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Gender and Experiences of Family Homelessness

Fawziah Almalki, *The University of Western Ontario*

Supervisor: Oudshoorn, Abe, *The University of Western Ontario*
Co-Supervisor: Forchuk, Cheryl, *The University of Western Ontario*
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ABSTRACT

BACKGROUND: Family homelessness is a growing issue in Canada. Families have been reported as the most rapidly increasing population of emergency shelter users. The purpose of this study was to understand the experiences of family homelessness in a mid-sized Canadian city and, in particular, the role that gender plays in these experiences.

METHODS: This project was a secondary analysis situated within a critical theoretical perspective. The data for this study, consisting of 4 focus groups, 36 family member participants interviews, and 10 shelter staff members interviews, was extracted from a primary study that focused on diversion from family homelessness. Qualitative thematic analysis was utilized to understand how gender plays into the experience of family homelessness. Data was managed and themed with the assistance of Nvivo software.

RESULTS: Four themes were generated from the data related to the experience of family homelessness with a focus on gender: 1) scarcity of resources; 2) relationship breakdown; 3) living with precarious mental health; and 4) a common experience. The first three themes reveal distinct differences between men and women on their pathways into homelessness, where the last theme highlights that during times of extreme crisis and housing loss, men and women who are parenting undergo very common experiences and challenges related to meeting housing needs and supporting their children.

CONCLUSION: Pathways into homelessness are gendered, and it was noted in this analysis the unique challenges that mothers face in regards to poverty, conflict and mental health. Therefore, services need to be geared to support the unique needs of women and mothers. Conversely, in the crisis of homelessness, housing and basic needs are priorities

for all parents, and therefore more supports are required to ensure the rapid return to stable and affordable housing with supports as necessary.

Keywords: Family, homelessness, gender, shelter, secondary analysis, critical social theory.

CO-AUTHORSHIP STATEMENT

Fawziah Almalki has done this work under the supervision of Dr. Oudshoorn and Dr.

Forchuk, who will be co-authors on any publications resulting from this manuscript.

DEDICATION

I dedicate this work to people who do not have a home, and people who participated in the primary research project, they made such a big difference by being gracious and generous to share their stories. I also would like to dedicate this work to any person who could listen, understand, and offer help to go one step more towards ending homelessness.

ACKNOWLEDGEMENTS

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CHAPTER I

Introduction

Homelessness is not only the absence of a secure and safe housing, but it is also

lack of resources to acquire a new home (The Canadian Observatory on Homelessness,

2012). Families have been reported as the most rapidly increasing population of

emergency shelter users (Segaert, 2012). Families at risk of homelessness have different

pathways into homelessness than single adults or youth. Factors such as family make-up,

size, and age of children can influence the risk of homelessness. Common factors in

pathways to family homelessness include violence, family separation, unemployment,

inappropriate housing, acute injuries, unplanned expenses, and poverty (Noble, 2014).

Domestic conflict, abuse, and/or violence impact two million Canadians and may force

members of the family to flee individually or together, without a secure place to live

(Sinha, 2013). A snapshot of violence against women shelters in Canada in 2010 found

7,362 women and children staying in shelter (Burczycka & Cotter, 2011). In a Canadian

national shelter study, Segaert (2012) reports that from 2005 to 2009, the number of

children experiencing homelessness increased by 50% from 6,205 to 9,459. The average

duration that families stay in shelters is 50.2 days, and even though they make up just 4%

of homeless stays, families use 14% of bed capacity (Segaert, 2012). Family break-down

or change, such as divorce or death, can make families more vulnerable to homelessness,

especially when surviving or remaining family members are unemployed. Other

contextual and social factors can worsen already precarious situations, such as a house

fire, or job loss with no immediate prospect of income replacement (Gaetz, Donaldson,

Richter, & Gulliver 2013). At a broader level, family poverty is a growing concern in

Canada (Noble, 2014) as one in seven children live under the poverty line, and with aboriginal children the ratio increases to one in four (Campaign 2000, 2013). In Toronto, 13.2% of residents live under the Low Income Cut-off (LICO), while In Vancouver, the number is higher by two percent (16.9%), where market rents are the highest in the country (Gaetz et al., 2013).

This study is a secondary analysis of a project exploring homelessness prevention for families. The aim of this secondary study is to understand the experience of family homelessness with a particular focus on exploring how gender impacts these experiences.

Study Background

Weinreb, Buckner, Williams, and Nicholson (2006) conducted research that compared homeless families' characteristics in two studies, one from 1993 and one from 2003. The primary shift they noted over the decade is that in more recent data most homeless families are led by single mothers who report more physical illnesses and emotional destress than those in 1993. Additionally, families in 2003 were poorer and mothers reported higher rates of major depression and posttraumatic stress syndrome. The authors conclude that services that are meant to end homelessness should update their tools and approaches to better support female-led families.

This work begins to uncover how family homelessness is not a degendered process, but rather might be differentially experienced as female-led and male-led households. While it was noted earlier the high rates of domestic violence in Canada as a pathway to homelessness, it is notable that the majority of violence of a domestic nature is perpetrated against women. Milaney, Ramage, Fang, and Louis (2017) in research on family homelessness indeed noted the high rates of domestic violence experienced by

mothers who become homeless with their children. Very much connected to domestic violence as a pathway into homelessness, and made worse by violence experienced during homelessness, a particular concern for homeless mothers is mental health. In research with homelessness mothers in the UK, Tischler, Rademeyer and Vostanis (2007) noted that participants were experiencing poor mental health and high levels of stress related to homelessness. However, it was highlighted that shelter, although challenging in many ways, also offered a form of respite from domestic violence.

