on a computer, like Facebook, some people from the neighboring community come here some days and talk with the youth . . . Once, we went for a party for Christmas and we got presents and it was nice. At least they try.

Feeling restricted by shelter rules. Seven participants spoke about shelter rules that made it difficult for them to receive visitors, complete their chores and responsibilities, and create a daily routine that worked for them. One 16-year-old participant explained:

A home is somewhere you can go at any time, but here there are rules so I can't come at any time I want. The other thing is that we can't receive visitors at any time. If it was really my home, I would receive anybody I wanted at any time.

These shelter rules required compromises and adjustments by the participants. A different 16-year-old participant reported: "You know, the most basic thing for someone is privacy. When you have your privacy, you feel good. When you don't have it, you have to abide and move by their rules." Although this participant discussed shelter rules at great length, he also understood the compromise that was required so that he and his family could have a place to sleep.

Getting support staff and access to services. Eight participants described the relationships they had with shelter staff, counsellors, nurses, and youth coordinators. Participants said that they were helpful with future planning, community involvement, and homework. Said one 16-year-old participant: "The people working here in the shelter, they talk to you if you need help or something. Also, the playroom helps us a lot, because when I had difficulties in my homework, they can sometimes help you with homework."

Another 16-year-old participant mentioned how helpful it was for him and his family to see a counsellor and talk about his feelings: “We’ve had the opportunity to go speak to some counsellors, to help get our feelings out, and just talk about things that have happened through the years.”

Prior to her shelter stay, another 16-year-old participant struggled to access health care services because of financial difficulties. Since moving into the shelter, the participant and her family have been able to schedule appointments with a nurse at no cost. She explained:

Where I was living before, my parents could get sick and they don’t even get enough money to go and see a doctor. Here we have a nurse. She’s always checking on our parents, on our health, and we don’t pay anything.

Shelter staff was also helpful during the move-in process and provided shelter residents with clean sheets. Even small gestures like smiles from shelter staff helped make the shelter stay better for some youth. Explained a different 16-year-old participant:

Some people they really want to help with a smile, which changes everything because you may want to help someone but when you have an angry face, the person will not be comfortable talking to you or telling you what kind of problem he has.

Although reports were mostly positive in regard to shelter staff, one 17-year-old participant described feeling disrespected by them at times: “Sometimes the office, they can be disrespectful like you’re garbage. They talk to you like if you have no brain yourself. Like whatever they say [is law] . . . You’re a minority . . . They look down on you.”

Changes in family life associated with living in a shelter

According to the participants in this study, life in these shelter environments brought about changes in how family members interacted and communicated and in their own roles within their families.

Family cohesion and communication. Seven participants described how their family relationships were affected by shelter life. For one 16-year-old participant, the shelter helped her family communicate and talk about their issues:

I would say there's like more moments of truth . . . like when you're in the room and someone's doing something wrong and you tell them, they can't go anywhere. They have to listen to you [whether] they agree or disagree with you. But they still have to listen to you.

A 17-year-old participant described how the communal nature of the shelter room encouraged her family to bond and spend time with each other:

I had my family to keep me company, and I feel like we bonded more when we came into the shelter because we were planning stuff together and we were talking more, and because it's just one room you get to bond more. . . . In a house, there's plenty of room everywhere.

Nonetheless, four participants described having interpersonal issues with family members since moving into the shelter. For one 16-year-old participant, the size of rooms in the shelter led to conflict:

When you're in a small room as a person . . . let's say even if two people or three people and you spend a whole day just in a small room, getting out to cook and coming back in and going to the store and coming back in, you tend to get mad at those people in that room. Because you're in a small room . . . you get angry faster.

Family roles. Participants were concerned about the well-being of their parents and took on more adult responsibilities to make shelter stays easier on their families. These responsibilities included doing household chores, making phone calls, and scheduling appointments for their parents. Though it was unclear if these were new roles and responsibilities or ones they undertook prior to entering the shelter, youth considered them important to mention in the interviews. Said one 17-year-old participant:

My mom doesn't speak English well. . . . My mom raises us but I take care of calling the company like credit card companies and anything that has to do with the phone. I have to pretend to be her. I have to come with her to sign the papers. So even if I didn't want to be involved, I had to be.

This participant also believed she had to be emotionally strong for her mother:

My mom did most of the worrying for me. So, there couldn't be two people worrying because then nothing would have gotten done. . . . She would sit. She would cry about it. She would think of things that she could have done differently. Things that went wrong. So, there couldn't be two of us like that so I had to.

A 21-year-old participant was responsible for cooking, cleaning, and taking care of her younger brother:

There are neighbours, they're trying to sleep or whatever. Then, at six, you have to cook. And then get ready for dinner. Then at eight I get my small brother to [the] bathroom and give him a bath. Yeah. Organize your dishes. Go and do the dishes, then come back and sleep.

There were distinct gender differences among participants in their household responsibilities. Female youth were more likely to report doing more household chores and

taking on more adult responsibilities than males. The participants did not seem to feel troubled by these additional responsibilities, but rather saw them as necessary contributions to their family's well-being.

How youth experienced homelessness

Emotional well-being. Nine participants discussed their emotional well-being while living in the shelter. Sometimes the emotions they experienced, such as feeling overwhelmed, bored, tired, scared, and frustrated, were attributed to the physical environment of the shelter. Said one 16-year-old participant: "The first time I stepped in the shelter, it was really scary. I didn't know where I was. It felt like a prison, to be honest." For a 21-year-old participant, worries stemmed from a potentially long shelter stay and her struggles to come to terms with it:

When we got here, they told us . . . you can even spend two years here without a house because you're a big family. Okay, what am I going to do here for two years? . . . So, if we're not going to get any house, like anytime soon, what are we going to do? Do we go to another shelter? What do we do then?

These worries were also tied to the economic circumstances of their families. Nonetheless, a 16-year-old participant reported feeling positive about his family's financial situation and their ability to access food and other resources in the shelter:

Because we don't have to pay for the house, we don't have to pay a lot for food, we receive some help for food. It's a little bit cheaper. That's okay. And you don't have to worry about maintaining the things, because we were really having problems paying water, paying electricity. It's really too much.

Social support and friendships. All 16 participants reflected on their relationships with people inside and outside of the shelter. One 21-year-old participant worried that she would be judged for living in a shelter and that it could jeopardize her friendships:

You know, the change makes you feel like a bit different and then you don't want them to see the way you live because maybe you're scared they're going to laugh at you or make fun of you. You know, stay away from you because you're different.

Since entering the shelter, youth had experienced strained relationships with school friends, and these friendships had been impacted by the shelter's visitation rules. One 16-year-old participant reported:

It's been hard for me to visit other people. It's been hard for other people to visit me. The visit thing is really hard, frustrating. And I just hate living in rules. Like you can't come [in] past 11:00 [at night].

Other concerns included difficulties making friends in the shelter and conflicts with other residents. A 16-year-old participant described issues with other residents entering her room without permission:

They usually come into our rooms every second without knocking, like it was their own house. . . . They just came in and when we asked for space, they went crazy, they made a big deal of it too.

Despite these interpersonal challenges, 11 of the youth spoke about how they valued their relationships with other residents during their stay. More specifically, participants enjoyed spending time with fellow residents and participating in shared activities, including holiday parties, movie nights, and programs offered by the shelter. Another 16-year-old participant discussed the ways in which the shelter allowed him to connect with others:

Something that's better in the shelter is that in the [United] States, I would be on my phone. . . . I wouldn't really connect. Sometimes, probably once a month, we would get down and play some board games. But here, I don't have any choice. . . . I have to get out and go talk to some people in the kitchen. I've got to do some stuff or I've got to figure out what to do. It helps you go out and talk to people because you'll kind of go crazy if you don't.

Some participants received support from other residents because they shared similar experiences. One 16-year-old participant said:

I think, maybe getting more close to people outside my family . . . I know there are some people here who, if I am feeling kind of frustrated or something, or I feel lonely or I need people to talk to, they are always there.

A 19-year-old participant explained that she became more comfortable living in the shelter once she had bonded and formed friendships with other residents:

It's the people, the people that are around me. Like before I was like, okay, I can talk to you but I'm not that comfortable, like I guess I can stay home doing nothing. I'm okay but now I feel like I'm able to go outside or ask you if you have this, because I like cooking. So, when I'm missing something, I can go ask my friend to give me that, like onions [and] when he's missing something he came to ask me. That's why I feel more comfortable but before, you don't know each other.

Coping with shelter life. One section of the interview asked participants how they adjusted to life in the shelter. Most youth described distracting themselves with activities and avoiding the shelter as common strategies. To distract themselves, youth listened to music, completed school work, smoked marijuana, exercised, and cleaned and organized their rooms.

One 16-year-old participant also cleaned the shelter in order to make it feel more like a home: “The first thing that we did before we unpacked was my mom got some Javex, and we cleaned our entire room, toilets, everything. It’s not that it was dirty, but it’s more of making it feel like home.” A different 16-year-old participant relied on books, sleep, and homework to help him deal with life in the shelter: “It’s my first time being in a shelter, so it’s really hard . . . changing your way of living. . . . Here, I only maybe do books, sleep, and either go play sports. That all I can do here, nothing else you can do here.”

Another commonly used strategy was limiting time at the shelter by remaining at school or at the library. Some youth returned to the shelter later in the evening because they did not want to spend long hours there. One 19-year-old participant stated: “Every time I go to school and I go back, I just see the [shelter], I think . . . oh, my god. Not again. . . . I just want to leave this place. Leave, leave, leave.” Youth established boundaries for themselves, avoiding areas and people in the shelter and staying in their own space. One 16-year-old participant explained: “I just did my own stuff and tried not to walk in front of other people, like be in their way. So, just leave each other alone. Just be yourself and stuff; just be in your own space.”

A sense of identity. As participants became more comfortable with their lives in the shelter and developed ways to cope with the demanding nature of the shelter environment, they reported that they experienced some personal growth and a positive view of themselves. The participants were proud of the growth that they experienced during their shelter stay and felt like these changes would benefit them in the future. These changes included increased maturity, positivity, and patience and decreased frustration. One 21-year-old participant emphasized the lessons she learned and the changes that she experienced while living in the shelter:

Well, it kind of contributed to a better me because . . . somehow it teaches you how to be patient. How to deal with people, you know, you can't always get what you want in life. . . . Yeah, getting used to the differences with the people that are around you because sooner or later you're gonna go to school, I don't know to work and you're there sitting with someone and your backgrounds are way different and you don't receive the same thing. And you know how to deal with that.

Participants also learned to focus less on difficulties, control their tempers, and deal with new and challenging situations. One 16-year-old participant stated:

I'll go with the fact that I learned to live with people. . . . For example, when someone comes and starts yelling. . . . Like I will know that I have to control my temper and talk to him or her in the most calm way possible, so that we'll not start quarreling and jumping at each other.

Discussion

This study examined the experiences of youth living in family homeless shelters with their families and how they responded to challenges they faced during their stays. Although they described the time spent in the shelter as difficult for them and their families, they noted that it also fostered supportive relationships, positive experiences, and personal growth. Youth said they learned valuable skills while in the shelter and made meaningful contributions to their families by completing chores and sharing responsibilities. Youth also found ways to limit their time in the shelter by doing homework at a library or spending time with friends outside of the shelter.

Family homeless shelters were characterized by youth as restrictive, cloistered, noisy, and rule-bound. However, participants also reported that the support provided by shelter staff,

opportunities for activities, and resources available in shelters made their stays more manageable – a finding consistent with previous research involving adult heads of families (Averitt, 2003; Goldstein, 2007; Tischler et al., 2007). The descriptions of the shelter environment from youth in this study may be similar to those given by young people living in student dormitories, who also feel restricted by their structured living environment because of rules, the presence of others, and a lack of privacy (Thomsen, 2007). However, homeless shelters for families are likely more stressful and difficult to navigate due to the economic instability, uncertainty about the future, social isolation, and family conflict that can accompany homelessness, as well as youths' lack of power in these institutional settings (Gaetz et al., 2013; Shinn et al., 1998).

These experiences are similar to those reported by unaccompanied youth experiencing homelessness (Spiro, Dekel, & Peled, 2009). However, differences lie in the role family relationships play in the lives of accompanied youth who are homeless. In the current study, some youth reported experiencing conflict and arguments with family members, but ultimately, families were a main source of support and connection for youth in the shelter. In contrast, fleeing abuse and family conflict is a common pathway into homelessness for many unaccompanied youth (Gaetz, 2014).

Youth in this study may also differ from unaccompanied youth experiencing homelessness in terms of their level of need and the opportunities available to them. Many participants in the current study were employed, attending school, preparing for post-secondary education, and spending their time studying and taking part in extracurricular activities. In contrast, unaccompanied youth who are experiencing homelessness are often not able to pursue the aforementioned opportunities or plan for their futures because they have to meet their basic needs on their own (Gaetz, 2014). Furthermore, due to past experiences with trauma and

violence and a lack of connection to family (Gaetz, 2014), some unaccompanied youth may have more complex needs than accompanied youth and may require a vast array of services that are not easily accessible. Ultimately, unlike unaccompanied youth, accompanied youth still have a family on which to rely and from whom they can receive support.

Participants also discussed the experiences of their families in the shelter. The shared living space brought some families closer together, fostered connections, and allowed for better communication. While family bonding was a common experience in the shelter, some youth reported incidents of conflict and tension in their families. In some cases, youth had to take on adult responsibilities (e.g., scheduling appointments) and act as an emotional support system for their parents and younger siblings. The role reversal between youth and their parents could be an example of instrumental and emotional parentification, in which a child assumes parental tasks and emotional maturity when the parent is struggling to fulfill their role within the family (Jurkovic, 1998).

The family-related changes youth described are also consistent with the changes that occur during this critical stage in development. A key developmental task of this phase of life — adolescence and young adulthood — is to shift family expectations from those of childhood and to renegotiate roles with increased autonomy and responsibility (Arnett & Tanner, 2006). Parent-child relationships and communication among family members may also improve as youth move into young adulthood and as older and younger family members begin to rely on each other for advice and support (Arnett & Tanner, 2006). For youth in the current study, these changes in family relationships are taking place in a unique setting, and due to the study's limitations, it is unclear if and how the shelter environment directly impacts these developmental changes for youth who are experiencing homelessness.

As for the experiences of youth in the homeless shelter environment, the findings were variable. Some youth spoke about their closeness with family members, their friendships with other residents, and their ability to build skills for the future. Other youth reported strained relationships with friends, interpersonal conflict, difficult emotions, and demanding responsibilities. Despite these challenges, most youth did not report acting out or transgressing shelter rules. Instead, they responded by avoiding disclosing their circumstances to others and minimizing time spent in shelter. Although the effectiveness of these strategies is unknown, they may have contributed to the positive perceptions that youth had about their shelter experiences.

Adolescence is a period of growth and heightened sensitivity to the social environment (Blakemore & Mills, 2014), and thus stressful environments can be particularly challenging for young people. Blakemore and Mills' (2014) framework can be used to better understand the relationship between youth and the shelter environment. Youth in this study were living through a challenging developmental transition and doing so with the added stress of the shelter environment. Limited access to the internet, small living spaces, rules, and lack of privacy were challenges reported by youth. These shelter experiences, during a time when the adolescent brain is changing, learning, and adapting, may make it difficult for youth to develop new skills, forge their own identities, and plan for their futures—three critical aspects of youth development (Blakemore & Mills, 2014). Furthermore, the restrictive and unchallengeable shelter environment was not their only struggle.

Youth were also required to navigate relationships with friends, family, and other residents in the shelter during this sensitive period in their lives. As noted by Blakemore and Mills (2014), being accepted and supported by their peers becomes a priority at this stage in development, and that was demonstrated in the concerns that youth had about being socially

excluded by their peers. These feelings may also be exacerbated by social exclusion, loss of social capital, and the limited agency that homeless families have over their lives (Shinn et al. 1998). Social isolation and exclusion can be damaging for youth at this stage in development because negative social interactions may lead to a sense of shame, vulnerability, and self-consciousness and may, ultimately, influence the way youth view themselves. These challenges may also influence the behaviour (e.g., risk-taking, impulse control), emotional maladjustment, and health and well-being of youth over time (Blakemore & Mills, 2014). However, given the study's cross-sectional research design, the long-term impacts of homelessness and shelter stays on youth are unknown.