Ultimately, while single-parent families living in poverty are more likely to be female-led (Cummins, First, & Toomey, 1998), both fathers and mothers seek financial and housing supports when they are having difficulties making ends meet for the family. While emergency shelters have been the traditional response to family housing crises, newer models are looking for the potential to divert families from shelter directly into new housing, or to maintain existing housing (Mission Services of London, 2017).

The primary study, on which this work is based, aimed to discover the factors that put families at impending risk of homelessness and to find appropriate methods to address these factors through an evaluation of a family shelter diversion pilot program and an extension of this program (Forchuk, Richardson, & Russell, 2018). The diversion program employs staff to work collaboratively with families seeking assistance through an emergency shelter to see if they can maintain housing and prevent admission into the shelter. This evaluation is key to supporting a broader knowledge base as prevention of family homelessness is a concern requiring new research evidence. In the primary study, data collection included interviews with 29 family members engaged in the diversion program between April 2016 and December 2017, focus groups with 36 family members

who accessed the emergency shelter versus utilizing diversion support, and focus groups

with 10 staff members from the shelter. Participation in the primary study included

anyone accessing the emergency family homeless shelter at Rotholme or the

homelessness prevention program as well as shelter staff working in prevention, housing

stability or homeless shelter programs. Participatory action research (PAR) guided the

primary study where researchers collaboratively investigated the issues related to family

homelessness on the problem identification and solution implementation levels.

Quantitative and qualitative data were collected to evaluate the outcomes of the pilot

program. Semi-structured interviews were conducted to collect data for the quantitative

part of the study at baseline and 6, 12, and 18 months after the prevention that individuals

received in the pilot program. Qualitative data were collected via focus groups for family

members who experience homelessness while using the shelter services and for the

frontline staff of the shelter. The primary study found that 90% of the family members

who were included in the diversion pilot program were successfully diverted from shelter

and remain housed after 18 months of follow up. It also identified some factors that were

associated with homelessness experiences among families such as life challenges, lack of

understanding of the system, and difficulty with conflict resolution. Life challenges were

related to mental health and addiction issues, education level, lack of a social network,

language issues, and unemployment. Lack of awareness around rights and obligations of

tenants and social services organizations were present, in addition to challenges with

overall understanding of support services. The primary study suggested some strategies to

address these risk factors including early intervention and providing different sets of skills

to this population to assist them in dealing with difficult situations that may threaten

family integrity or housing stability (Forchuk, Richardson, & Russell, 2018). This secondary analysis includes the focus groups with families who did not access diversion but instead entered the emergency shelter.

Purpose and Research Questions

In the report of "The State of Homelessness in Canada", Gaetz et al. (2013) state that the process of being homeless is heterogeneous, and the experience differs from person-to-person and family-to-family. Acknowledging this heterogeneity, the purpose of this analysis was to understand experiences of family homelessness in a mid-sized Canadian city, and in particular the role that gender plays in these experiences. Using secondary analysis, the following research questions were addressed: 1) What roles do homeless parents identify related to gender? 2) What are the gender-based experiences of homeless parents?

Theoretical perspective

This study has been conducted within the critical theoretical perspective. Within this theoretical perspective, reality is understood to be socially constructed and time specific, influenced by a combination of social, political, cultural, economic, ethnic and gender determinants (Guba, & Lincoln, 1994). Within a critical lens there is an expectation to look at structural and institutional impacts on health and social issues, and to be particularly tuned to areas of oppression. As such, homelessness is an appropriate topic of consideration within the critical paradigm as it is a multidimensional issue that is influenced by different causes such as, structural and individual factors, as well as system failure (Gaetz et al., 2013). These structural factors are reflected in the social and economic opportunities in job availability, health services, housing affordability, and

discrimination practice, while system failure occurs when people, after receiving services, are led to homelessness (Gaetz et al., 2013). For this study, homelessness is considered to be a form of structural oppression. In addition to an explicit focus on structural and systemic factors, the critical paradigm includes concern with various social locations as points of negotiated power. One such social location is gender, a social construct, which includes significant expectations for people to behave in a certain way depending on situation-specific norms and expectations (Greenspan et al., 2007). As this secondary analysis looks to consideration of gender roles in family homelessness, it is well suited to a critical theoretical perspective.

Methodology

Qualitative secondary analysis, as per Heaton (2004) is used to guide this study. While secondary analysis is an established research methodology, there is no singular manner in which it is enacted or even defined. However, the main concept of secondary analysis is re-use of previous data that was collected by primary researchers (Heaton, 2004). Three purposes of secondary analysis are identified by Heaton (2004): crafting new research question; synthesizing scientific knowledge; and verification, refutation, and refining primary findings from the primary study. The secondary analysis presented herein most closely aligns with the first type, crafting of a new research question. Heaton (2004) also identifies three modes of data sharing/collection in qualitative secondary analysis: 1) When the primary researcher hand over the data to the secondary analysis without any kind of participation to the secondary analysis study, 2) when two primary researchers collect their data independently and share these data with different researchers in a new secondary study, or 3) when the primary researcher shares the original data with

researchers who were not involved in the primary study by any means, but the primary

researcher is involved in the secondary analysis team (Heaton, 2004). In this study, the

third way is applied where the primary researcher is also part of the secondary analysis

team. Data are drawn from a primary analysis aimed to evaluate a pilot program in an

emergency shelter for families, designed to prevent family homelessness. The shelter's

pilot program identifies factors that put families at risk of homelessness and implements

strategies to address these issues. The aim of the primary participatory action research is

to identify strategies addressing family homelessness that can be developed and

implemented as a preventive programme in connection municipal hubs. The primary

research predicts that the pilot study will connect families to the services that will support

them in maintaining stable housing. Housing stability, in turn, will enhance the families'

quality of life, integration in the community, child care access, and service utilization in

terms of health, social and justice services. Heaton (2004) pinpoints five types of

secondary analysis, one of them she called supplementary analysis, which describes the

depth analysis of the data and focuses on one emerging theme, issue, or aspect that was

not touched on or identified partially in the primary analysis. In this secondary analysis,

particular consideration was given to the role of gender in experiences of family

homelessness, and to explore potential implications that could be addressed in the

proposed preventative strategies based on gender differences.

Therefore, pathways into homelessness among families range from various forms

of abuse and violence to large scale factors such as financial hardship and poverty. This

secondary analysis intended to understand the experiences of family homelessness with

particular attention to gendered experiences of parents. Addressing family homelessness

within the critical paradigm allows us to uncover the different forms of oppression and prejudice that shape the experience of homelessness among families, and create room for change at a structural level.

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CHAPTER II

MANUSCRIPT

Background and Significance

Families who experience homelessness are one of the fastest growing demographic segments of those who experience homelessness (Segaert, 2012). The experience of homelessness among families is distinct from other forms due to issues such as of the size of family, the presence of children, common experiences of violence, housing challenges, extra expenses, and family poverty (Noble, 2014). Each year, two million Canadians are affected by family conflicts, abuse, or violence which lead to relationship breakdown and housing precarity (Sinha, 2013). According to Segaert (2012), the number of children experiencing homelessness increased by 50% from 6,205 to 9,459 between 2005 and 2009 in Canada. Although families that experience homelessness composed 4% of the homeless population, they use 14% of shelter beds, and the average duration they stay in the shelter is 50.2 days (Segaert, 2012).

While both male-led and female-led households experience homelessness, as well as two-parent households, more single-parent families experience poverty and more of these are female-led. Much of the research on family homelessness provides generic recommendations for services, support, and policy change without consideration of how gender might play a role in the experience of family homelessness. As research on pathways into homelessness demonstrates the gendered nature of these experiences, consideration needs to be given into whether the experience of family homelessness is in-and-of itself a gendered experience.

This study is a secondary analysis of research that has been conducted in a mid-sized Canadian city which focused on assessing the factors that put families at risk of homelessness and soliciting effective methods to divert families from shelter. This particular analysis aims to explore the experience of family homelessness with a consideration of gender. The following questions are addressed: 1) What roles do homeless parents identify related to gender? 2) What are the gender-based experiences of homeless parents?

Literature Review

Research literature on the experience of homelessness in general is extensive. Therefore, this particular review focuses on pathways into homelessness, family homelessness in general, and in particular the role of gender in the experience of homelessness. Two questions were addressed within this literature review: First, what are the factors that cause family homelessness? Second, what role does gender play in the experience of homelessness? Findings are presented from the more general to the more paticular.

In order to complete this literature review, several databases were used, including PubMed, Scopus, and Google Scholar. Additionally, a general internet search was conducted for missed articles using the Google search engine. As well, the largest research database in Canada and in the world on homelessness is the 'Homeless Hub' an online research library that allows students, researchers, academics, social workers, service providers, and government representatives to utilize research on homelessness (Homeless Hub, 2017). A review was conducted of Hub resources, and finally, some papers were added after tracking the bibliography of other studies. Six keywords were

searched: "homelessness", "homeless", "family homelessness", "family homeless", "homeless parent", and sex ("male", "female"). Full-text reports and peer-reviewed papers available in the English language were selected and analyzed. Books, commentaries, newspaper articles, and magazine articles were excluded. The search focused on four countries: Canada, United Kingdom, Australia, and the United States, as these are deemed most similar to the country of study, Canada. However, the majority of the review will present data from the United States, as this is the source of most literature in this field, integrated with findings secondarily from Canada. The timeline for these studies was from 1990 to 2016.

Pathways to Homelessness

A high volume of literature on homelessness has been devoted to investigating the onset of homelessness and characteristics of homeless individuals, as well as risk factors that could lead to becoming homeless. Researchers have examined pathways into and out of homelessness and what makes those who experience homelessness remain chronically in that condition (Piat et al., 2015). Physical and mental health, housing conditions, substance dependency, and past involvement with crime are all factors linked to homelessness. Factors have been conceptualized in two categories, macro factors, which other researchers refer to as structural or external causes, and the individual, personal, or internal causes. Morrell-Bellai, Goering, and Katherine (2000) conducted a multimethod research study of 29 individuals who experienced homelessness in Toronto. They identified two sets of factors, macro level and personal, that cause people to become homeless and keep them homeless for a period of time. Macro-level factors were identified as those aspects relating to housing affordability, employment opportunities,

public assistance, wage levels, and poverty during childhood. Traumatic experiences such as abuse and neglect, mental health issues, low external supports, and substance abuse, have been identified as individual-level factors.