To cope with the challenges of living in a shelter, youth spent time in settings outside the shelter, participated in activities to distract themselves, and relied on other residents for social support. These strategies can be viewed as forms of active coping, which at times can be used as an effective strategy for dealing with stress, especially in youth (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). Problem-solving, distraction by engaging in activities, seeking support from others, and thinking positively are all considered strategies for active coping, which involves a conscious effort to control highly stressful environments or situations (Compas et al., 2001). However, this coping strategy may not always be sufficient for vulnerable populations, such as low-income youth (Carothers, Arizaga, Carter, Taylor, & Grant, 2016) or youth managing highly stressful situations (Rueger, Malecki, Pyun, Aycock, & Coyle, 2016).

According to Rueger et al. (2016), social support, in particular, may not be enough to buffer the effects of stress on youth who are dealing with difficult emotions and demanding circumstances. Even though youth in this sample acknowledged the helpfulness of strategies like

relying on others for social support, these strategies may not protect or guard against the potentially long-lasting impacts of homelessness, lengthy shelter stays, and economic instability.

Ultimately, the findings that we share here reflect the accounts that youth have elected to share with us. Although most youth were born outside of Canada, we have limited information on their citizenship status (e.g., immigrant, refugee) when they arrived in Canada and any additional barriers they may face as homeless immigrant and refugee youth. It is also unclear how the experiences of youth in this study (a majority of whom were born outside of Canada and living in a family homeless shelter) differ from those of unaccompanied youth with different pathways into homelessness or those who live in different types of shelters (e.g., family violence shelters, shelters for unaccompanied youth). Given the nature of the sample, the settings that we sampled from, and the aims of qualitative research, the findings may not be generalizable to the experiences of youth in family homeless shelters elsewhere.

Future research could explore the long-term positive or negative consequences of stressful environments on adolescents and young adults experiencing homelessness and their strategies for coping with them, as well as whether the experiences of youth in this study (e.g., changes in family dynamics) continued after families moved out of the shelter. It could also explore the effects of these settings on youths' younger siblings. Finally, future research may benefit from considering more intensive and longitudinal investigations into the ways in which youth adapt and are affected by the challenges of family homelessness, as well as from quantitative research to further explore the experiences of immigrant youth who enter homelessness independently or with family members.

These findings have implications for policy and practice. At a practice level, in-shelter resources such as peer support groups, may give youth an opportunity to discuss the demands of

living in a shelter (e.g., school stressors, conflicts with family and friends, emotional reactions). Some of the youth expressed positive sentiments about having contact with other youth who were in a similar situation. Initiatives among senior management, caseworkers, shelter staff, and administrators can help foster communication and collaboration within the shelter and create a positive shelter environment for youth and their families.

On a policy level, the availability of housing should extend beyond temporary arrangements (e.g., shelters) to include more permanent housing accommodations. These accommodations need to be made easily accessible for families to ensure a quick transition from shelter to housing and to prevent long shelter stays and family disruption. Increasing affordable housing efforts (e.g., social housing, private market housing) should be of the utmost importance. The release of the National Housing Strategy that includes the creation of a portable housing benefit can help address the lack of affordable housing and facilitate rapid re-housing of families who become homeless (Government of Canada, 2017). The provision of social services in Canada should also meet the needs of vulnerable groups by addressing the unique challenges newcomers to Canada encounter during the resettlement process and periods of housing instability. Lastly, there is a need to develop evidence-based initiatives (e.g., mentoring programs) that support immigrant youth, facilitate integration and social cohesion, and reduce the stigma associated with immigrating to a new country.

Conclusion

Family homelessness is a complex and growing social problem in many communities. The complexity of family homelessness stems from the variety of structural and intra-familial factors that may precipitate it. This study focused on the experiences of adolescents and young adults as members of homeless families, and we found that their experiences are characterized by

a number of challenges. Living in family homeless shelters is not easy for them or their family members. However, youth in this study demonstrated a capacity to reflect on their experiences, adapt, and learn from these environments. Youth characterized the shelter as a unique setting that has spurred their growth, requiring them to develop skills useful in their environment, in their relationships with others, and for the future. These findings speak to the need for continued research on service planning and delivery to best support youth and their families in the shelter, as well as the importance of in-shelter resources and activities that are culturally appropriate and easily accessible and that foster connections between residents during their stay.

References

- Alliance to End Homelessness Ottawa. (2017). *2016 Progress report on ending homelessness in Ottawa*. Retrieved from https://static1.squarespace.com/static/5a4d46cdb1ffb6b826e6d6aa/t/5b212233352f5349c79bd8b4/1528898100771/aeho_annualreport2016-EN_rev4-13.pdf
- Altena, A. M., Beijersbergen, M. D., & Wolf, J. R. L. M. (2014). Homeless youth's experiences with shelter and community care services: Differences between service types and the relationship to overall service quality. *Children and Youth Services Review*, 46, 195–202. doi:10.1016/j.childyouth.2014.08.019
- Arnett, J. J., & Tanner, J. L. (2006). *Emerging adults in america: coming of age in the 21st century*. Washington: American Psychological Association.
- Averitt, S. (2003). "Homelessness is not a choice!" The plight of homeless women with preschool children living in temporary shelters. *Journal of Family Nursing*, 9, 79–100. doi:10.1177/1074840702239492
- Barker, J. D. (2012). Social capital, homeless young people and the family. *Journal of Youth Studies*, 15, 730–743. doi:10.1080/13676261.2012.677812
- Bassuk, E. L., & Rubin, L. (1987). Homeless children: A neglected population. *American Journal of Orthopsychiatry*, 57, 279–286. doi:10.1111/j.1939-0025.1987.tb03538.x
- Biel, M. G., Gilhuly, D. K., Wilcox, N. A., & Jacobstein, D. (2014). Family homelessness: A deepening crisis in urban communities. *Journal of the American Academy of Child and Adolescent Psychiatry*, 53, 1247–1250. doi:10.1016/j.jaac.2014.08.015

- Blakemore, S. J., & Mills, K. L. (2014). Is adolescence a sensitive period for sociocultural processing? *Annual Review of Psychology*, 65, 187–207. doi:10.1146/annurev-psych-010213-115202
- Buckner, J. C. (2014). The why and the who of family homelessness. In M.E. Haskett, S. Perlman, & B.A. Cowan (Eds), *Supporting families experiencing homelessness* (3-21). New York: Springer Science + Business Media.
- Buckner, J. C., Bassuk, E. L., & Weinreb, L. F., & Brooks, M. G. (1999). Homelessness and its relation to the mental health and behavior of low-income school-age children. *Developmental Psychology*, 35, 246-257. doi:10.1037/0012-1649.35.1.246
- Carothers, K. J., J. A. Arizaga, J. S. Carter, J. Taylor, and K. E. Grant. (2016). The Costs and Benefits of Active Coping for Adolescents Residing in Urban Poverty. *Journal of Youth and Adolescence*, 45, 1323–1337. doi:10.1007/s10964-016-0487-1
- Centre for Addiction and Mental Health and Children's Aid Society of Toronto. (2014). *Hidden in our midst: homeless newcomer youth in Toronto – Uncovering the supports to prevent and reduce homelessness*. Toronto: Centre for Addiction and Mental Health.
- Choi, N. G., & Snyder, L. (1999). Voices of homeless parents: The pain of homelessness and shelter life. *Journal of Human Behaviour in the Social Environment*, 2, 55–77. doi:10.1300/J137v02n03_04
- Compas, B. E., Connor-Smith, J., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: Problems, progress, and potential in theory and research. *Psychological Bulletin*, 127, 87–127.

- Curry, S. R., Morton, M., Matjasko, J. L., Dworsky, A., Samuels, G. M., & Schlueter, D. (2017). Youth homelessness and vulnerability: How does couch surfing fit? *American Journal of Community Psychology*, 60, 17–24. doi:10.1002/ajcp.12156
- Employment and Social Development Canada, Government of Canada. (2017). *Homelessness partnering strategy: 2005–2014, Highlights of the national shelter study*. Retrieved from <https://www.canada.ca/en/employment-social-development/programs/communities/homelessness/reports-shelter-2014.html>
- Gaetz, S., Donaldson, J., Richter, T., & Gulliver, T. (2013). *The state of homelessness in Canada*. Toronto: Canadian Homelessness Research Network Press.
- Gaetz, S. (2014). *Coming of age: Reimagining the response to youth homelessness in Canada*. Toronto: The Canadian Observatory on Homelessness Press.
- Gaetz, S., O’Grady, B., & Buccieri, K. (2010). *Surviving crime and violence: Street youth and victimization in Toronto*. Toronto: JFCY & Homeless Hub.
- Gaubatz, K. (2001). Family homelessness in Britain: More than just a housing issue. *Journal of Children and Poverty*, 7, 3–22. doi:10.1080/10796120120038000
- Goldstein, A. (2007). “A place of my own” homeless families in the New York City shelter system: The long-term stayers: A comparative study of homeless families headed by women. Retrieved from ProQuest Dissertations and Theses Global. (3288879).
- Government of Canada. 2017. *Canada’s National Housing Strategy: A Place to Call Home*. Ottawa: Canadian Mortgage and Housing Corporation.
- Haber, M. G., & Toro, P. A. (2004). Homelessness among families, children, and adolescents: An ecological-developmental perspective. *Clinical Child and Family Psychology Review*, 7, 123–164. doi:10.1023/B:CCFP.0000045124.09503.fl

Henry, M., Shivji, A., de Sousa, T., & Cohen, R. (2015). *The 2015 annual homeless assessment report (AHAR) to congress PART 1: Point-in-time estimates of homelessness.*

Washington, D.C.: U.S. Department of Housing and Urban Development.

Holtrop, K., Piehler, T. F., Gewirtz, A. H., & August, G.J. (2017). Observed parenting in families exposed to homelessness: Child and parent characteristics as predictors of response to the early risers intervention. In M.E. Haskett (Ed.), *Child and family well-being and homelessness: Integrating research into practice and policy* (pp. 27–48).

Switzerland: Springer International Publishing.

Howard, K. S., Cartwright, S., & Barajas, R. G. (2009). Examining the impact of parental risk on family functioning among homeless and housed families. *American Journal of Orthopsychiatry*, 79, 326–335. doi:10.1037/a0016599

Jurkovic, G. J. (1998). Destructive parentification in families: Causes and consequences. In L. L'Abate (Ed.), *Family psychopathology: The relational roots of dysfunctional behaviour* (pp. 237–255). New York: Guilford Press.

Hyde, J. (2005). From home to street: Understanding young people's transitions into homelessness. *Journal of Adolescence*, 28, 171–183.
doi:10.1016/j.adolescence.2005.02.001

Kidd, S. (2006). Factors precipitating suicidality among homeless youth: A quantitative follow-up. *Youth & Society*, 37, 393–422. doi:10.1177/0044118X05282763

Kissman, K. (1999). Respite from stress and other service needs of homeless families. *Community Mental Health Journal*, 35, 241–249. doi:10.1023/A:1018793319520

- Masten, A. S., Miliotis, D., Graham-Bermann, S. A., Ramirez, M., & Neemann, J. (1993). Children in homeless families: Risks to mental health and development. *Journal of Consulting & Clinical Psychology, 61*, 335–343.
- McArthur, M., Zubrzycki, J., Rochester, A., & Thomson, L. (2006). “Dad, where are we going to live now?” Exploring fathers' experiences of homelessness. *Australian Social Work, 59*, 288–300. doi:10.1080/03124070600833212
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook*. Thousand Oaks: Sage.
- Neufeld-Redekop, G. N., & Zamprelli, J. (2007). *Children and youth in homeless families: Shelter spaces and services*. Ottawa: Canada Mortgage and Housing Corporation.
- Noble, A. (2014). *Child and family homelessness: Building a comprehensive framework to address child and family Homelessness in Canada: Phase I, an environmental scan*. Toronto: Raising the Roof.
- Penuel, W. R., & Davey, T. L. (1999). “I don’t like to live nowhere but here”: The shelter as mediator of U.S. homeless youth’s identity formation. *Mind, Culture, & Activity, 6*, 222–236. doi:10.1080/10749039909524727
- Provalis Research. (2011). QDA Miner (Version 5) [Computer software]. Montreal: Provalis Research.
- Rueger, S. Y., Malecki, C. K., Pyun, Y., Aycock, C., & Coyle, S. (2016). A meta-analytic review of the association between perceived social support and depression in childhood and adolescence. *Psychological Bulletin, 142*, 1017–1067. doi:10.1037/bul0000058

- Schindler, H. S., & Coley, R. L. (2007). A qualitative study of homeless fathers: Exploring parenting and gender role transitions. *Family Relations*, 56, 40–51. doi:10.1111/j.1741-3729.2007.00438.x
- Sekharan, V. (2015). *Infographic: Homeless youth and sexual violence*. Toronto: The Canadian Observatory on Homelessness.
- Shah, M. F., Liu, Q., Eddy, J. M., Barkan, S., Marshall, D., Mancuso, D., Lucenko, B., & Huber, A. (2017). Predicting homelessness among emerging adults aging out of foster care. *American Journal of Community Psychology*, 60, 33–43. doi:10.1002/ajcp.12098
- Shinn, M., Weitzman, B. C., Stojanovic, D., Knickman, J. R., Jiménez, L., Duchon, L., James, S., and Krantz, D. H. (1998). Predictors of homelessness among families in New York City: From shelter request to housing stability. *American Journal of Public Health*, 88, 1651-1657.
- Spiro, S. E., Dekel, R., & Peled, E. (2009). Dimensions and correlates of client satisfaction: An evaluation of a shelter for runaway and homeless youth.” *Research on Social Work*
- Statistics Canada. (2011). *Living arrangements of young adults aged 20 to 29* (Catalogue no. 98-312-X-2011003). Retrieved from https://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-312-x/98-312-x2011003_3-eng.cfm
- Styron, T. H., Janoff-Bulman, R., & Davidson, L. (2000). “Please ask me how I am”: Experiences of family homelessness in the context of single mothers’ lives. *Journal of Social Distress & the Homeless*, 9, 143–165. doi:10.1023/a:1012945602583
- Sylvestre, J., Kerman, N., Polillo, A., Aubry, T., & Lee, C. M. (2015). *Profiles of homeless families in Ottawa*. Ottawa: Centre for Research on Educational and Community Services.

Thomsen, J. (2007). Home experiences in student housing: About institutional character and temporary homes. *Journal of Youth Studies*, 10, 577–596.

doi:10.1080/13676260701582062

Tischler, V., Rademeyer, A., & Vostanis, P. (2007). Mothers experiencing homelessness: Mental health, support and social care needs.” *Health & Social Care in the Community*, 15, 246 – 253. doi:10.1111/j.1365-2524.2006.00678.x

General Discussion

Summary of Key Findings

This thesis presented three studies that examined the experiences of foreign-born families residing in the emergency shelter system in Ottawa, Ontario, Canada using both quantitative and qualitative methods. The first study used timeline mapping and in-depth qualitative interviews to explore the homeless pathways of foreign-born families and compared these pathways to those of Canadian-born homeless families. The second study compared health and service use outcomes among Canadian-born and foreign-born heads of families who were experiencing homelessness. The third and final study investigated the shelter experiences of foreign-born youth who were homeless with their families and how these youth coped with the challenges of living in a shelter. The three studies contributed to rich and novel findings about the unique needs of foreign-born families who were experiencing homelessness. However, findings from each study also converged on common experiences of homeless families and the issues facing foreign-born parents and youth.

The results of the three studies demonstrated several important findings about the experiences of foreign-born families residing in emergency shelters. In the first study, findings showed that there were multiple pathways into homelessness for families. Specifically, foreign-born families had more heterogeneous homeless pathways than did Canadian-born families. These findings are consistent with those of Paradis and colleagues (2010) who found heterogeneity in the needs and homeless pathways of foreign-born families. However, study one indicates that there may be more diversity in these pathways than those found in Paradis et al.'s (2010) study.

First, Foreign-born families in the *new arrivals* group immigrated to Canada around the

time of their interviews. They had few housing transitions, limited or no government support, and moved into the shelter shortly after immigration. Second, foreign-born families in the *stable migrants* group immigrated to Canada more than four years before their current homelessness. They had stable employment and long-term housing in Canada, but still lived precariously. Families also attributed their homelessness to the loss of their housing and not immigration-related challenges like families who were *new arrivals*.