Caton et al. (2000) assessed the reasons behind homelessness with 200 adults in New York City, with no history of mental health conditions and no children. They found one common external factor, a low income level, and one internal factor, low education level. Another study identifies different characteristics of those experiencing homelessness, such as ethnicity (Folsom et al., 2005). Those of African American ethnicity and who are male are considered at greater risk of homelessness, whereas those identifying as Asian American and Latino are less likely to experience homelessness. Additionally, Phinney, Danziger, Pollack, and Seefeldt (2007) examine a set of data drawn from a women's employment study that focused on welfare recipients' mothers in an urban Michigan community. They deduce that a low level of education and significant deterioration of physical and mental health may also put individuals at imminent risk of becoming homeless. Racism and discrimination are additional significant factors identified, where 45% of homeless youth are Indigenous, 49.2% are transgender or gender non-binary, and 46.7% are LGBTQ2S youth. Many of these young people report a difficult relationship with their family related to their sexual orientation, rooted in prejudice (Gaetz, O'Grady, Kidd, & Schwan, 2016).

Pathways to Family Homelessness

Research on pathways into homelessness for families provides some clear themes. Commonly identified factors include the inability to afford housing rent, poverty, scarce economic opportunities, and low social support (Gould, & Williams, 2010; Lee, 2012). In

a study conducted during winter and summer seasons between 1993–2001, a number of families were selected from emergency shelters in Missouri to assess the relationship between the structural circumstances and the number of people using emergency shelters as families (Gould, & Williams, 2010). A positive relationship was found between unemployment and the number of people sheltered. Gould and Williams explored the relationship between local economies and rates of homelessness, finding that increased taxable sales is negatively associated with the number of people accessing homeless shelters, particularly during summer months (2010). This relationship may be less measurable during winter months with more individuals experiencing homelessness seeking provisional accommodation with friends and relatives at that time. Some researchers report similar factors facing homeless families (2010). In addition to poverty and inability to make rent payments, certain housing crises or poor conditions could lead to homelessness, such as fire, foreclosure, condemnation, overcrowding, or low/inefficient building utilities (Choi, & Snyder,1999). In a study by Choi and Snyder (1999), housing conditions and neighborhood environments are determined to be vital issues contributing to family homelessness in New York. Researchers explain that neighborhoods with increasing crime rates, drug use, or violence, force families to leave their homes for safety and security reasons. Similarly, Lee (2012) reports on the experience of homeless Appalachian mothers with dependent children. These mothers encountered several challenges before they approached shelters, including an inability to maintain a job due to illness, childcare commitments, and fractured social relations. These challenges indicate system deficits, including failing to financially support vulnerable women.

Lee, Tyler, and Wright (2010) conclude that a lack of social connection is considered a main factor in putting a family at risk of homelessness, which corresponds with the findings of Shinn and colleagues (1998). Shinn and colleagues examined the causes of being in a shelter among 266 families in New York. They demonstrate that demographic characteristics, residential conditions, poverty, and weak social networks are strong factors leading to homelessness (Shinn, et al., 1998). For example, African American families are at high risk of experiencing homelessness, on top of crowded housing and frequent housing transitions, ultimately compounding the risks of becoming homeless. These researchers emphasize the importance of housing subsidization to prevent family homelessness. Family homelessness has also been studied within refugee and immigrant populations. D'Addario, Hiebert and Sherrell (2007) explored the relationship between social capital and housing occupancy in the Greater Vancouver Regional District. They highlight the significance of social networks in obtaining housing for this population, including assistance in finding that which is affordable.

Other studies on family homelessness present similar themes around family breakdown, poverty, and conflict. Losing primary support members, separation, divorce, being abandoned by extended family, death of a spouse, substance use, and family conflicts, (violence and abuse) are all identified factors (Averitt, 2003; Fertig & Reingold, 2008; Jones, Shier, & Graham, 2012; Lehmann, Kass, Drake, & Nichols, 2007; Wood, Valdez, Hayashi, & Shen, 1990). More generally, these can be categorized as 'relationship breakdown', a common factor throughout the literature. Wood et al. (1990) studied the reasons for the onset of homelessness among 194 homeless families and 194 families who are housed but in poor conditions in Los Angeles. Family conflicts were

reported as the first predictor. Unfortunately the study did not unpack differences in family structure. Some families have single mothers, whereas two parents head other families, and presumably this difference may affect results. Fertig and Reingold (2008) conducted the same investigations as the previous study but the population was families with dependent children in twenty American cities. They relate family homelessness to disruptions in social support, and to avoid the consequences of this they suggest governmental assistance for low-income families to overcome the difficulty of affording housing payments.

Jones et al. (2012) explored the link between family structure and homelessness amongst 25 females and 36 males in Calgary. The study highlights that families experiencing homelessness are much more likely to be led by women, and to have encountered homelessness due to relationship breakdown. Female-led families that experience homelessness are more likely to have subsequent experiences of homelessness when new relationships are formed with someone who themselves is vulnerably housed. Family disputes, drug use, and violence were contributing factors to homelessness family situations. This study did not explore differences between families with or without children. Lehmann et al. (2007) explore risk factors to becoming homeless by comparing the personal characteristics and experiences of two groups of women in Sacramento and Pennsylvania in the United States. The first group were those who had recently become homeless and the other group was low-income women with no prior experience of homelessness. The findings reveal that newly homeless women were more likely to have recently moved to the city, and have become unemployed for an average of 9 months

before becoming homelessness. They conclude that the risk of homelessness increases when women lose their jobs and move to another city.

Gender

The role that gender plays in experiences of homelessness has been considered both for those who identify as female (Chambers et al., 2014; Cummins et al., 1998; Maes, 2012), and those who identify as male (McArthur, Zubrzycki, Rochester, & Thomson, 2006; Schindler, & Coley, 2007). A Toronto study explored the mental health of 522 homeless women with and without children (Chambers et al., 2014). Chambers and colleagues found that poor mental health conditions were common among women who lacked social support, faced physical or sexual harassment, had severe health issues, and had gone through the experience of substance dependence. One issue that arose in the study sampling, were women who were homeless and did not have a valid health insurance card were excluded; therefore, this eliminated one potential barrier to access to care and may bias their results. That said, mental health is still a concern regarding women who are homeless and in this case women were found to avoid care if they had children but also used substances. In a UK study of homeless mothers (Tischler et al., 2007), the mental health challenges faced by homeless mothers are identified. High stress and high rates of violence lead to high levels of mental health challenges. Mothers also explained the scarcity of the shelter resources that they needed to address their need. Therefore, Tischler et al. (2007) recommend services to work together to meet this population's need physically, emotionally, socially, and residentially.

Studies have also shed light on the role of gender in homelessness among Indigenous women. Maes (2012) explores the experiences of Indigenous women

experiencing homelessness in Winnipeg. This group of women highlighted the need to have someone to talk to about their stories, feelings, and experiences, and they reported a lack of services, which served as a barrier to exiting homelessness. Another study investigated the experience of 10 girls experiencing homelessness between the ages of 16 and 21, and it reveals that many girls move into homelessness due to family violence, including physical and sexual abuse; however, once homelessness, they also found this experience to be violent, difficult, and scary, and experienced feelings of helplessness (Reid, Berman, & Forchuk, 2005). Berman et al. (2009) examined the impact of uprooting and displacement on mental health among three groups, including girls experiencing homelessness. They emphasize that homeless girls often experience violence, poverty, mental illness and substance use before the onset of homelessness (Berman et al., 2009). Browne (1993) similarly highlights that family violence can be a gender-based pathway into homelessness for women. Wenzel, Koegel, and Gelberg (2000) highlight that in terms of gender, homeless women experience violent incidences more frequently than homeless men. That is, homeless women have a higher rate of victimization than homeless men, however, both men and women who experience homelessness and mental illness are at high risk of being victims of crimes. A similar study took a place in Birmingham, Uk (Vostanis, Tischler, Cumella, & Bellerby, 2001), which compared the prevalence of mental health issues in three groups of homeless families. Vostanis et al. (2001) differentiate three groups of homeless families where the first group was 48 families with 75 dependant children who had endured domestic violence. The second group was 14 families with 92 children who had experienced neighborhood violence. The third group of families constituted 31 families and 54 dependant children who entered the

shelter for various reasons other than violence. The authors highlight the significant relationship between violence and mental health issues experienced by mothers. They conclude that several services should work in collaboration to meet women's needs, such as mental health professionals, housing, and social services.

Klassen (2015) explored differentiating factors between women and men experiencing homelessness, including both how homelessness is experienced and how it is perceived. For example, hidden homelessness is a more common form of homelessness for women than men, and women's reaction to homelessness is unique. Homeless women may avoid using shelter services for many reasons, child safety being identify as the primary reason. This is a barrier to accessing Housing First currently in many communities, as shelter is the primary source of intake into such programs. Klodawsky (2006) notes a peculiarity in the perceptions of single women who are homeless, particularly that many did not self-identify as homeless in spite of meeting formal criteria for such. This suggests that perhaps there is room for more gendered nuance in the very definition of 'homelessness'. Klodawsky suggests that in particular women who are mothers navigate systems differently and might more proactively prevent their experiences of absolute homelessness (2006). In terms of substance use, a study conducted in Toronto (Grinman et al., 2010) to determine the prevalence of drug use among homeless individuals and the association between drug use and physical and mental health status. Grinman et al., (2010) studied 603 single men, 304 single women, and 284 adults with independent children. The study result shows that 40% of single male adults used drugs in the last 30 days, and drug use was associated with poor mental health but not physical health status.

In regards to the experiences of men, Schindler and Coley (2007) explore the parenting experiences of homeless fathers who became involved with the shelter system. Nine fathers with dependent children were interviewed face to face in the United States. Findings included that fathers form their experiences of homelessness through "contextual factors and constructions of masculinity" (p. 40). Fathers in shelters are vulnerable to loss of employment, related to decreased workplace performance or attendance, economic fluctuations, cultural expectations, and social support. Homelessness shapes the meaning of fatherhood as fathers frequently struggle with employment until they lose it, and then their role changes when they find that they are no longer able to provide for their family. Some participants felt worthless because they could not maintain their role in the family and felt hopeless in preventing their homelessness. Fathers also felt restrained by the shelter system, as the system hinders their ability to make decisions. Shelter spaces constrain their freedom and increase the stigma of being homeless. Since autonomy may be lost for fathers, shelter services should be modified to facilitate father-role transition and minimize the psychological consequences of disempowerment. McArthur et al. (2006) support that homelessness among fathers is linked to unemployment prior to and during the time of the crisis, as well as housing precarity. They conducted a qualitative study in Australia on the experiences of single fathers who became homeless with dependent children, subsequently using shelter services. Fathers express a strong willingness to act as a good role model to their children, and felt a high sense of responsibility to provide their children a safe place with enough resources.