Third, families in the *unsettled migrants* group had many moves before becoming homeless and their patterns of housing instability were comparable to Canadian-born families. They first immigrated to the U.S. and then immigrated to Canada more recently because they were concerned about the political context and anti-immigration rhetoric in the U.S. Lastly, Canadian-born heads of families were a homogenous group who experienced housing instability and persistent poverty throughout their lifetime. They transitioned between rental or social housing units, doubled-up with friends or family, and shelters. They also spoke about how long-term challenges (e.g., health issues, victimization, stressful life events, involvement in the criminal justice system) contributed to their housing instability and homelessness.

Findings in the first study provided many new insights into the needs of foreign-born families, how these needs differ from those of Canadian-born families, and the challenges they faced prior to homelessness. Much like the findings in the second and third studies, poverty was at the forefront of the challenges families faced before and during homelessness. For foreign-born heads of families, poverty was associated with immigrating to a new country and difficulties building and maintaining long-term stability (e.g., employment, housing). For many Canadian-born heads of families, poverty was intergenerational, and they had histories of homelessness, poverty, and unemployment.

As previously mentioned, foreign-born heads of families did not discuss any health challenges, but did experience difficult emotions, victimization, and stressful life events that were linked to experiences in their home countries and resettlement. Similar to Canadian-born families, they felt socially isolated, had limited social support, and were separated from family members prior to homelessness, but eventually found support in other families who shared their culture. These findings were similar to the experiences of youth in the third study who felt isolated from friends outside of the shelter but relied on their families and other residents from similar backgrounds for support.

Canadian-born heads of families reported a wide range of physical, mental health, and substance use issues. They also described experiences with physical and sexual abuse during childhood and adulthood, intimate partner violence, and unhealthy relationships that were destabilizing. These findings highlight some of the complex challenges Canadian-born heads of families were dealing with before becoming homeless and may provide possible explanations for the poorer mental health reported by Canadian-born families than foreign-born families in the second study.

Families in both groups also discussed how structural barriers, such as a lack of affordable housing, prevented them from securing stable housing. Moreover, families were also well-connected with services prior to homelessness but still had difficulty accessing the services they needed, including system navigation, parenting programs, housing and income support, and counselling. The second and third studies also speak to the need for increased access to regular general practitioners who understand the needs of low-income and homeless families and the need for in-shelter programs that support youth.

In the second study, findings indicated that foreign-born heads of families reported better

mental health than did Canadian-born heads of families and fewer foreign-born families reported having been diagnosed with a mental disorder by a doctor than Canadian-born heads of families. Both groups also reported good physical health, however, Canadian-born heads of families reported more chronic medical conditions than did foreign-born heads of families. This adds to the evidence from previous studies that foreign-born populations report better mental and physical health than their Canadian-born counterparts (Chiu et al., 2009; Klodawsky et al., 2014). These findings also support the health experiences of families in the two qualitative studies. In these studies, foreign-born youth and heads of families discussed the difficult emotions they experienced when they became homeless but did not report any health challenges. On the other hand, many Canadian-born heads of families reported having chronic physical health issues, diagnoses of mental disorders, and substance use issues in the first study.

The qualitative studies may also clarify some contradictory findings in the quantitative study. Overall, less than half of adult heads of families reported having a regular general practitioner. However, only a small minority of families reported having unmet healthcare needs. Further, no differences were found between groups in having access to a regular general practitioner in the past six months and having unmet health care needs. Based on findings from the qualitative studies, families may have felt that their healthcare needs were being met, regardless of not have a regular general practitioner, because they could access health services through the shelter (e.g., nurse practitioner), find information about clinics in the community, or rely on emergency department services. Moreover, foreign-born families in particular, may not have been experiencing health challenges that they felt required the support of healthcare services.

In the third study, youth reported feeling restricted by the shelter environment and found

it difficult to live in a rule-bound setting with limited space, a lack of privacy, and programming that was insufficient in meeting their needs. These findings were similar to the experiences of sheltered unaccompanied youth described in previous research (Neufeld-Redekop & Zamprelli, 2007; Penuel & Davey, 1999). Youth also reported having positive experiences associated with shelter staff and youth coordinators, social activities, and accessing food, resources, and healthcare services in the shelter. Although some youth had conflicts with family members and had to take on more adult responsibilities, living in the shelter with their families did buffer some of the negative affects of homelessness. These findings indicate that having strong relationships with family members may act as a protective factor for homelessness among foreign-born families—a unique contribution to the family homelessness literature.

During their shelter stay, youth also dealt with difficult emotions, had conflicts with other residents, and tried to maintain friendships outside of the shelter by not disclosing their homelessness to others. Youth coped with these challenges by relying on other residents for social support, distracting themselves with homework and exercise, and avoiding the shelter by spending time at school or the library. Overall, youth spoke positively about the shelter and how it contributed to their personal growth. They also looked forward to the future and remained hopeful about their families long-term stability. The positive shelter experiences and coping strategies reported by youth offer novel additions to the knowledge base on family homelessness and resiliency in foreign-born homeless families could be a consideration for future research.

Integrating the Findings

Overall, findings from the three studies contribute to an emerging understanding of the experiences of foreign-born and Canadian-born families who were experiencing homelessness. These findings also compliment each other in several key areas. Across the three studies, health

emerged as a main theme indicating that foreign-born heads of families may have different experiences of health than those of Canadian-born heads of families before and during their homelessness. In the three studies, most foreign-born heads of families were in good mental and physical health and did not discuss having any health challenges or diagnoses of mental disorders. However, heads of families in the qualitative studies did experience difficult emotions associated with immigrating to a new country and becoming homeless. The first study provided insight on the type of health challenges families experienced before becoming homeless.

Canadian-born heads of families in the first and second studies reported having poor mental health, diagnoses of mental disorders, chronic medical conditions, substance use issues, and a wide range of physical health challenges before and during their homelessness. Future research should continue to explore health as a main risk factor for family homelessness and identify any gaps in mental and physical health services, especially for Canadian-born families.

Social isolation was another theme that emerged from the findings. Findings suggest that families may experience social isolation before and during their homelessness. Foreign-born families in the first study were socially isolated and did not have friends or family to rely on for support when they moved to Canada, especially families in the *new arrivals* group. This lack of social support may also be present when families become homeless, as demonstrated with foreign-born youth in the third study. Homelessness can be an isolating experience and during this time, foreign-born youth felt disconnected from friends at school, family members, and other residents. However, findings indicate that foreign-born families may be a resilient group who build reliable and supportive networks of friends and family within their own cultural groups but also with people who are experiencing similar challenges. Canadian-born families were also socially isolated, but they attributed it to breakdowns in their relationships with family and

friends, networks of people who they could no longer rely on for support because of their dependence on them, unhealthy and abusive relationships, and a general mistrust in others as a way of protecting their families. Unlike foreign-born families, Canadian-born families may need additional support to help them connect and build new relationships with others to buffer families against the isolation associated with poverty and homelessness.

The accessibility and availability of services was another theme that emerged from the findings. Findings suggest that although families were connected to services before and during their homelessness, they still did not have access to some of the services they required, even in a well-resourced setting like the shelter. In the qualitative studies, foreign-born families had positive experiences with services that helped them before and during their homelessness. For youth, shelter staff and counsellors were helpful with homework, future planning, and getting involved in their communities. They also received support from counsellors and a nurse practitioner. Foreign-born heads of families in the first study received help from refugee assistance programs, legal aid, counselling, family doctors and walk-in clinics, day care, housing providers, education and employment programs, language classes, and food banks.

Foreign-born families relied on services that were focused on long-term goals and building stability in a new country (e.g., employment, housing, language, citizenship). On the other hand, because Canadian-born heads of families reported having complex needs, the services they used were aimed at providing support for their health-related challenges and meeting their immediate needs (e.g., meals, bus tickets). Canadian-born families benefited from drop-in programs (meals, pregnancy classes, and bus tickets), food and furniture banks, CAS parenting programs, housing providers, family doctors and psychiatrists, alcoholics anonymous, and counselling through the methadone program. Families in both groups also struggled to

access the counselling they needed, youth-specific services, regular general practitioners, parenting programs, housing and income support, and system navigation services, especially for foreign-born families.

Poverty was the last theme to emerge from the findings. Findings from the first study suggest that families were living in poverty before becoming homeless, and even with the help of financial assistance or employment, they were finding it difficult to meet their basic needs and stay housed. For foreign-born families, poverty and homelessness were new experiences and linked to their recent immigration to Canada. Families in the *settled migrants* group were still struggling with financial and housing instability, even after living in Canada for a number of years. We do not have information about the experiences of foreign-born families before they became homeless in the second and third study. However, youth did discuss their families' financial struggles and uncertainty about their financial situation in the future.

Unlike foreign-born families, Canadian-born heads of families experienced poverty, homelessness, and housing instability throughout their lifetime and they navigated these difficulties while also dealing with other complex challenges, such as health issues, social isolation, stressful life events, and traumatic experiences. Breaking the cycle of poverty and homelessness and improving the lives of Canadian-born families may require a multi-level approach that targets more than just monetary or material deprivations, but also health and social outcomes while helping families gain a sense of autonomy over their lives. In contrast, resource-based interventions may be enough to prevent homelessness and meet the needs of foreign-born families while also giving families the opportunity to build long-term stability.

The Needs of Foreign-Born and Canadian-Born Families

The three studies in this thesis highlight the needs of foreign-born and Canadian-born

families before and during their homelessness. Understanding these needs can help us prevent and mitigate the negative consequences of homelessness on families, improve long-term outcomes for parents and youth, inform evidence-based practices, and transform the way services are delivered and accessed. Meeting the needs of homeless families in the areas of health, housing, immigration, employment, victimization, food insufficiency, social isolation, and income should be a priority for community-based services, large-scale interventions, and government policies.

Before becoming homeless, foreign-born families in the first study, especially *new arrivals* and *unsettled migrants*, had housing and financial needs. If they did not have family or friends to live with when they arrived in Canada, they had to rely on shelter services. Families in the *settled migrants* group were also living precariously and became homeless, even years after they immigrated to Canada. These families were also struggling to find good quality employment, afford housing, make a living wage, and feed their families. Even with additional government support, families who were resettled refugees in the *new arrivals* group were not able to sustain their housing. Many foreign-born families were also waiting with uncertainty for decisions to be made on their immigration status and during this long and stressful period, housing and financial stability were not possible.

Foreign-born heads of families and youth also had social needs when they arrived in Canada and because these needs were not always met, it had a negative affect on their well-being. In the qualitative studies, families felt socially isolated before and during their homelessness and they had small social networks. Many of these families also had close family members who were still living in their home countries and this separation was emotionally daunting. Youth also struggled with their friendships at school when they became homeless and

felt disconnected from others. Although some families were resilient in rebuilding support networks in Canada, it is important that all foreign-born families have opportunities to meet new people and foster connections with others.

Findings from the three studies also highlighted the emotional needs of foreign-born heads of families and youth. Before and during their homelessness, families were dealing with challenging emotions associated with immigration, homelessness, stressful life events that occurred in their home countries, and different forms of victimization. These emotions made it difficult for youth and parents to function at times and they felt pressure to hide their emotions in an effort to be strong for their families. Although most families reported good mental and physical health, the long-term impacts of resettlement, homelessness, and instability on their health is unknown and beyond the scope of this study.

Canadian-born families in the first and second studies had needs that were similar to those of foreign-born families, but also reported having complex health challenges and long histories of homelessness, poverty, and housing instability that resembled the experiences of homeless single adults. Canadian-born heads of families had mental and physical challenges, substance use issues, and diagnoses of mental disorders. Apart from these health needs, they also had safety needs and sought protection from abusive partners and family members before becoming homeless. A few heads of families drew a connection between their health needs and the physical and sexual abuse they experienced as children and adults which made them scared and mistrustful of others. Canadian-born heads of families were also socially isolated and depleted their social networks because of their overreliance on these networks for housing and financial support. For some, their involvement with CAS and the criminal justice system added even more stressors to their already trying circumstances. Canadian-born heads of families were

also in need of good quality, permanent housing and income support. They also discussed the need for stable employment in the future, once their health improved and their children became of school-age. However, some Canadian-born families may always be in need of long-term intensive support.

Building a Service Model for Families Experiencing Homelessness

Bassuk, Volk, and Olivet (2010) created a three-tier service continuum that can be used to meet the distinct needs of homeless families. About 10% of families are in Tier 1 of the continuum and may only need basic services to improve their stability, such as housing, employment, and childcare. Tier 2 is comprised of approximately 80% of families who may benefit from ongoing services and supports that change in duration and frequency over time. These families may need the basic services mentioned in Tier 1, but also additional support in the form of counselling, speciality healthcare services, community mental health services, education or employment programs, and parenting programs. Tier 3 represents the 10% of families who may require lifelong and intensive support due to chronic physical or mental health issues, as well as substance use issues.

This service continuum can be adapted to meet the needs of foreign-born families and provide a context for understanding the level of need in Canadian-born families in this thesis. Foreign-born families in this thesis appear to fall within Tier 1 of Bassuk et al.'s (2010) service framework. To prevent homelessness, foreign-born families in this thesis need the basic supports and services (e.g., affordable and permanent housing, employment with a living wage, childcare, healthcare, transportation) that all families need to live a stable life and provide for their children. Many foreign-born families in this thesis attributed their homelessness to their recent immigration and they viewed it as a necessary step to building a stable life in Canada. However,

this thesis raises some larger questions about how we can prevent foreign-born families from experiencing the added challenges of poverty and homelessness and the role services and supports play in minimizing this disruption when it does occur.

For foreign-born families, services and supports should target their basic needs. It is important that foreign-born families know how to access and maintain housing and income supports, such as housing search assistance, rent subsidies, financial assistance, social housing, and housing benefits—an initiative in Canada’s National Housing Strategy that will be implemented in the coming years (Government of Canada, 2017). *Settled migrants* who may be at risk of losing their housing may also benefit from rent banks, energy assistance programs, and having a general knowledge of their rights as tenants. Other services should also be available to help decrease dependence on the aforementioned supports over time. For example, many foreign-born heads of families in the first study were participating in workshops to build their job skills. However, making sure that families have access to programs that can help them find stable employment is also essential. Additional supports may also help families adjust to life in a new country and buffer the potential long-term impacts of fleeing an unsafe country or situation. These supports include counselling, settlement services, programs for youth, and system navigation to help families fill out documents and navigate Canada’s different service systems (e.g., social services, healthcare). Services with a Critical Time Intervention (CTI) model (Susser, Valencia, Conover, Felix, Tsai, & Wyatt, 1997) may help foreign-born families strengthen their support networks and connect them with resources in the community while they transition out of the shelter into housing. It could also be helpful to explore whether the CTI model can be adapted to support foreign-born families as soon as they arrive in Canada.

As previously mentioned, Canadian-born families appeared more likely to fit into Tier 3

of Bassuk et al.'s (2010) service framework. Homeless families in Tier 3 require lifelong income support and intensive services to remain stably housed. A defining characteristic of families in Tier 3 is the presence of physical, mental health, and/or substance use issues (Bassuk et al., 2010). Similar to foreign-born families, Canadian-born families in this thesis require services and supports that will help them meet their basic needs. However, their experiences with poverty, homelessness, and housing instability were more chronic and episodic than those reported by foreign-born families. Canadian-born families in this thesis could benefit from programs with a housing first model. If families had access to permanent housing, they could focus on improving their well-being in other areas (e.g., health and substance use, educational, occupational, social) by using client-specific services that are tailored to meet their needs. It is also important that Canadian-born families in this thesis are connected to crisis resources, intensive mental health supports, education and employment programs for their future, and family supports that offer parenting programs, groups for individuals experiencing intimate partner violence, and family reunification and preservation services. Canadian-born heads of families in this thesis may depend on these services throughout their lives, but the duration and level of service intensity may change over time.

Policy Implications

The findings from this thesis have some policy-relevant implications. As mentioned in past homelessness research, increasing affordable housing efforts is of the utmost importance for all families regardless of country of birth, but also providing good quality housing that is safe and close in proximity to resources and social opportunities. It is also essential that investments are made in building both private market and social housing. Permanent housing subsidies can also help families access affordable housing and remain stably housed which was found in a

seminal U.S. study on the impacts of various housing interventions on homeless families (Shinn, Brown, Wood, & Gubits, 2016). Shinn and colleagues (2016) randomly assigned 2,282 families to four housing interventions, including permanent housing subsidies, transitional housing, rental assistance, and usual care services (e.g., shelter, case management), and followed these families for a 3-year period. Findings indicated that housing subsidies were associated with long-term housing stability and a wide range of positive outcomes, including family preservation and improved well-being (Shinn et al., 2016).