The experience of homelessness differs between males and females, both in pathways into homelessness, and in the experience of homelessness itself (Caton et al., 2000). This is related to gender roles within cultures, as well as differential access to certain resources. Among those who are emergency sheltered, statistics show differential access by gender, reflective of the increased likelihood of men seeking emergency shelter, and women being among the 'hidden homeless'. Homeless fathers mention the disparity of shelter services that they receive that are particular to the needs of parents compared to the services that are provided to women with children (Schindler, & Coley, 2007). Prevention strategies may require different approaches to be tailored to fit differing genders. Lastly, while there is much research that explores the particular experiences of women or men, little exists exploring gender as a non-binary concept.

Ethical Considerations

Ethics approval was granted to the primary study through the Research Ethics Board, Western University, which included approval for secondary analysis. Informed consent was obtained in the primary study, and participants were not re-contacted for this secondary analysis. Data security was taken seriously to protect participants' privacy and confidentiality; therefore, data were used for this research scope only. Data provided by the primary study were already cleaned and made anonymous through the removal of names or other identifiers. Lastly, data were saved as a password protected file in a (different) password protected computer, at the host university of the primary study. When the analysis was finalized, the participant data files were deleted from the on-campus computer where analysis occurred.

Methodology

A secondary analysis was used to explore the experience of homelessness in families in a mid-sized Canadian city. The data for this study was extracted from a primary study that addresses the factors that lead to family homelessness and explored efforts to divert families from shelter. A secondary analysis, an established methodology in social research, is a methodology that can be used in quantitative or qualitative studies (Heaton, 2004). In qualitative research Heaton (2004) defines secondary analysis as a methodology for non-naturalistic or artificial data that were collected from fieldnotes, observational records, tapes, and transcripts of either interview or focus group of the original study. Using pre-existing data is the core principle for the methodology.

Heaton identifies three purposes of secondary analysis which are: using data in a different way than the primary study findings by asking new questions, synthesizing scientific knowledge through encompassing different types of meta-research, and verifying, refuting, and refining primary findings (2004). In this study, new research questions were addressed to explore new findings around family homelessness in terms of gender. Heaton highlights various data-sharing strategies for secondary analysis (2004). Formal data sharing, where the data have been made available through intermediary services, or informal data sharing, where the data is obtained by request from the primary researcher. In this mode of sharing data, the primary researcher may or may not participate in the secondary analysis. The last type of data sharing strategies involves no data sharing, but the primary researcher re-uses his/her previous data. This study followed the informal data sharing mode, and the primary researcher served as co-supervisor of the project.

In addition to purpose and data sharing modality, Heaton identifies five types of secondary analysis. These typologies are: supra analysis, supplementary analysis, re-analysis, amplified analysis, and assorted analysis. Supplementary analysis is described as an in-depth focus on prominent issues in the primary study that was partially addressed or not addressed at all. In this case, the primary research evaluated a pilot programme which was applied by an emergency shelter to address family homelessness. The pilot programme identifies some factors that might cause families to be homeless and some strategies to prevent it. In this secondary analysis, particular attention is paid to gender and gender roles in the context of family homelessness, a topic that was not the main focus of the primary study, but was present in the data.

Methods

Sample and setting

The primary study sampling method was purposive sampling where participants were 16 years old or more and spoke English to the degree where they can understand and respond during the data collection process (interview or focus group). Homeless individuals who participated in the focus groups self-identified diverse ethnicities such as Caucasian, Latin American, First Nations, Mulatto, Arab, and African Arab. They ranged in age from 20 to 50 years old and the first languages spoken in this groups included English, French, Spanish, and Arabic. The sample included interviews and focus groups with three sub-populations as follows: 1) Interviews with 29 adults (20 families) who participated in the shelter diversion program with 46 dependent children, the vast majority of whom avoided shelter. These families were not yet homeless but had called the shelter to arrange emergency shelter beds and were referred to the diversion program. 2) Two

focus groups were conducted with 36 participants who did not access the diversion

program but rather arrived directly into shelter. 3) Another 2 Focus groups with 10

frontline staff who work with homeless family members on homelessness prevention,

housing stability, and emergency shelter support. The focus groups took place at a

women's and family shelter. This secondary analysis focused on the transcripts from the 4

focus groups with 36 participants who did not receive diversion but rather became

homeless, and from the shelter staff focus groups. It is important to highlight that most of

the participants were women, and male participants in attendance had limited

contributions. Therefore, mothers are the primary focus of the analysis. All qualitative

data that was collected from these focus group with these family members and shelter

staff were analyzed.

Data Collection

Quantitative and qualitative data were collected in the primary study, however this

secondary analysis focused on the qualitative. Qualitative data in the primary study was

collected from homeless family members and staff in focus groups at months 6 and 18 of

the study.

Data Analysis

To assist with data management for analysis, as well as the coding process, Nvivo

software was used. The analysis process was deductive in that gender was the concept of

focus as a supplementary secondary analysis, and inductive in that thematic analysis

allowed for themes to arise from the data, as long as they were related to the research

questions and gender focus. Braun and Clarke's (2006) thematic analysis process was

used for data analysis. The transcripts were first read through as a preliminary scan, and

then to develop a preliminary coding scheme, which was shared with one of the research supervisors for feedback and refinement. Participant's words were considered in forming the codes, and particular consideration was given to text that relates to gender and gender roles. Audiotapes were accessed to better analyze the transcriptions for intonation, pause, and stress. The textual data were then coded, and through NVIVO, this text was separated out by these codes. Themes were then proposed, brought to the research co-supervisors for revisions and assistance with naming, and the text was then re-coded to the themes. These data were extracted by theme and these themes formed the structure of the findings, and are presented herein. Final analysis occurred through the writing of the findings.

Rigour

I position myself as an outsider for this research based on a number of points: I have not personally experienced homelessness, I am not a Canadian citizen, and I was not involved with data collection in the primary study. This may perceivably lead to some limitations in data analysis. These limitations could be related to a lack of understanding of the lived experience of homelessness, different Canadian systems around homelessness supports, and understanding of nuances beyond the text. To address these concerns, my research co-supervisors are both established researchers in the field of homelessness in Canada. Secondly, through my review of the literature as well as assignments for coursework, I sought to become more educated and knowledgeable about the Canadian context as it relates to homelessness. Lastly, to enhance credibility and fittingness, one of my research co-supervisors is the lead researcher on the primary study, and I have also been in communication with her research coordinator on the project. This was one means by which I sought to validating the themes, subsequently enhancing analysis credibility.

Apart from these considerations, I maintained a reflective journal to note my perceptions, feelings, and thoughts about homelessness and gender so as to constantly remind me of any personal biases throughout the analysis. Ultimately, these multiple methods are utilized to improve authenticity of the analysis. Furthermore, in the primary study, diversity of participation was insured by allowing participation of anyone who did not use the diversion services and entered the shelter. People experiencing homelessness came from different backgrounds and ethnicities; due to the inclusive nature of the primary research design, data collection was conducted through interpretation as necessary. Using participant's first language in the data collection process enhances the process of identifying implied meanings of words to avoid taken for granted assumptions entering the data (Thomas, 1993). In addition, Lincoln and Guba (1986) provide criteria to ensure creditability of findings, which is applied in this analysis by including diverse viewpoints of both people experiencing homelessness and staff in the analysis. Also, in the primary study, multiple data collection methods were implemented where participants were interviewed and involved in a focus group as well.

Findings

Data were sought to address the following questions: 1) What roles do homeless parents identify related to gender? 2) What are the gender-based experiences of homeless parents? The analysis is presented in four themes that explain the experience of family homelessness with a focus on gender. These themes are: *a scarcity of resources, relationship breakdown, living with precarious mental health*, and *a common experience*. The first three themes reveal distinct differences between men and women before experiencing homelessness, while the last theme highlights that during times of extreme

crisis and housing loss, men and women undergo very common experiences and challenges related to meeting housing needs and supporting their children.

Before the onset of homelessness.

Relationship Breakdown

Scarcity of Resources

Precarious mental health

During housing loss.

Common experience
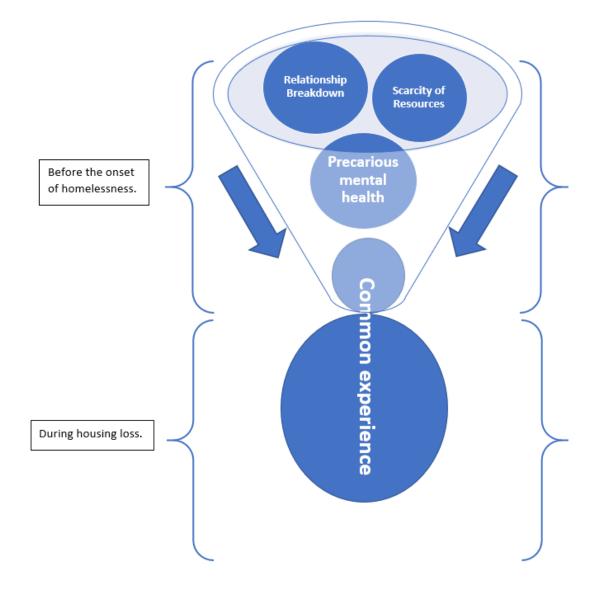
Figure 1. A summary of the gendered and common experiences of men and women who face family homelessness.

Scarcity of resources

According to participants, a lack of resources, such as limited financial assistance, affordable housing, and subsidized childcare create risk for the experience of family homelessness. For example, some services that are provided in the city of London for

people who experience homelessness are designated for single persons, limiting the options for support for families. In this sample, service accessibility was highlighted, in particular it is hard to find affordable childcare or waits for subsidized childcare to quite long. As women are more likely to be custodial parents in single-parent households experiencing poverty, mothers particularly expressed their sense of exclusion from resources of support. A mother of three children highlighted that while services exist to help with education and employment, these are not useful if they don't include childcare: "Well, there is free stuff but you gotta look for them and they don't always provide childcare if you have kids, so that's another issue". This issue of accessibility was also highlighted in the context of breastfeeding women as they are unable to leave their young children for any significant length of time, "But, if you are a family and you are a breastfeeding mom like I am, I can't always get out and go and do stuff like I have to have her with me." Another example of resource scarcity felt more frequently by women is in housing biases against families. Some apartment owners explicitly rejected families with children, which again, in the context of single-parent families are more likely to be female-led.