Although there is clear evidence demonstrating the effectiveness of permanent housing subsidies, these subsidies must be easily accessible and cover substantial housing costs (Shinn & Cohen, 2019). This recommendation also extends to other subsidies, including childcare, to ensure that childcare is affordable for families. Further, given the financial struggles families in this thesis were experiencing, it may be helpful to explore the effectiveness of other income support models, including universal basic income (Sircar & Friedman, 2018). Policymakers should also continue to address facilitators and barriers to mental and physical healthcare for underserved families (Magalhaes et al., 2010).

Canada's refugee claim system has been under pressure in recent years with the increase in newcomers to Canada but finding ways to expedite the claims process should be a priority, as well as reducing fees associated with immigration (e.g., work permits). Refugee claimants in particular, should have a temporary place to live that is not a homeless shelter while they are waiting for decisions to be made on their status. Thus, policymakers should consider looking into more innovative housing solutions to take the pressure off the emergency shelter system. With increases in affordable housing efforts, some of this housing should be allocated to foreign-born families who have been living in Canada for less than ten years. During this time period,

newcomer families may be the most vulnerable to housing and financial instability (Paradis et al., 2010).

Stimulating job growth and helping foreign-born and Canadian-born families find stable employment with a livable income should also be an important area of focus for policymakers (Magalhaes, Carrasco, & Gastaldo, 2010), as well as finding ways to issue work permits to newcomers as efficiently as possible. The effectiveness of interventions, such as job recertification programs, should be explored as a means of helping newcomers secure employment for which they are qualified. Increasing funding and access to services, such as legal aid and language classes, may help decrease barriers to stability and ensure a fair refugee claim hearing, especially for refugee claimants (Bernhard, Goldring, Young, Berinstein, & Wilson, 2007; Yu, Ouellet, & Warmington, 2007). Also, given that there were sponsored refugees in this thesis, offering additional income support once the one-year resettlement assistance program ends may help prevent homelessness in this group.

Limitations

The three studies in this thesis had limitations that are worth noting. The thesis did not integrate policy research or explicitly engage with gender and race as concepts which may limit the findings, how they were interpreted, and recommendations that were made for policy and practice. All studies had a cross-sectional design and unequal sample sizes which highlighted the perspectives of more foreign-born than Canadian-born families in this study. The third qualitative study did not include Canadian-born homeless youth as a comparison group and more foreign-born heads of families participated in the first and second studies than Canadian-born heads of families. Further, because of the cross-sectional design of the studies, we cannot infer causality and it is beyond the scope of the study to predict the long-term outcomes of

homelessness on families.

The studies in this thesis relied on self-reported information which may have been susceptible to response biases. Because family recruitment was facilitated by caseworkers, there may have been biases in the selection of participants in the studies. Because the studies relied on a convenience sample of participants, the findings may not be representative of the experiences of all sheltered homeless families, especially those who are immigrating to Canada from the U.S. The response rate of families is also unknown. Thus, making it difficult to determine the representativeness of families who agreed or did not agree to participate in this study.

Participants may have had difficulty recalling their experiences prior to homelessness if there were gaps in memories or challenging experiences that participants did not want to discuss. The findings are also limited to the experiences families were able to recall from memory and may overlook the experiences families could not remember or ones they did not want to discuss. In addition, we cannot generalize the findings to the experiences of families in other shelters, countries, and time periods. Thus, findings should be interpreted with caution.

Directions for Future Research

First, a scoping review should be completed to synthesize and identify gaps in the scientific and grey literature on the characteristics and experiences of foreign-born homeless families in other countries, as well as interventions that exist to support these families. This scoping review can help us understand how other countries are supporting foreign-born families experiencing homelessness and highlight the role different policies and laws may play in shaping the experiences of families. Second, there is a need for quantitative research examining the characteristics of foreign-born homeless families using measures that are tailored to immigrant and refugee populations. Specifically, a cluster analysis can be used to help build a typology of

homeless foreign-born families based on their characteristics, patterns of housing instability, and service needs. It would also be helpful to extend this research to include the experiences of foreign-born families who are at risk becoming homeless and use these findings to inform the development of innovative strategies that could prevent the loss of their housing.

Next, longitudinal investigations with long follow-up periods should be used to investigate the pathways out of homelessness and the long-term outcomes of homelessness on foreign-born and Canadian-born families. More rigorous analyses should focus on factors that are associated with homelessness and housing instability among foreign-born and Canadian-born families and changes in clinical and service use outcomes over time. Longitudinal research should also be used to evaluate the effectiveness of programs serving Canadian-born and foreign-born families to ensure that they are producing their desired outcomes and improving the lives of families who are experiencing homelessness.

This thesis highlighted the experiences of Canadian-born and foreign-born homeless families, many of which involved profound challenges and acts of resilience. Although more research is needed, this thesis may be used to prevent homelessness and provide families with effective services and supports to meet their comprehensive needs.

References

- Access Alliance Multicultural Health and Community Services. (2003). *Best practices for working with homeless immigrants and refugees*. Retrieved from <http://accessalliance.ca/wp-content/uploads/2015/03/Best-Practices-for-Working-with-Homeless-Immigrants-Phase-I.pdf>
- Alliance to End Homelessness Ottawa. (2018). *Homelessness in Ottawa: A roadmap for change. Progress report review 2014-2017*. Retrieved from https://static1.squarespace.com/static/5a4d46cdb1ffb6b826e6d6aa/t/5b2120fb70a6ad360c735687/1528897791429/AllianceProgressReport2017Web_EN.pdf
- Aubry, T., Klodawsky, F., Hay, E., & Birnie, S. (2003). *Panel study on persons who are homeless in Ottawa: Phase 1 results*. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.485.5038&rep=rep1&type=pdf>
- Averitt, S. (2003). "Homelessness is not a choice!" The plight of homeless women with preschool children living in temporary shelters. *Journal of Family Nursing*, 9, 79–100. doi:10.1177/1074840702239492
- Bassuk, E. L. (1990). Who are the homeless families? Characteristics of sheltered mothers and children. *Community Mental Health Journal*, 26, 425-434. doi:10.1007/bf00761069
- Bassuk, E. L. (1993). Homeless women - Economic and social issues: Introduction. *American Journal of Orthopsychiatry*, 63, 337. doi:10.1037/h0085033
- Bassuk, E. L., Buckner, J. C., Weinreb, L. F., Browne, A., Bassuk, S. S., Dawson, R., & Perloff, J. N. (1997). Homelessness in female-headed families: Childhood and adult risk and protective factors. *American Journal of Public Health*, 87, 241-248.

- Bassuk, E. L., & Rosenberg, L. (1988). Why does family homelessness occur? A case-control study. *American Journal of Public Health*, 78, 783-788. doi:10.2105/ajph.78.7.783
- Bassuk, E. L., Volk, K. T., & Olivet, J. (2010). A framework for developing supports and services for families experiencing homelessness. *The Open Health Services and Policy Journal*, 4, 34-40. doi:10.2174/1874924001003010034
- Bassuk, E. L., Weinreb, L. F., Buckner, J. C., Browne, A., Salomon, A., & Bassuk, S. S. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *Journal of the American Medical Association*, 276, 640-646. doi:10.1001/jama.1996.03540080062031
- Beiser, M. (2005). The health of immigrants and refugees in Canada. *Canadian Journal of Public Health*, 96, 30-40.
- Béland, D., & Waddan, A. (2019). Unidentical twins: Recent social policy developments in Canada and the United States. *Journal of International and Comparative Social Policy*, 1-4. doi:10.1080/21699763.2019.1568280
- Berends, L. (2011). Embracing the visual: Using timelines with in-depth interviews on substance use and treatment. *The Qualitative Report*, 16, 1-9.
- Bernhar, J. K., Goldring, L., Young, J., Berinstein, C. & Wilson, B. (2007). Living with precarious legal status in Canada. Implications for the well-being of children and families. *Refuge*, 24, 101-114.
- Bérubé, M. (2010, Fall). Beyond the four walls: The Sainte Marie neighbourhood as seen by its immigrant residents. *Canadian Issues*, 90-95.

- Blakemore, S. J., & Mills, K. L. (2014). Is adolescence a sensitive period for sociocultural processing? *Annual Review of Psychology*, 65, 187–207. doi:10.1146/annurev-psych-010213-115202
- Buckland, L., Jackson, A., Roberts, P., & Smith, P. (2001). *Structural and systemic factors contributing to homelessness in Canada: An analysis of research gaps and proposed research directions*. Ottawa, Ontario, Canada: Canadian Council on Social Development.
- Canadian Citizenship and Immigration Resource Center. (n.d.). *Immigration to Canada overview*. Retrieved from <http://www.immigration.ca/en/canada-immigration/overview.html>
- Canadian Observatory on Homelessness. (2012). *Canadian definition of homelessness*. Retrieved from <http://homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf>
- Campbell, R. M., Klei, A. G., Hodges, B. D., Fisman, D., & Kitto, S. (2014). A comparison of health access between permanent residents, undocumented immigrants and refugee claimants in Toronto, Canada. *Journal of Immigrant and Minority Health*, 16, 165-176. doi:10.1007/s10903-012-9740-1
- Carter, T. S., Polevychok, C., & Osborne, J. (2009). The role of housing and neighbourhood in the re-settlement process: A case study of refugee households in Winnipeg. *The Canadian Geographer*, 53, 305-322. doi:10.1111/j.1541-0064.2009.00265.x
- Chamberlain, C., & Johnson, G. (2011). Pathways into adult homelessness. *Journal of Sociology*, 49, 60-77. doi:10.1177/1440783311422458
- Chiu, S., Redelmeier, D. A., Tolomiczenko, G., Kiss, A., & Hwang, S. W. (2009). The health of homeless immigrants. *Journal of Epidemiology and Community Health*, 63, 943-948. doi:10.1136/jech.2009.088468

- Choi, N. G., & Snyder, L. (1999). Voices of homeless parents: The pain of homelessness and shelter life. *Journal of Human Behaviour in the Social Environment*, 2, 55–77.
doi:10.1300/J137v02n03_04
- Citizenship and Immigration Canada, Government of Canada. (2015). *Facts and figures 2014 - Immigration overview: Permanent residents*. Retrieved from
<http://www.cic.gc.ca/english/resources/statistics/facts2014/permanent/index.asp>
- Citizenship and Immigration Canada, Government of Canada. (2016). *The refugee system in Canada*. Retrieved from <http://www.cic.gc.ca/english/refugees/canada.asp>
- City of Toronto. (2001). *The Toronto report card on homelessness 2001*. Retrieved from
<http://homelesshub.ca/sites/default/files/homelessnessreport2001.pdf>
- Clapham, D. (2003). Pathways approaches to homelessness research. *Journal of Community & Applied Social Psychology*, 13, 119-127. doi:10.1002/casp.717
- D’Addario, S., Hiebert, D., & Sherrell, K. (2007). Restricted access: the role of social capital in mitigating absolute homelessness among immigrants and refugees in the GVRD. *Refuge: Canada’s Journal on Refugees*, 24, 107-115.
- De Maio, F. G. (2010). Immigration as pathogenic: A systematic review of the health of immigrants to Canada. *International Journal for Equity in Health*, 9, 1-20. doi: 10.1186/1475-9276-9-27
- DesMeules, M., Gold, J., Kazanjian, A., Manuel, D., Payne, J., Vissandjée, B., . . . Mao, Y. (2004). New approaches to immigrant health assessment. *Canadian Journal of Public Health*, 95, 22-26.
- Employment and Social Development Canada, Government of Canada. (2016). *Towards a poverty reduction strategy – A backgrounder on poverty in Canada*. Retrieved from

- <https://www.canada.ca/en/employment-social-development/programs/poverty-reduction/backgrounder.html>
- Enns, R. (2005, Spring). Immigrant households and homelessness. *Canadian Issues*, 127-130.
- Fiedler, R., Schuurman, N., & 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. doi:10.1016/j.cities.2006.03.004
- Francis, J. (2010, Fall). Poor housing outcomes among African refugees in metro Vancouver. *Canadian Issues*, 59-63.
- Francis, J., & Hiebert, D. (2014). Shaky foundations: Refugees in Vancouver's housing market. *The Canadian Geographer*, 58, 63-78. doi:10.1111/j.1541-0064.2013.12056.x
- Gaetz, S. (2010). The struggle to end homelessness in Canada: How we created the crisis, and how we can end it. *The Open Health Services and Policy Journal*, 3, 21-26.
- Gaetz, S., Donaldson, J., Richter, T., & Gulliver, T. (2013). *The state of homelessness in Canada*. Toronto, Ontario, Canada: Canadian Homelessness Research Network Press. Retrieved from <http://homelesshub.ca/sites/default/files/SOHC2103.pdf>
- Gaetz, S., Gulliver, T., & Richter, T. (2014). *The state of homelessness in Canada*. Toronto, Ontario, Canada: The Homeless Hub Press. Retrieved from <http://homelesshub.ca/sites/default/files/SOHC2014.pdf>
- Gaubatz, K. (2001). Family homelessness in Britain: More than just a housing issue. *Journal of Children and Poverty*, 7, 3-22. doi:10.1080/10796120120038000

- Global Affairs Canada, Government of Canada. (2016). *Canada's response to the conflict in Syria*. Retrieved from http://www.international.gc.ca/development-developpement/humanitarian_response-situations_crises/syria-syrie.aspx?lang=eng
- Goldstein, A. (2007). *"A place of my own" homeless families in the New York City shelter system: The long-term stayers: A comparative study of homeless families headed by women*. Retrieved from ProQuest Dissertations and Theses Global. (3288879)
- Government of Canada. (2017). *Canada's national housing strategy*. Retrieved from <https://www.placetocallhome.ca/pdfs/Canada-National-Housing-Strategy.pdf>
- Greenwood, M., & McDowell, J. (1991). Differential economic opportunity, transferability of skills, and immigration to the United States and Canada. *Review of Economics and Statistics*, 73, 612-623. doi:10.2307/2109400
- Howard, K. S., Cartwright, S., & Barajas, R. G. (2009). Examining the impact of parental risk on family functioning among homeless and housed families. *American Journal of Orthopsychiatry*, 79, 326-335. doi:10.1037/a0016599
- Hiebert, D. (2006). Winning, losing, and still playing the game: The political economy of immigration in Canada. *Journal of Economic and Social Geography*, 97, 38-48. doi:10.1111/j.1467-9663.2006.00494.x
- Hiebert, D., D'Addario, S., & Sherrell, K. (2009). Taking care of their own? Or falling between the cracks? Absolute and relative homelessness among immigrants, refugees, and refugee claimants in Vancouver. In J. D. Hulchanski et al. (Eds.), *Finding home: Policy options for addressing homelessness in Canada* (pp. 554-570). Toronto, Ontario, Canada: Cities Centre, University of Toronto.

- Hoynes, H., & Stabile, M. (2017). How do the U.S. and Canadian social safety nets compare for women and children?. The National Bureau of Economic Research. Retrieved from <https://www.nber.org/papers/w23380>
- Immigration, Refugees and Citizenship Canada, Government of Canada. (2017). *Health care – Refugees*. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-within-canada/health-care.html>
- Immigration, Refugees and Citizenship Canada, Government of Canada. (2018a). *Canada's population estimates: Total population, July 1, 2018*. Retrieved from <http://www.cic.gc.ca/english/resources/publications/rpp/2016-2017/#a2.2.2>
- Immigration, Refugees and Citizenship Canada, Government of Canada. (2018c). *Financial help – Refugees*. Retrieved from <http://www.cic.gc.ca/english/refugees/outside/resettle-assist.asp>
- Immigration, Refugees and Citizenship Canada, Government of Canada. (2018d). *Immigration, refugees and citizenship Canada departmental plan 2018-2019*. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/departmental-plan-2018-2019/departmental-plan.html>
- Immigration, Refugees and Citizenship Canada, Government of Canada. (2018b). *Supplementary information 2019-2021 immigration levels plan*. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/news/notices/supplementary-immigration-levels-2019.html>
- Immigration and Refugee Board of Canada, Government of Canada. (2016). *Claimant's guide*. Retrieved from <http://www.irb-cisr.gc.ca/Eng/RefClaDem/Pages/ClaDemGuide.aspx>

- Johnson, G., Scutella, R., Tseng, Y., & Wood, G. (2015). Examining the relationship between structural factors, individual characteristics, and homelessness. *Australian Housing and Urban Research Institute Positioning Paper Series*, 1-50.
- Kaushal, N., & Lu, Y. (2015). Recent immigration to Canada and the United States: A mixed tale of relative selection. *International Migration Review*, 49, 479-522.
doi:10.1111/imre.12093
- Kirkman, M., Keys, D., Bodzak, D., & Turner, A. (2010). "Are we moving again this week?" children's experiences of homelessness in Victoria, Australia. *Social Science & Medicine*, 70, 994-1001. doi:10.1016/j.socscimed.2009.12.004
- Kirkman, M., Keys, D., Bodzak, D., & Turner, A. (2015). 'I just wanted somewhere safe': Women who are homeless with their children. *Journal of Sociology*, 51, 722-736.
doi:10.1177/1440783314528595
- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., ... Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach to primary care. *Canadian Medical Association Journal*, 183, 1-9.
doi:10.1503/cmaj.090292
- Kissman, K. (1999). Respite from stress and other service needs of homeless families. *Community Mental Health Journal*, 35, 241-249. doi:10.1023/A:1018793319520
- Klodawsky, F., Aubry, T., Behnia, B., Nicholson, C., & Young, M. (2005). *Comparing foreign born and Canadian born respondents to the panel study on homelessness (Phase 1)*. Retrieved from
https://www.researchgate.net/profile/Tim_Aubry/publication/237525795_Comparing_Foreign_Born_and_Canadian_Born_Respondents_to_the_Panel_Study_on_Homelessness

- Phase1_A_Report_Prepared_for_National_Secretariat_on_Homelessness_Prepared_by/links/00b495285e9505cd9b000000.pdf
- Klodawsky, F., Aubry, T., & Nemiroff, R. (2014). Homeless immigrants' and refugees' health over time. In M. Guirguis-Younger, R. McNeil, & S. W. Hwang (Eds.), *Homelessness & health in Canada* (pp. 111-132). Ottawa, Ontario, Canada: The University of Ottawa Press.
- Kolar, K., Ahmad, F., Chan, L., & Erickson, P. G. (2015). Timeline mapping in qualitative interviews: A study of resilience with marginalized groups. *International Journal of Qualitative Methods*, 14, 13-32. doi:10.1177/160940691501400302
- Lee, E. S. A theory of migration. *Demography*, 3, 47-57. doi:10.2307/2060063
- Magalhaes, L., Carrasco, C., & Gastaldo, D. (2010). Undocumented migrants in Canada: A scope literature review on health, access to services, and working conditions. *Journal of Immigrant and Minority Health*, 12, 132-151. doi:10.1007/s10903-009-9280-5
- Mallett, S. Rosenthal, D., & Keys, D. (2005). Young people, drug use and family conflict: Pathways into homelessness. *Journal of Adolescence*, 28, 185-199. doi:10.1016/j.adolescence.2005.02.002
- Marshall, B. D., Kerr, T., Shoveller, J. A., Montaner, J. S., & Wood, E. (2009). Structural factors associated with an increased risk of HIV and sexually transmitted infection transmission among street-involved youth. *BMC Public Health*, 9, 1-9. doi:10.1186/1471-2458-9-7
- McArthur, M., Zubrzycki, J., Rochester, A., & Thomson, L. (2006). "Dad, where are we going to live now?" Exploring fathers' experiences of homelessness. *Australian Social Work*, 59, 288-300. doi:10.1080/03124070600833212

- McChesney, K. (1995). A review of the empirical literature on contemporary urban homeless families. *Social Service Review*, 69, 429-460.
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook*. Thousand Oaks: Sage.
- Murdie, R. A. (2002). The housing careers of Polish and Somali newcomers in Toronto's rental market. *Housing Studies*, 17, 423-443. doi:10.1080/02673030220134935
- Murdie, R. A. (2008). Pathways to housing: The experiences of sponsored refugees and refugee claimants in accessing permanent housing in Toronto. *Journal of International Migration and Integration*, 9, 81-101. doi:10.1007/s12134-008-0045-0
- Murdie, R. (2010, Fall). Precarious beginnings: The housing situation of Canada's refugees. *Canadian Issues*, 47-51.
- Neufeld-Redekop, G. N., & Zamprelli, J. (2007). *Children and youth in homeless families: Shelter spaces and services*. Ottawa: Canada Mortgage and Housing Corporation.
- Newbold, B. K. (2005). Health status and health care of immigrants in Canada: A longitudinal analysis. *Journal of Health Services Research & Policy*, 10, 77-83. doi:10.1258/1355819053559074
- Newbold, B. K. (2010). Linking immigrant settlement, health, housing, and homelessness in Canada. *Canadian Issues*, 28-31.
- Newbold, B. K., & Danforth, J. (2003). Health status and Canada's immigrant population. *Social Science & Medicine*, 57, 1981-1995. doi:10.1016/s0277-9536(03)00064-9
- Nunez, R. & Fox, C. (1999). A snapshot of family homelessness across America. *Political Science Quarterly*, 114, 289-307. doi:10.2307/2657740

- Ontario Council of Agencies Serving Immigrants. (2015). *Am I eligible for Ontario Works (OW)?*. Retrieved from <https://settlement.org/ontario/employment/financial-assistance/ontario-works/am-i-eligible-for-ontario-works-ow/>
- Ontario Council of Agencies Serving Immigrants. (2016). *How does Canada's refugee system work?*. Retrieved from <http://settlement.org/ontario/immigration-citizenship/refugees/basic-information-for-refugees/how-does-canada-s-refugee-system-work/#outside>
- Padgett, D. K., Tiderington, E., Smith, B. T., Derejko, K. S., & Henwood, B. F. (2016). Complex recovery: Understanding the lives of formerly homeless adults with complex needs. *Journal of Social Distress and the Homeless, 25*, 60-70.
doi:10.1080/10530789.2016.1173817
- Paradis, E., Novac, S., Sarty, M., & Hulchanski, J. D. (2010). Homelessness and housing among status immigrant, non-status migrant, and Canadian-born families in Toronto. *Canadian Issues, 36*-39.
- Paradis, E., Wilson, R. M., & Logan, J. (2014). *Nowhere else to go: Inadequate housing & risk of homelessness among families in Toronto's aging rental buildings*. Toronto, Ontario, Canada: Cities Centre, University of Toronto.
- Patterson, M. L., Markey, M. A., & Somers, J. M. (2012). Multiple paths to just ends: Using narrative interviews and timelines to explore health equity and homelessness. *International Journal of Qualitative Methods, 11*, 132-151.
doi:10.1177/160940691201100202

- Penuel, W. R., & Davey, T. L. (1999). "I don't like to live nowhere but here": The shelter as mediator of U.S. homeless youth's identity formation. *Mind, Culture, & Activity*, 6, 222–236. doi:10.1080/10749039909524727
- Piat, M., Polvere, L., Kirst, M., Voronka, J., Zabkiewicz, D., Plante, M., . . . Goering, P. (2015). Pathways into homelessness: Understanding how both individual and structural factors contribute to and sustain homelessness in Canada. *Urban Studies*, 52, 2366-2382. doi: 10.1177/0042098014548138
- Picot, G., & Hou, F. (2011). *Divergent trends in citizenship rates among immigrants in Canada and the United States* (Catalogue no. 11F0019M-No. 338). Retrieved from <https://www150.statcan.gc.ca/n1/en/pub/11f0019m/11f0019m2011338-eng.pdf?st=dzjHHOfx>
- Pleace, N. (2016). Researching homelessness in Europe: Theoretical perspectives. *European Journal of Homelessness*, 10, 19-44.
- Preston, V., Murdie, R. A., Wedlock, J., Agrawal, S., Anucha, U., D'Addario, S., . . . Murnaghan, A. M. (2009). Immigrants and homelessness – at risk in Canada's outer suburbs. *The Canadian Geographer*, 53, 288-304. doi:10.1111/j.1541-0064.2009.00264.x
- Public Health Agency of Canada, Government of Canada. (2012). *Family violence and homelessness: A review of the literature*. Retrieved from <http://www.phac-aspc.gc.ca/sfv-avf/sources/fv/fv-homelessness-itinerance/review-analyse-eng.php>
- Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology*, 15, 121-148. doi:10.1007/BF00919275

- Rose, D., & Ray, B. (2001). The housing situation of refugees in Montreal three years after arrival: The case of asylum seekers who obtained permanent residence. *Journal of International Migration and Integration*, 2, 493-529. doi:10.1007/s12134-001-1010-3
- Schindler, H. S., & Coley, R. L. (2007). A qualitative study of homeless fathers: Exploring parenting and gender role transitions. *Family Relations*, 56, 40–51. doi:10.1111/j.1741-3729.2007.00438.x
- Segaert, A. (2017). The national shelter study 2005-2014: Emergency shelter use in Canada. Ottawa: Homelessness Partnering Strategy, Employment and Social Development Canada.
- Sherrell, K. (2010, Fall). Legal status, place, or something else? The housing experiences of refugees in Winnipeg and Vancouver. *Canadian Issues*, 52-57.
- Sherrell, K., D'Addario, S., Hiebert, D. (2007). On the outside looking in: the precarious housing situations of successful refugee claimants in the GVRD. *Refuge: Canada's Journal on Refugees*, 24, 64-76.
- Shinn, M., Brown, S.R., Wood, M., & Gubits, D. (2016). Housing and service interventions for families experiencing homelessness in the United States: An experimental evaluation. *European Journal of Homelessness*, 10, 13-30.
- Shinn, M., & Cohen, R. (2019). *Homelessness prevention: A review of the literature*. Center for Evidence-Based Solutions to Homelessness. Retrieved from http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf
- Shinn, M., Weitzman, B. C., Stojanovic, D., Knickman, J. R., Jiménez, L., Duchon, L., James, S., and Krantz, D. H. (1998). Predictors of homelessness among families in New York

- City: From shelter request to housing stability. *American Journal of Public Health*, 88, 1651-1657.
- Sircar, N. R., & Friedman, E. A. (2018). Financial security and public health: How basic income and cash transfers can promote health. *Global Public Health*, 13, 1878-1888.
doi:10.1080/17441692.2018.1460383
- Smith, H. R. (2009). *On her own: Young women's pathways to homelessness*. Retrieved from ProQuest Dissertations & Theses Global. (AAI 3341336).
- Social Planning Council of Ottawa. (2009). *Households and families in Ottawa*. Retrieved from https://www.spcottawa.on.ca/sites/all/files/pdf/2009/Publications/Families_and_Household_Report.pdf
- Statistics Canada. (2013a). *Immigration and ethnocultural diversity in Canada* (Catalogue no. 99-010-X2011001). Retrieved from <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.pdf>
- Statistics Canada. (2013b). *NHS profile, Ottawa – Ontario, CMA, Ontario, 2011* (Catalogue no. 99-004-XWE). Retrieved from <http://www12.statcan.gc.ca/nhs-enm/2011/dp-prof/details/page.cfm?Lang=E&Geo1=CMA&Code1=505&Data=Count&SearchText=ottawa&SearchType=Begins&SearchPR=01&A1=All&B1=All&Custom=&TABID=1>
- Statistics Canada. (2017b). *Focus on geography series, 2016 census* (Catalogue no. 98-404-X2016001). Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-cma-eng.cfm?LANG=Eng&GK=CMA&GC=505&TOPIC=7>
- Statistics Canada. (2017a). *Immigration and ethnocultural diversity: Key results from the 2016 census*. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025b-eng.htm>

- Styron, T. H., Janoff-Bulman, R., & Davidson, L. (2000). "Please ask me how I am": Experiences of family homelessness in the context of single mothers' lives. *Journal of Social Distress & the Homeless*, 9, 143–165. doi:10.1023/a:1012945602583
- Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, W. Y., Wyatt, R. J. (1997). Preventing recurrent homelessness among mentally ill men: A "critical time: intervention after discharge from a shelter. *American Journal of Public Health*, 87(2), 256-262. doi:10.2105/AJPH.87.2.256
- Sylvestre, J., Kerman, N., Polillo, A., Aubry, T., & Lee, C. M. (2015). *Profiles of homeless families in Ottawa*. Ottawa, Canada: Centre for Research on Educational and Community Services.
- Sylvestre, J., Kerman, N., Polillo, A., Aubry, T., & Lee, C. M. (2017b). A profile of families in the emergency family homeless shelter system in Ottawa, Ontario, Canada. *Canadian Journal of Urban Research*, 26.
- Sylvestre, J., Kerman, N., Polillo, A., Lee, C. M., Aubry, T., & Czechowski, K. (2017a). A qualitative study of the pathways into and impacts of family homelessness. *Journal of Family Issues*, 39, 2265-2285. doi:10.1177/0192513X17746709
- Teixeira, C. (2009). New immigrant settlement in a mid-sized city: A case study of housing barriers and coping strategies in Kelowna, British Columbia. *The Canadian Geographer*, 53, 323–339. doi:10.1111/j.1541-0064.2009.00266.x
- Teixeira, C. (2014). Living on the "edge of the suburbs" of Vancouver: A case study of the housing experiences and coping strategies of recent immigrants in Surrey and Richmond. *The Canadian Geographer*, 58, 168–187. doi:10.1111/j.1541-0064.2013.12055.x

- Tischler, V., Rademeyer, A., & Vostanis, P. (2007). Mothers experiencing homelessness: Mental health, support and social care needs.” *Health & Social Care in the Community*, 15, 246 – 253. doi:10.1111/j.1365-2524.2006.00678.x
- United Nations High Commissioner for Refugees. (2017). *Global report 2017*. Retrieved from http://reporting.unhcr.org/sites/default/files/gr2017/pdf/GR2017_English_Full_lowres.pdf
- Vang, Z., Sigouin, J., Flenon, A., & Gagnon, A. (2015). The healthy immigrant effect in Canada: A systematic review. *Population Change and Lifecourse Strategic Knowledge Cluster Discussion Paper Series*, 3, 1-41.
- van Laere, I. R., de Wit, M. A., & Klazinga, N. S. (2009). Pathways into homelessness: Recently homeless adults problems and service use before and after becoming homeless in Amsterdam. *BMC Public Health*, 9, 1-9. doi:10.1186/1471-2458-9-3
- Waegemakers Schiff, J. (2007). Homeless families in Canada: Discovering total families. *Families in Society*, 88, 131-140. doi:10.1606/1044-3894.3600
- Yu, S., Ouellet, E., & Warmington, A. (2007). Refugee integration in Canada: A survey of empirical evidence and existing services. *Refuge*, 24, 17-34.
- Zamprelli, J. (2003). *Family homelessness: Causes and solutions*. Ottawa, Ontario, Canada: Canada Mortgage and Housing Corporation. Retrieved from <https://www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?cat=32&itm=53&lang=en&sid=ObYFi9dgbvrC7hKtHUw2p379t1BDr0C1XxwgxREmTo5QYkdzJ09To2QWrXrU2jis&fr=148244698267>

Appendix A

Ethics Approval for Families First Study

File Number: 04-12-22B

Date (mm/dd/yyyy): 09/26/2012



Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

Ethics Approval Notice

Social Science and Humanities REB

Principal Investigator / Supervisor / Co-investigator(s) / Student(s)

<u>First Name</u>	<u>Last Name</u>	<u>Affiliation</u>	<u>Role</u>
John	Sylvestre	Social Sciences / Psychology	Principal Investigator
Tim	Aubry	Social Sciences / Psychology	Co-investigator
Catherine M.	Lee	Social Sciences / Psychology	Co-investigator

File Number: 04-12-22B

Type of Project: Professor

Title: A Study of the Families First Program: A Critical Time Intervention for Housing Homeless Families

Approval Date (mm/dd/yyyy)	Expiry Date (mm/dd/yyyy)	Approval Type
07/18/2012	07/17/2013	Ia
(Ia: Approval, Ib: Approval for initial stage only)		

Special Conditions / Comments:

The following modifications have also been approved (September 26th, 2012) and are covered under this certificate:

- Madeleine Anderson has been added to research team.
- French versions of all documents have been submitted.
- The protocol has been shortened to eliminate unnecessary measures and reduce overlap.
- The youth questionnaire has been modified and will be administered orally.

File Number: 04-12-22B

Date (mm/dd/yyyy): 09/26/2012



Université d'Ottawa **University of Ottawa**
Bureau d'éthique et d'intégrité de la recherche Office of Research Ethics and Integrity

This is to confirm that the University of Ottawa Research Ethics Board identified above, which operates in accordance with the Tri-Council Policy Statement and other applicable laws and regulations in Ontario, has examined and approved the application for ethical approval for the above named research project as of the Ethics Approval Date indicated for the period above and subject to the conditions listed the section above entitled "Special Conditions / Comments".

During the course of the study the protocol may not be modified without prior written approval from the REB except when necessary to remove subjects from immediate endangerment or when the modification(s) pertain to only administrative or logistical components of the study (e.g. change of telephone number). Investigators must also promptly alert the REB of any changes which increase the risk to participant(s), any changes which considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project and safety of the participant(s). Modifications to the project, information/consent documentation, and/or recruitment documentation, should be submitted to this office for approval using the "Modification to research project" form available at: <http://www.research.uottawa.ca/ethics/forms.html>.

Please submit an annual status report to the Protocol Officer four weeks before the above-referenced expiry date to either close the file or request a renewal of ethics approval. This document can be found at: <http://www.research.uottawa.ca/ethics/forms.html>.

If you have any questions, please do not hesitate to contact the Ethics Office at extension 5387 or by e-mail at: ethics@uOttawa.ca.

Appendix B

Ethics Approval for Pathways Study

25/09/2017

Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche

**University of Ottawa**

Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL**Numéro du dossier / Ethics File Number**

H-09-17-80

Titre du projet / Project TitleUnderstanding the Pathways into
Family Homelessness**Type de projet / Project Type**Thèse de doctorat / Doctoral
thesis**Statut du projet / Project Status**

Approuvé / Approved

Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)

25/09/2017

Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)

24/09/2018

Équipe de recherche / Research Team**Chercheur / Researcher****Affiliation****Role**

Alexia POLILLO

École de psychologie / School of Psychology

Chercheur Principal / Principal Investigator

John SYLVESTRE

École de psychologie / School of Psychology

Superviseur / Supervisor

Conditions spéciales ou commentaires / Special conditions or comments

25/09/2017

Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche



University of Ottawa

Office of Research Ethics and Integrity

Le Comité d'éthique de la recherche (CÉR) de l'Université d'Ottawa, opérant conformément à l'*Énoncé de politique des Trois conseils* (2014) et toutes autres lois et tous règlements applicables, a examiné et approuvé la demande d'éthique du projet de recherche ci-nommé.

L'approbation est valide pour la durée indiquée plus haut et est sujette aux conditions énumérées dans la section intitulée "Conditions Spéciales ou Commentaires". Le formulaire « Renouvellement ou Fermeture de Projet » doit être complété quatre semaines avant la date d'échéance indiquée ci-haut afin de demander un renouvellement de cette approbation éthique ou afin de fermer le dossier.

Toutes modifications apportées au projet doivent être approuvées par le CÉR avant leur mise en place, sauf si le participant doit être retiré en raison d'un danger immédiat ou s'il s'agit d'un changement ayant trait à des éléments administratifs ou logistiques du projet. Les chercheurs doivent aviser le CÉR dans les plus brefs délais de tout changement pouvant augmenter le niveau de risque aux participants ou pouvant affecter considérablement le déroulement du projet, rapporter tout événement imprévu ou indésirable et soumettre toute nouvelle information pouvant nuire à la conduite du projet ou à la sécurité des participants.

The University of Ottawa Research Ethics Board, which operates in accordance with the *Tri-Council Policy Statement* (2014) and other applicable laws and regulations, has examined and approved the ethics application for the above-named research project.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completed four weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Riana MARCOTTE

Responsable d'éthique en recherche / Protocol Officer

Pour/For Daniel LAGAREC Président(e) du/ Chair of the Comité d'éthique de la recherche en sciences sociales et humanités / Social Sciences and Humanities Research Ethics Board

Appendix C

Study One Recruitment Script

uOttawa

Study: Pathways into Family Homelessness

Researchers from the University of Ottawa would like to conduct interviews with adult heads of families who are residing in Ottawa's emergency shelter system.

Who can take part?

You are invited to participate in this study if you:

- are the adult family member
- are over the age of 18
- have at least one child under the age of 18 living with you in the shelter
- are born in Canada
- are able to speak English

What is the interview about?

If you agree to participate in the study, you will be asked to answer questions about yourself and your family. You will be asked about how your family came to live in the shelter, what it is like for you living here, and what you think things will be like for you and your family when you move out.

How long will it last?

The interview will last about 30 to 60 minutes.

Who is doing the interviews, and why?

Research is being conducted in the context of a PhD thesis by Alexia Polillo, under the supervision of Dr. John Sylvestre, to learn more about families in the shelter.

Why should I participate?

Participants will help researchers learn more about families in the shelters. This information may help to improve the services and supports that families receive. Participants will receive \$25.

Are there any risks?

There are no direct risks from participating. Some questions could make you feel uncomfortable, but you do not have to answer any questions that you do not want to answer.

What else do I need to know?

You do not have to participate in this interview. If you do agree, you can stop at any time. If you choose to not participate, you will not lose your services in the shelter or in the community.

Confidentiality will be respected and no information that discloses your identity will be released or published without consent unless there are professional requirements, such as disclosing child abuse or acute risk of harm to yourself or others.

Who should I contact?

If you want to know more about this study, please contact:

Alexia Polillo, BA

PhD Student, Experimental Psychology

University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 5002

Ottawa, ON K1N 6N5

Appendix D

Study One Poster

**STUDY VOLUNTEERS NEEDED**

We are doing this study to learn about families in Ottawa's shelter system. Interview questions ask about life before the shelter and the experiences of families in the shelter.

Participants will be selected on a first come-first serve basis and be asked to complete a 60 to 90 minute interview.

You may participate in this study if you:

- are the adult family member
- have at least one child under the age of 18 living with you in the shelter
- have been living in the shelter for at least a month
- are born in Canada
- are born outside of Canada and living in Canada for 1 to 5 years
- are 18 years of age or older
- are able to speak English

For more information, please contact Alexia Polillo:

613-562-5800 x2292

YOU WILL BE PAID \$25 CASH FOR YOUR TIME

The ethical aspects of this study has been reviewed and approved by the University of Ottawa's Research Ethics Board.

Appendix E

Study One Consent Form

uOttawa

Who is Conducting this Study?

Alexia Polillo, BA
PhD Student, Experimental Psychology
School of Psychology
University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 5081
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 2297

John Sylvestre, PhD
Vice-Dean, Research
School of Psychology
University of Ottawa, Social Sciences Building, 120 University Private, Room 5039
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 1698

Introduction

This form describes why we are doing the study. It describes what you will be asked to do in the study. If you have questions about this form or the study, please ask the interviewer. You should sign the form only if you understand what the study is about.

Why are we doing this study?

We are doing this study to learn about families in the emergency shelter system in Ottawa. In this study, we want to learn about life before the shelter and the experiences of families in the shelter. Research is being conducted in the context of a PhD thesis by Alexia Polillo, under the supervision of Dr. John Sylvestre.

What would you do if you agree to take part?

If you agree to take part in the study, we will conduct an audio-recorded interview with you today. It takes about 60 to 90 minutes to complete the interview. If you agree to participate, you will be asked to answer questions about yourself and your family. We will ask you about how your family came to live in the shelter, what it is like for you living here, and what you think things will be like for you and your family when you move out. You will also be asked to draw a visual timeline of your housing history and the major life events that occurred in the four years prior to your current period of homelessness.

Risks and benefits

There are no direct benefits to participating in this interview. A potential indirect benefit, however, is that you may experience a sense of satisfaction by helping us understand the experiences of families in situations like yours. There are also no direct risks from participating. Some questions could make you feel uncomfortable, but you do not have to answer any questions that you don't want to.

Your rights: Voluntary participation in a confidential study

You do not have to participate in this interview and you can stop the interview at any time. If you choose to not participate, you will not lose any services you are currently receiving at the shelter or in the community. Also, if you decide to stop the interview, we will not try to contact you again and your interview will be destroyed unless you give us permission to keep it. You can also ask that your data be withdrawn after the interview has been completed. Confidentiality will be respected and no information that discloses your identity will be released or published without consent unless there is a professional requirement, such as disclosing child abuse or acute risk of harm to yourself or others.

Publication of Findings

We will publish our findings from these interviews in journals and present them at conferences. When we publish or present these findings, we may use some of your words in quotes. However, no individual information or information that could identify you will be released.

Honorarium

People who take part in the interview will receive \$25. If you decide to stop before finishing the interview, you will still receive the \$25.

Data Conservation

All study data will be kept for 10 years after which they will be destroyed. This period will commence following completion of the project which will be marked by the principal investigator's deposit of the final doctoral dissertation document to the University of Ottawa.

Ethics

If you have any questions, you may contact one of the researchers listed above. If you have any questions regarding the ethical conduct of this study, you may contact the Office of Research Ethics and Integrity, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, Ontario, K1N 6N5, ethics@uottawa.ca.

Consent to Participate in the Pathways Study

I acknowledge that the research study described above has been explained to me and any questions that I have asked have been answered to my satisfaction. I have been informed of my right to choose to not participate in the study. As well, the potential risks and harms have been explained to me and I also understand the indirect benefits of participating in the research study.

I know that I may ask now or in the future any questions I have about the study. I have been assured that information relating to me will be kept confidential and that no information will be released or printed that would disclose my personal identity without my permission unless there is a professional requirement. I have been given enough time to read and understand the above information.

By signing this consent, I agree to participate in this study. I will be given a signed copy of the entire consent form, including this signature page.

Consent to participate in the study ☐

Consent to have the interview audio recorded ☐

Signature of Participant

Name (printed)

Signature of Interviewer

Name (printed)

Date _____

Appendix F

Study One Demographic Survey



uOttawa

Demographic Form: Pathways into Family Homelessness

Participant # _____ Date of Interview _____

1. Sex _____ 2. Date of Birth (dd/mm/yy) _____

3. What was the first Language that you spoke _____

4. What country were you born in? _____

5. If you were not born in Canada, did you arrive as an:

Immigrant? _____ Refugee? _____

6. If you were not born in Canada, when did you arrive in Canada? _____

7. If you were not born in Canada, are you a Canadian citizen? Yes _____ No _____

8. If you were not born in Canada, when did you become a Canadian citizen? _____

9. Marital Status:

Married or Cohabiting _____ Single _____ Separated or Divorced _____ Widowed _____

10. Have you worked continuously for one year in the past? Yes _____ No _____

11. What is your current primary employment:

Unemployed _____ Employed _____ Retired _____ Student/Volunteer _____

Other, Specify: _____

12. What was your total family income last month? _____**13. What was your total family income last year? _____****14. What are your current sources of income? Check all that apply:**

Earnings from paid work _____ Unemployment Insurance _____

Long-term Disability _____ Disability Income (ODSP) _____

Welfare/Income Assistance (OW) _____ Other, Specify: _____

15. Who lives with you here?

- Do you have a partner or spouse living with you in the shelter? _____
- Do you have children living with you in the shelter? _____
 - How many children? _____
- Do you have any other people in the shelter with you? _____
 - How many parents? _____
 - How many siblings? _____
 - Are there any members of your immediate family who are not residing with you here? _____

16. How many months have you been homeless? _____ months (total)

Appendix G

Study One Interview Guide



uOttawa

Interview Guide: Pathways into Family Homelessness

Goal: To learn about the pathways into the shelter and the experiences of homelessness for families

Thank you again for joining me to help us learn more about what it is like for families living in a shelter. Before we begin, I'd like to remind you that although it is my job to ask questions, it is completely up to you to decide how much you want to participate in this discussion. If you decide to stay, you also do not have answer any questions you do not want to answer. Please do not tell me anything you do not want me to know. I won't tell anyone whether you choose to stay or not. If you do choose to tell me about your experience, we will report on it when we tell others about the project, but we won't tell anyone who said what. Finally, please remember that there are no right or wrong answers to these questions. I am interested in hearing your thoughts and ideas. Are there any questions?

The first section of the interview will focus on your life and the places you and your family lived in the four years prior to your current period of homelessness. Like I said earlier, you do not have to tell me every detail about your life, just the housing, events, and experiences you feel comfortable talking to me about. You can focus on the housing and events that are most important to you or anything else that you want to tell me.

We will draw the housing and any other important life events on a visual timeline. I have an example of a timeline that we can use as a guide:

[Interviewer will show the participant an example of a timeline and provide the participant with supplies to create their own timeline]

Creating a timeline will give you an opportunity to express and visualize the housing and major life events in the four years before your current period of homelessness. For each point on the timeline, please include the month and year, this will help us understand these events in a chronological order. Once you have completed the timeline, I will ask you questions about the timeline to help me understand it better. Do you have any other questions before we begin creating the timeline?

A. Questions to help facilitate the creation of the timeline:

Let's start with where you were living four years before you entered the shelter? (participant draws the first point on the timeline):

1. What kind of housing was it? Can you describe it to me?
2. Who lived there with you?
3. How would you describe the quality of housing?
 - Affordable? Appropriate for the family? Safe?
4. How was your time spent in that housing?
5. Were there any significant events that you or your family experienced that may have led to homelessness or impacted the stability of your housing?
6. Was this housing a stable living situation for you and your family? Were there any issues with keeping or maintaining this housing?
7. When did you leave this housing? Why did you and your family leave this housing? Were you surprised or was it something you were prepared for?
8. At the time, was there anything that could have helped you or helped you keep this housing? Services? Support? Did you turn to anyone for help?
9. Is there anything else you want to tell me about this housing situation or your life at that time?

[The interviewer will ask these questions for every housing situation on the timeline]

Okay, now let's talk about your next housing situation:

1. What led you to this new housing situation? How did you find it? How was the moving-in process?
2. What kind of housing was it? Can you describe it to me?
3. Who lived there with you?
4. How would you describe the quality of housing?
 - Affordable? Appropriate for the family? Safe?
5. How was your time spent in that housing?
6. Were there any significant events that you or your family experienced that may have led to homelessness or impacted the stability of your housing?
7. Was this housing a stable living situation for you and your family? Were there any issues with keeping or maintaining this housing?
8. When did you leave this housing? Why did you and your family leave this housing? Were you surprised or was it something you were prepared for?
9. At the time, was there anything that could have helped you or helped you keep this housing? Services? Support? Did you turn to anyone for help?
10. Is there anything else you want to tell me about this housing situation or your life at that time?

[This process will continue until the participant's timeline is completed]

We are coming to the end of our interview, I just have a couple more questions about your experiences and any changes you may have experienced over the years.

B. General Questions:

1. What was it like to reflect on this period of your life?
2. How did you decide what to include on the timeline?

C. Experience of homelessness:

1. Looking back on all that you've told me, what are the reasons you and your family are homeless?
2. How has your experiences before the shelter impacted your life in the shelter? [**Areas to Probe: mental health, physical health, relationships, emotions, parenting, etc.**]
3. How has your life changed since becoming homeless?
 - Has anything improved since moving into the shelter? If so, how have things improved?
 - Has anything worsened since moving into the shelter? If so, how have things worsened?

D. Moving out:

1. Do you ever think about the future and where you and your family will end up?
 - When you think about it, what do you think?
 - What are your hopes for the future?
 - What are your fears or concerns for the future?
2. Is there anything else that I did not ask about that you think would help me understand your experiences in this shelter??

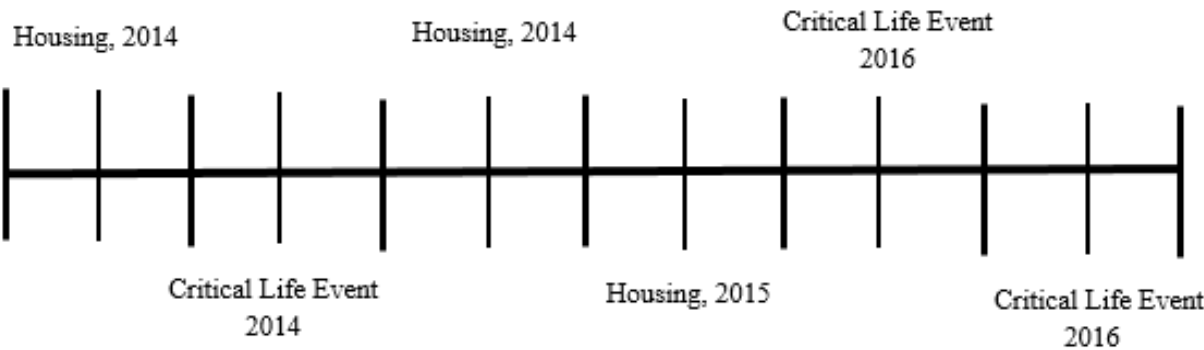
Appendix H

Study One Timeline Example



uOttawa

Timeline Example: Pathways into Family Homelessness



Appendix I

Study Two Recruitment Script

uOttawa

University of Ottawa Study Project Description

This information sheet describes the University of Ottawa Study. Please read this letter before you decide whether or not you would like to participate in this study. If you have any questions about the study, you may ask the staff person that gave you this letter, or you may contact one of the members of the team conducting the study. Their contact information appears at the end of this form.

Why are we doing this study?

We are a team from the University of Ottawa that is studying families who are homeless and living in a shelter or off-site motel. We are trying to learn more about what it is like for families who experience homelessness. We want to learn about their health and well-being, and how they settle into their new homes and communities when they leave the shelter.

We also want to learn more about how the Families First program is helping families as they move into permanent housing in the community. You might already know about this program which is offered by the Pinecrest-Queensway Community Health Centre. If you haven't heard of the program or would like to know more about it, please ask your case worker to explain it to you.

This study will NOT make any difference to how fast you find a home or to what services you receive. It is a study to help the University, the Shelters and the Families First program understand how to best help families like yours. If you choose not to participate, you will continue to have access to any services that you have now.

How will you benefit from being a part of this study?

First of all, you will be a part of an important study on homeless families. By telling us your story you are helping to develop good programs and services for families like yours.

People who take part in the 1-hour interview will also receive \$25. If you decide to stop before finishing the survey, you will still receive the \$25. There will be a \$25 honorarium for those who take part in the interviews at 6 and 12 months.

What will we ask of you if you agree to take part?

If you agree to help us with this study, we will find a time that is convenient for you, and we will ask you a number of questions. You will be asked questions about yourself and your housing

history, your physical and mental health, your social supports, as well as questions about the members of your family. The interview will take about an hour and a half.

Your confidentiality will be respected and no information that discloses your identity will be released or published without consent unless required by law, such as disclosing abuse or acute risk of harm to yourself or others.

We also hope to learn about families' experiences in the months after they have lived in a shelter, so we'd like to meet you on 2 other occasions, six months and twelve months from now, to find out how you and your family are doing in your new home. To help us keep in contact with you, we will ask you to give us the names and phone numbers of friends, family and or service providers just in case you have moved and we don't have your new address.

What will happen if you decide that you don't want to be part of the study anymore?

Participation in this study is completely voluntary and you can change your mind and withdraw at any time without any effect on the care or services that you and your family will receive. You do not have to answer any questions that you are not comfortable answering. Also, if you decide to withdraw from the study, we will not try to contact you again and the information that you have given us will be destroyed unless you give us permission to keep it.

Who to contact if you have questions:

Lead researcher:

John Sylvestre, PhD.

School of Psychology

Centre for Research on Educational and Community Services

University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 3001

Ottawa, ON K1N 6N5

(613) 562-5800 ext. 4307

Research Coordinator:

Madeleine Anderson

University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 5002 B

Ottawa, ON K1N 6N5

(613) 562-5800 ext. 2292

Appendix J

Study Two Consent Form

uOttawa

Who is Conducting this Study?

John Sylvestre, PhD
School of Psychology
Centre for Research on Educational and Community Services
University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 3001
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 4307

Tim Aubry, PhD, C.Psych.
School of Psychology
Centre for Research on Educational and Community Services
University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 5002 I
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 4815

Catherine Lee, PhD, C. Psych.
School of Psychology
Centre for Research on Educational and Community Services
University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 3001
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 4525

Research Coordinator

Madeleine Anderson
Centre for Research on Educational and Community Services
University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 5002B
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 2292

Introduction

Before you agree to participate in this study, it is important that you understand the following explanation of the study. It describes why we are doing the study, what it will involve and the benefits, and risks associated with the study. If you have questions about this form, the

interviewer will be pleased to answer them. Please you do not sign this consent form unless you are sure you understand everything on it.

Study Funding

The study has received funding from the Canadian Institutes of Health Research.

Why are we doing this study?

This is a study to learn about families in the family shelter system in Ottawa, and about their experiences moving from the shelter to community housing.

What will you be asked, if you agree to take part in this study?

If you agree to take part in the study, we will conduct a survey with you today. It takes about 1½ hours to complete the survey. If you agree to participate, you will be asked questions about your family's housing history, your physical and mental health, your social supports, as well as questions about your family and its use of health and social services.

We also want to learn about families' experiences in the months after they have lived the shelter system. We'd like to meet you on 2 other occasions to find out about how you and your family are doing. The first follow-up interview will be 6 months from now and the second follow-up interview will be 12 months from now. To help us keep in contact with you, we will ask you to give us the names and phone numbers of people and organizations who might know where you are if you have moved.

Access to Information Collected by Other Agencies

As part of this study we are asking for your permission to ask the City of Ottawa's family shelter system to share information with us about your family. This will include information collected by the family shelter system on your use of the shelter system and your contacts with staff members for two years before today and two years from today.

Access to Personal Health Information

As part of this study we are also asking your permission to use you and your children's provincial health card numbers to obtain records of your family's use of health care services over the past year and upcoming 12 months from the Institute for Clinical Evaluative Sciences (ICES).

The Institute for Clinical Evaluative Sciences (ICES) is an independent, non-profit organization that conducts research to improve the quality of health care and health services in Ontario. It has a database on claims made by health care providers in Ontario as part of the Ontario Health Insurance Plan (OHIP).

Risks and benefits

There are no direct benefits to you that will come from participating in this survey. A potential indirect benefit, however, is that you may experience a sense of satisfaction by helping us understand the needs of families who experience homelessness. It is also possible that completing the survey will help you better understand your own thoughts and feelings about your family situation. There are also no direct risks from participating. Some questions may make you feel uncomfortable, but you do not have to answer any questions that you don't want to.

Your rights: Voluntary participation in a confidential study

Participation in this study is completely voluntary and you can withdraw at any time without any effect on the care or services that you and your family will receive. If you choose not to participate, you will continue to have access to any services that you have now. Also, if you decide to withdraw from the study, we will not try to contact you again and your data will be destroyed unless you give us permission to keep the data.

To protect your confidentiality, personal information will be kept on a numbered form that does not have your name or other identifying information. We will keep your name and other identifying information (such as date of birth and provincial health card number) on a separate numbered form. All information you give us will be kept in a secure research office, and only authorized research staff will have access to the information. All of the paper data will be stored in locked filing cabinets that only the study team has access to and all of the electronic data will be kept on a secure institutional network.

Confidentiality will be respected and no information that discloses your identity will be released or published without consent unless required by law, such as disclosing abuse or acute risk of harm to yourself or others.

Publication of Findings

In the event that the results of this study are published or presented at conferences, seminars or other public forums, no individual information or information that could identify you will be released.

Reimbursement

People who take part in the 1½ hour interview will receive \$25. If you decide to stop before finishing the survey, you will still receive the \$25. There will be a \$25 honorarium for those who take part in the interviews at 6 and 12 months.

Ethics

If you have any questions, you may contact one of the researchers listed above. If you have any questions regarding the ethical conduct of this study, you may contact the Office of Research Ethics and Integrity, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, Ontario, K1N 6N5, ethics@uottawa.ca

Consent to Participate in the Families First Study

I acknowledge that the research study described above has been explained to me and that any questions that I have asked have been answered to my satisfaction. I have been informed of my right to choose to not participate in the study. As well, the potential risks and harms have been explained to me and I also understand the indirect benefits of participating in the research study. I know that I may ask now or in the future any questions I have about the study or the research procedures. I have been assured that information relating to me and my health care will be kept confidential and that no information will be released or printed that would disclose my personal

identity without my permission unless required by law. I have been given sufficient time to read and understand the above information.

CONSENT TO THE RELEASE OF INFORMATION BY CONTACT PERSONS

☐ ____ (initial) I consent to the research team contacting friends, family members, acquaintances, health centres, organizations and agencies that I will list when attempting to contact me for the purpose of conducting follow-up interviews. I authorize these people to release information regarding my up-to-date mailing address and phone number to the research team.

CONSENT TO EXCHANGE PERSONAL INFORMATION WITH THE CITY OF OTTAWA FAMILY SHELTER SYSTEM

☐ ____ (initial) I consent to the research team releasing my name and date of birth to the City of Ottawa family shelter system to access personal information it collects about my use of the shelter system.

CONSENT TO THE RELEASE OF PERSONAL HEALTH INFORMATION

☐ ____ (initial) I consent to the research team releasing my name, date of birth and provincial health card number to the Institute for Clinical Evaluative Sciences (ICES).

CONSENT TO RELEASE CHILDREN'S PERSONAL HEALTH INFORMATION

☐ ____ (initial) I consent to the research team releasing my children's name, date of birth and provincial health card number to the Institute for Clinical Evaluative Sciences (ICES).

Children:

By signing this consent, I agree to participate in this study. I will be given a signed copy of the entire consent form, including this signature page.

X

Signature of Participant

Name (printed)

X

Signature of Interviewer

Name (printed)

Date _____

PLEASE COMPLETE IF ASSISTANCE WAS GIVEN TO STUDY PARTICIPANT

I was helped during the consent process by having the consent form read to me.

☐ Yes ☐ No ____ (initial)

If Yes, please check the relevant box and complete the signature space below.

☐ The consent form was read to me, and the person signing below attests that the study was accurately explained to me and I have understood what was said.

Name of Person Assisting in the Consent Discussion

Signature of Person Assisting in the Consent Discussion

Date and Time

Appendix K

Study Three Focus Group Recruitment Form



uOttawa

Youth Discussion Group

Researchers from the University of Ottawa will be holding a Youth Discussion Group on DATE, at PLACE/ROOM #.

Who can take part?

Young people (16 to 24 years) who are living at the Forward or Carling Shelter are invited to participate.

What is the discussion group about?

People who participate will be asked questions about themselves and their families - how your family came to live in the shelter, what it is like for you living here, and what you think things will be like for you and your family when you move out.

How long will it last?

The discussion group will take about 1 hour to complete.

Who is leading this group, and why?

Researchers from the University of Ottawa want to learn about families in the family shelter system in Ottawa. In this study they want to learn about the experiences of young people who live with their families in the family shelters.

Why should I participate?

You will help researchers to learn more about families in the shelters. This information may help to improve the services and supports that families and young people receive.

Young people who participate will receive \$10. Food and drinks will also be provided.

Are there any risks?

There are no direct risks from participating. Some questions may make you feel uncomfortable, but you do not have to answer any questions that you don't want to.

What else do I need to know?

You do not have to participate in this discussion group, and if you do, and you can stop at any time. If you choose to not participate, you will not lose your services. The information that you

give the researchers will not be shared with your family. The exception is if you tell us about abuse or risk of harm to yourself or others. In this case, we are required by law to report this information to appropriate authorities.

Who should I contact?

If you are interested in participating, please speak to NAME from the Somerset West Community Health Centre.

If you want to know more about this study, please contact:

Centre for Research on Educational and Community Services
University of Ottawa
(613) 562-5800 ext. 2292

Appendix L

Study Three Consent Form for Focus Group One

uOttawa

Who is Conducting this Study?

John Sylvestre, PhD
School of Psychology
Centre for Research on Educational and Community Services
University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 3001
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 4307

Tim Aubry, PhD, C.Psych.
School of Psychology
Centre for Research on Educational and Community Services
University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 5002 I
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 4815

Catherine Lee, PhD, C. Psych.
School of Psychology
Centre for Research on Educational and Community Services
University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 3001
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 4525

Study Funding

The study has received funding from the Canadian Institutes of Health Research.

Introduction

This form describes why we are doing the study. It describes what you will be asked to in the study. If you have questions about this form or the study, please ask the group facilitator. You should sign the form only if you understand what the study is about.

Why are we doing this study?

We are doing this study to learn about families in the family shelter system in Ottawa. In this part of the study we want to learn about the experiences of young people who live with their families in the family shelters.

What would you do if you agree to take part?

If you agree to take part in the study, we will conduct an audio-recorded discussion group with you and other young people living in the shelter. The focus group will take about 1 hour complete. If you agree to participate, you will be asked to answer questions about yourself and your family. We will ask you about how your family came to live in the shelter, what it is like for you living here, and what you think things will be like for you and your family when you move out. Your answers will help us to create an interview that we will conduct with young people like yourself.

Risks and benefits

There are no direct benefits to you that will come from participating in this discussion group. A potential indirect benefit, however, is that you may experience a sense of satisfaction by helping us understand the experiences of young people in situations like yours.

There are also no direct risks from participating. Some questions may make you feel uncomfortable, but you do not have to answer any questions that you don't want to. You can also end your participation in the study at any time should you wish.

Your rights: Voluntary participation in a confidential study

You do not have to participate in this discussion group and you can stop at any time. If you choose to stop participating in this group, we may still use the information you have already provided because it would be difficult to separate it from the information that other people have given. If you choose to not participate, you will not lose your services. The information that you give us will not be shared with your family. The exception is if you tell us about abuse or risk of harm to yourself or others. In this case, we are required by law to report this information to appropriate authorities.

We cannot guarantee that no one will know that you participated because you will be participating in an open discussion with other people. However, we will ask that all participants not repeat what was said by others.

Publication of Findings

We may publish our findings from this discussion group and present them at conferences. When we publish or present these findings, we may use some of your words in quotes. We will not, however, tell anyone who participated, and who said what in our study.

Conservation of Data

Data from this study will consist of handwritten notes and audio-recordings which will be transcribed. The notes, audio-recordings and transcriptions will be stored in a locked file cabinet in a locked research office, and on a password protected computer. The data will be kept for a minimum of 5 years after the project has ended, after which they will be destroyed by shredding or deleting the files.

Honorarium

People who take part in the discussion group will receive \$10. If you decide to leave the discussion group before it ends, you will still receive the \$10.

Ethics

If you have any questions, you may contact one of the researchers listed above. If you have any questions regarding the ethical conduct of this study, you may contact the Office of Research Ethics and Integrity, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, Ontario, K1N 6N5, ethics@uottawa.ca

Consent to Participate in the Families First Study

I acknowledge that the research study described above has been explained to me and that any questions that I have asked have been answered to my satisfaction. I have been informed of my right to choose to not participate in the study. As well, the potential risks and harms have been explained to me and I also understand the indirect benefits of participating in the research study. I know that I may ask now or in the future any questions I have about the study. I have been assured that no information will be released or printed that would disclose my personal identity without my permission unless required by law. I have been given enough time to read and understand the above information.

By signing this consent, I agree to participate in this study. I will be given a signed copy of the entire consent form, including this signature page.

X _____
Signature of Participant

Name (printed)

X _____
Signature of Researcher

Name (printed)

Appendix M

Study Three Interview Guide for Focus Group One

uOttawa

**Introduction
(after consent process)**

Thank you again for joining us this evening to help us learn more about what it is like for young people living in a shelter. Before we begin I'd like to remind you that although it is my job to ask questions, it is completely up to you how much you want to participate in this discussion.

If you decide to stay, you also do not have to speak if you do not want to. Please do not tell us anything you do not want us to know. We won't tell anyone whether you choose to stay or not. If you do choose to tell us about your experience, we will report on it when we tell others about the project, but we won't tell anyone who said what.

So that everyone can feel safe, we also ask you not to talk anyone else about what was said in this group. This way, people won't have to worry about what they said being repeated. Finally, please remember that there are no right or wrong answers to these questions. We are interested in hearing your thoughts and ideas. Are there any questions before we begin?

1. Let's begin by hearing from you what it's like for you living here in the shelter. Think for a minute - if there was one word or two that you would use to describe living here what would it be? (Note: This activity is designed to ensure that the discussion is based on the ideas of the participants as well as to quickly engage them in the discussion).

- If you have any thoughts, just shout it out.
- It could be something you like or something you don't like.
- It could be something that affects you, your family, your friends, or how you get along.
- It could be something about school, work, or things you like to do
- It could be something about this building itself, the neighbourhood, the people here who either live or work here.

>> Facilitators will make a list of suggestions.

>> Facilitators will then probe the various suggestions from the list. e.g., Someone suggested "frustrating".

Example probes:

- What is it about living here that is frustrating? Do others also find this frustrating? What else do people find frustrating here?
- When does that happen here? Is it something that happens often? Why do you think it happens?
- When you feel this, is there anything that makes it better? Is there anything that makes it worse?
- Do you have any ideas about what could be changed to make it less frustrating? Who could make this change? Why would it be better?

2. Thank you for all those contributions. You've already given us a good understanding of what it is like living here. Other people, people who don't live here, may not know what it is like here, or what the families are like here. What do you think is important for them to know?

- What would you like them to know?
- Are there any mistaken impressions they might have?
- Why is it important for them to know this?

3. Now I'd like to talk about the future. Who here thinks about where you might move to and where you might end up living? When you think about this, what do you think about?

- Do you think about where you will live? The neighbourhood where you will live? Who will be in your neighbourhood? Where you will go to school or work?
- When you think of these things, would you say you are hopeful or positive that things will work out, or maybe not that positive, or maybe even both positive and not so positive?
 - What are you hopeful about? What are you concerned about?
 - What do you think will be better when you move out?
 - What might not be better?
 - Are there some things you are really looking forward to in the future?

4. Thanks again for all those contributions. There is a final question I would like to ask you. As you know we will be conducting interviews with you, or other young people like yourselves. What advice would you give us for what we should ask or not ask about, what would you tell us?

- What are the most important things for us to know about?
- Are there some things that are not so important for us to know about?

Appendix N

Study Three Interview Recruitment Form

uOttawa

Study of Youth Experiences in Family Shelters

Researchers from the University of Ottawa will be conducting interviews with young people on DATES, at PLACE/ROOM #.

Who can take part?

Young people (16 to 24 years old) who live at the Forward or Carling Shelter are invited to participate.

What is the interview about?

People who participate will be asked questions about themselves and their families - how your family came to live in the shelter, what it is like for you living here, and what you think things will be like for you and your family when you move out.

How long will it last?

The interview will take about 45 minutes to 1 hour to complete.

Who is doing the interviews, and why?

Researchers from the University of Ottawa want to learn about families in the family shelter system in Ottawa. In this study they want to learn about the experiences of young people who live with their families in the family shelters.

Why should I participate?

You will help researchers to learn more about families in the shelters. This information may help to improve the services and supports that families and young people receive.

Young people who participate will receive \$15.

Are there any risks?

There are no direct risks from participating. Some questions may make you feel uncomfortable, but you do not have to answer any questions that you don't want to.

What else do I need to know?

You do not have to participate in this interview, and if you do, you can stop at any time. If you choose to not participate, you will not lose your services. The information that you give the researchers will not be shared with your family. The exception is if you tell us about abuse or risk of harm to yourself or others. In this case, we are required by law to report this information to appropriate authorities.

Who should I contact?

If you are interested in participating, please speak to NAME from the Somerset West Community Health Centre.

If you want to know more about this study, please contact:

Centre for Research on Educational and Community Services
University of Ottawa
(613) 562-5800 ext. 2292

Appendix O

Study Three Consent Form for Interviews

uOttawa

Who is Conducting this Study?

John Sylvestre, PhD
School of Psychology
Centre for Research on Educational and Community Services
University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 3001
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 4307

Tim Aubry, PhD, C.Psych.
School of Psychology
Centre for Research on Educational and Community Services
University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 5002 I
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 4815

Catherine Lee, PhD, C. Psych.
School of Psychology
Centre for Research on Educational and Community Services
University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 3001
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 4525

Study Funding

The study has received funding from the Canadian Institutes of Health Research.

Introduction

This form describes why we are doing the study. It describes what you will be asked to in the study. If you have questions about this form or the study, please ask the interviewer. You should sign the form only if you understand what the study is about.

Why are we doing this study?

We are doing this study to learn about families in the family shelter system in Ottawa. In this part of the study we want to learn about the experiences of young people who live with their families in the family shelters.

What would you do if you agree to take part?

If you agree to take part in the study, we will conduct an audio-recorded interview with you today. The interview will take about 45 minutes to complete. If you agree to participate, you will be asked to answer questions about yourself and your family. We will ask you about how your family came to live in the shelter, what it is like for you living here, and what you think things will be like for you and your family when you move out.

Risks and benefits

There are no direct benefits to you that will come from participating in this interview. A potential indirect benefit, however, is that you may experience a sense of satisfaction by helping us understand the experiences of young people in situations like yours.

There are also no direct risks from participating. Some questions may make you feel uncomfortable, but you do not have to answer any questions that you don't want to.

Your rights: Voluntary participation in a confidential study

You do not have to participate in this in this interview and you can stop at any time. If you choose to not participate, you will not lose your services. Also, if you decide to stop the interview, we will not try to contact you again and your interview will be destroyed unless you give us permission to keep it. The information that you give us will not be shared with your family. The exception is if you tell us about abuse or risk of harm to yourself or others. In this case, we are required by law to report this information to appropriate authorities.

Publication of Findings

We will publish our findings from these interviews in journals and present them at conferences. When we publish or present these findings, we may use some of your words in quotes. We will not, however, tell anyone who participated, and who said what in our study.

Honorarium

People who take part in the interview will receive \$15. If you decide to stop before finishing the interview, you will still receive the \$15.

Introduction

This form describes why we are doing the study. It describes what you will be asked to in the study. If you have questions about this form or the study, please ask the interviewer. You should sign the form only if you understand what the study is about.

Why are we doing this study?

We are doing this study to learn about families in the family shelter system in Ottawa. In this part of the study we want to learn about the experiences of young people who live with their families in the family shelters.

What would you do if you agree to take part?

If you agree to take part in the study, we will conduct an audio-recorded interview with you today. The interview will take about 45 minutes to complete. If you agree to participate, you will be asked to answer questions about yourself and your family. We will ask you about how your

family came to live in the shelter, what it is like for you living here, and what you think things will be like for you and your family when you move out.

Risks and benefits

There are no direct benefits to you that will come from participating in this interview. A potential indirect benefit, however, is that you may experience a sense of satisfaction by helping us understand the experiences of young people in situations like yours.

There are also no direct risks from participating. Some questions may make you feel uncomfortable, but you do not have to answer any questions that you don't want to.

Your rights: Voluntary participation in a confidential study

You do not have to participate in this in this interview and you can stop at any time. If you choose to not participate, you will not lose your services. Also, if you decide to stop the interview, we will not try to contact you again and your interview will be destroyed unless you give us permission to keep it. The information that you give us will not be shared with your family. The exception is if you tell us about abuse or risk of harm to yourself or others. In this case, we are required by law to report this information to appropriate authorities.

Publication of Findings

We will publish our findings from these interviews in journals and present them at conferences. When we publish or present these findings, we may use some of your words in quotes. We will not, however, tell anyone who participated, and who said what in our study.

Honorarium

People who take part in the interview will receive \$15. If you decide to stop before finishing the interview, you will still receive the \$15.

Ethics

If you have any questions, you may contact one of the researchers listed above. If you have any questions regarding the ethical conduct of this study, you may contact the Office of Research Ethics and Integrity, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, Ontario, K1N 6N5, ethics@uottawa.ca

Consent to Participate in the Families First Study

I acknowledge that the research study described above has been explained to me and that any questions that I have asked have been answered to my satisfaction. I have been informed of my right to choose to not participate in the study. As well, the potential risks and harms have been explained to me and I also understand the indirect benefits of participating in the research study. I know that I may ask now or in the future any questions I have about the study. I have been assured that information relating to me and my health care will be kept confidential and that no information will be released or printed that would disclose my personal identity without my permission unless required by law. I have been given enough time to read and understand the above information.

By signing this consent, I agree to participate in this study. I will be given a signed copy of the entire consent form, including this signature page.

Consent to participate in the study ☐

Consent to have the interview audio recorded ☐

Signature of Participant

Name (printed)

Signature of Interviewer

Name (printed)

Date _____

Appendix P

Study Three Interview Guide



uOttawa

Thank you again for joining me to help us learn more about what it is like for young people living in a shelter. Before we begin, I'd like to remind you that although it is my job to ask questions, it is completely up to you how much you want to participate in this discussion. If you decide to stay, you also do not have answer any questions you do not want to. Please do not tell me anything you do not want me to know. I won't tell anyone whether you choose to stay or not. If you do choose to tell me about your experience, we will report on it when we tell others about the project, but we won't tell anyone who said what. Finally, please remember that there are no right or wrong answers to these questions. I am interested in hearing your thoughts and ideas. Are there any questions before we begin?

A. Moving into the Shelter

1. Thinking back, what happened so that you and your family came to the shelter?
 - Where were you living before? Who was living there with you?
 - What are the things you miss about the place you lived before? Are there some things you were happy to get away from before you moved?
 - Do you know why you and your family had to leave or come here?
 - Were you involved in any way in the decision to come here? Is it something that anyone spoke to you about?
2. As you think back, what thoughts did you have about coming here?
 - Did you know what it would be like to live here? What it would be like for you and other members of your family?
 - Was there anything that you were worried about? Why did this worry you?
 - Did you have any worries about how it might affect your friends, your school, your work, or anything else in your life?
3. What was it like for you when you first moved in?
 - What do you think it was like for other members of your families?
 - Were there any challenges in adjusting to things here?
 - Was there anything that made it easier for you to adjust? Something other people said or did? Something about this place? Something you thought or did?
 - Was there anything that made it more difficult?

B. Shelter Life

1. Can you describe an average day in the shelter for you? <<After this description, ask>>
Thinking over a typical day, are there any things that happen that bug you or make you feel frustrated?
 - Why do these things frustrate you? Why do you think they happen?
 - When these things happen, is there anything that makes it better? Is there anything that makes it worse?
 - Do you have any ideas about what could be changed to make it less frustrating? Who could make this change? Why would it be better?
2. Thinking again about your everyday life here are there things you like? Are there things here that are better for you, or for your family, than where you were living before?
 - What is better?
 - How is this better for you?
 - Is it better for other people in your family?
3. Thinking about all that you've told me so far, what are the biggest ways in which your life has changed, for better or worse, since you've come here?
 - Why is that a big thing for you?
 - How does that affect you? How does it affect other members of your family?
 - What can you do about that?
4. Overall would you say this place feels like a home to you?
 - Why or why not?
 - What does a home mean to you?
 - What would a home have that this place does or does not have?
 - What would happen in a home that does or does not happen in this place?
 - What could happen here, or be changed here to make it feel like a home?
 - Is there anything you can do to make it feel more like a home?

C. Moving out

3. Do you ever think about the future and where your family will end up?
 - When you think about it, what do you think?
 - If you don't think about it, why not? What do you think about instead?
 - What are your hopes for the future?
 - What are your fears or concerns for the future?
4. We were just talking about home, a moment ago. What will help to make the place you move to feel like home?

- Why will this make it feel like home? Is this important to you? Why?
 - What might make it feel not like home? Why is this important to you? How likely is it that this will happen?
5. Is there anything else that I did not ask about that you think would help me understand your experiences in this shelter??

Appendix Q

Study Three Consent Form for Focus Group Two

uOttawa

Who is Conducting this Study?

John Sylvestre, PhD
School of Psychology
Centre for Research on Educational and Community Services
University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 3001
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 4307

Tim Aubry, PhD, C.Psych.
School of Psychology
Centre for Research on Educational and Community Services
University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 5002 I
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 4815

Catherine Lee, PhD, C. Psych.
School of Psychology
Centre for Research on Educational and Community Services
University of Ottawa, Vanier Hall, 136 Jean Jacques Lussier, Room 3001
Ottawa, ON K1N 6N5
(613) 562-5800 ext. 4525

Study Funding

The study has received funding from the Canadian Institutes of Health Research.

Introduction

This form describes why we are doing the study. It describes what you will be asked to in the study. If you have questions about this form or the study, please ask the group facilitator. You should sign the form only if you understand what the study is about.

Why are we doing this study?

We are doing this study to learn about families in the family shelter system in Ottawa. In this part of the study we want to learn about the experiences of young people who live with their families in the family shelters.

What would you do if you agree to take part?

If you agree to take part in the study, we will conduct an audio-recorded discussion group with you and other young people living in the shelter. The focus group will take about 1 hour complete. If you agree to participate, you will be asked to listen to a brief presentation of what we learned from interviews with people like yourself. We will then ask you to tell us whether you think what we learned, matches your own experiences in the shelter.

Risks and benefits

There are no direct benefits to you that will come from participating in this discussion group. A potential indirect benefit, however, is that you may experience a sense of satisfaction by helping us understand the experiences of young people in situations like yours.

There are also no direct risks from participating. Some questions may make you feel uncomfortable, but you do not have to answer any questions that you don't want to.

Your rights: Voluntary participation in a confidential study

You do not have to participate in this discussion group and you can stop at any time. If you choose to not participate, you will not lose your services. The information that you give us will not be shared with your family. The exception is if you tell us about abuse or risk of harm to yourself or others. In this case, we are required by law to report this information to appropriate authorities.

We cannot guarantee that no one will know that you participated because you will be participating in an open discussion with other people. However, we will ask that all participants not repeat what was said by others.

Publication of Findings

We may publish our findings from this discussion group and present them at conferences. When we publish or present these findings, we may use some of your words in quotes. We will not, however, tell anyone who participated, and who said what in our study.

Honorarium

People who take part in the discussion group will receive \$10. If you decide to leave the discussion group before it ends, you will still receive the \$10.

Ethics

If you have any questions, you may contact one of the researchers listed above. If you have any questions regarding the ethical conduct of this study, you may contact the Office of Research Ethics and Integrity, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, Ontario, K1N 6N5, ethics@uottawa.ca

Consent to Participate in the Families First Study

I acknowledge that the research study described above has been explained to me and that any questions that I have asked have been answered to my satisfaction. I have been informed of my right to choose to not participate in the study. As well, the potential risks and harms have been explained to me and I also understand the indirect benefits of participating in the research study. I know that I may ask now or in the future any questions I have about the study. I have been assured that information relating to me and my health care will be kept confidential and that no information will be released or printed that would disclose my personal identity without my permission unless required by law. I have been given enough time to read and understand the above information.

By signing this consent, I agree to participate in this study. I will be given a signed copy of the entire consent form, including this signature page.

X _____
Signature of Participant

Name (printed)

X _____
Signature of Facilitator

Name (printed)

Date _____

Please complete if assistance was given to study participant

I was assisted during the consent process by having the consent form read to me.

☐ Yes ☐ No _____ (initial)

If Yes, please check the relevant box and complete the signature space below.

☐ The consent form was read to me, and the person signing below attests that the study was accurately explained to me and I have understood what was said.

Name of Person Assisting in the Consent Discussion

Signature of Person Assisting in the Consent Discussion

Date and Time

Appendix R

Study Three Interview Guide for Focus Group Two

uOttawa

Thank you again for joining us this evening to help us learn more about what it is like for young people living in a shelter. Before we begin, I'd like to remind you that although it is my job to ask questions, it is completely up to you how much you want to participate in this discussion.

If you decide to stay, you also do not have to speak if you do not want to. Please do not tell us anything you do not want us to know. We won't tell anyone whether you choose to stay or not. If you do choose to tell us about your experience, we will report on it when we tell others about the project, but we won't tell anyone who said what.

So that everyone can feel safe, we also ask you not to talk anyone else about what was said in this group. This way, people won't have to worry about what they said being repeated. Finally, please remember that there are no right or wrong answers to these questions. We are interested in hearing your thoughts and ideas. Are there any questions before we begin?

1. First, we'd like to hear from you what you thought about what we found in our interviews. Would you say that what we found fits with your experiences a lot, a little, or not at all?

- Who says a lot? Does anyone say a little? Does anyone say not at all?
- If you have any thoughts, just shout it out.

2. Okay let's make some lists. Thinking about some of our findings, which are the ones you would you say we got right – this makes sense to me, I've been through this.

>> Facilitators will make a list of suggestions.

Okay, which are the ones you would say we got kind of right, but not all the way, we also got kind of wrong?

>> Facilitators will make a list of suggestions.

Okay, which are the ones that you think we got wrong?

>> Facilitators will make a list of suggestions.

3. Okay, starting with what we got right, why would you say we got this right?

- Is it something you've experienced?

- Who has had a similar experience? What was it like for you?
- Was it also different for you in some way?

4. What about some of the things we got kind of right? Why would you say we only got these things kind of right?

- How is it different from your experience? How is it the same?
- What do we need to know to make sure we got this right?

5. Now, for the things we got wrong, how did we get them wrong?

- What do we need to know to get it right?

6. Finally, thinking back over everything we spoke about, is there anything we missed? Is there anything that is important to you, that you've experienced, that you think we should know about?

- Why is it important for us to know about this?