Relating specifically to opportunities to obtain employment and stabilize income, access to subsidized childcare and maternity leave are two factors that some mothers highlighted as particular challenges. Childcare in Ontario is notably expensive, with fees of $600 per month for unlicensed childcare per child and any amount from $600 and above for licensed centers (City of Toronto, 2017). The limited availability of childcare subsidies to offset these costs disproportionately effects women's career options, putting the entire family into housing precarity. One participant, a mother of one child, noted a

form of 'income cliff' related to income resources and childcare as employment at a certain level made her ineligible for childcare subsidy. "Like if you make a certain amount of money, you don't quality for subsidized daycare", but she required the subsidy to become established in this employment. Likewise, for some participants maternity leave benefits were insufficient and led mothers to choose between housing precarity or simply foregoing their leave. One participant was currently not working because she was on maternity leave and her salary had therefore dropped to $600 a month. This was identified as a contributing factor in her family becoming homeless she confirms "I am on maternity leave so yah, so my income dropped 600 dollars a month … That was part of the issue, like the past five years"

   Other financial resource issues mentioned by participants included credit scores and child tax credit issues. Women on average have lower credit scores than men, related both to the gender wage gap and that based on traditional gender roles, men are more likely to have household bills being paid in their name (Glendinning & Millar, 1992). In this study, some women reported having a poor credit score as a barrier to accessing the rental housing market. "We got denied everywhere because of bad credit" one mother stated. Other women mentioned that they do not have any credit at all and "a lot of places they, they want that up front now…but at the same time if you don't have established credit yet." In terms of the child tax credit, some women noted that due to the incongruence between rental costs and social assistance, they depend on this income source to make-ends-meet from month-to-month. "All my OW cheque goes to rent," said one mother. Mothers express their frustration about this stating, "So now I'm living off of my baby's money a month for food, for everything else when really it shouldn't be like

that." This is incongruent with child benefits being to support the costs of parenting: "The baby bonus is supposed to go to their schooling, their post-secondary education, their schooling and their clothes. It's not supposed to be on your rent and paying your monthly things." A mother of one child was in a financial crisis because she had not received her child benefit for eight months due to lost paperwork. When she did get the money for the eights month all at once, Ontario Works reduced her social assistance payment as the lump payment exceeded an earning threshold. This mother said, "and that's not fair because, like I mean, I went 8 months without any money."

Relationship breakdown

While relationship breakdown is a known risk factor for homelessness in general, in this study a specific relationship breakdown was identified by participants as related to homelessness, which is landlord-tenant relationships. In rental situations, some participants were less aware of their rights and obligations as tenants, so they were either misled by landlords or tried to avoid any conflict with them. A shelter staff participant noted: "Other ones where their landlord may be taking advantage of them and they're served with papers from the tribunal and they have no idea what these papers are and are fearful." Shelter staff members worked to prevent these situations by playing the role of educator and teaching participants about obligations and rights as a tenant. Without this support, participants noted their feeling of disempowerment in relationships with landlords. When fearful of the landlord or unaware of their rights, "they pack up and go because somebody of authority has told them to do that" even without a formal eviction process. Shelter staff noted that at times they had to encourage women in conflict with their landlord to even communicate at all with the landlord due to fear.

Participants noted the gendered nature of harassment that some experienced by landlords, a female participant says "No, there are some gender racist landlords in this city." One participant had transitioned to transgender female and adopted a baby. She sought an upgrade to a two-bedroom apartment to accommodate her family, but instead reports being evicted due to what she believes was prejudice by the landlord. Shelter staff noted that landlords were more likely to be aggressive towards women, sharing the story of a landlord who showed up at one woman's place at ten o'clock screaming, yelling, and demanding money. Participants highlighted that as female parents living in financial precarity, they at times felt particularly aggressively targeted by male landlords, both as women and as people in poverty.

Living with precarious mental health

Striving to maintain a balance between family responsibilities and mental health may result in deterioration of mental health, which in turn influences mothers' abilities to maintain the integrity of the family. To meet the needs of the family, participants tended to prioritize others first, and when it comes to their own mental health they give up or ignore it. A shelter staff member says, "um, a lot of them, um, kind of neglected their health because they had so many other things going on that was more of a priority". Another shelter staff member highlighted how mental health challenges can impair people's ability to meet the requirements of sustaining housing, such as missing required appointments with their Ontario Works worker. "Some, if they have a mental health issue, they are not capable of either remembering or doing that on a month to month basis which their Ontario Works has been cut off … then rent is not being paid, some are not being able to keep up with the mental health part too".

Mental illness is a risk factor for homelessness for both men and women, however, there are gendered differences in the rates and experiences of mental illness. In particular, women experience higher rates of depression, Post Traumatic Stress Disorder (PTSD), and anxiety (WHO, 2013; Marcus, & Kerber, 2008). At the same time, they are less likely to consult mental health specialists (Gagné, Vasiliadis, & Préville, 2014). In this sample, several women reported living with depression, anxiety, and panic attacks that impeded their ability to manage household or financial responsibilities. Women identified the complexity of their situations where they tried to manage parenthood in the context of poverty, while also living with mental health concerns. A mother with three children spoke to food insecurity and her choices around food, stating: "Like for me tend to go out and spend money on say like fast food because it's too much to cook or to buy stuff for their kids because they are outside and they feel bad …" Another woman described her journey with mental illness, which contributed to her experience of homelessness, as a failure to avert financial hardships. Ultimately, she entered a mental health crisis and she was no longer able to maintain her employment. This woman summed up her experience of psychological, financial, and career challenges as a spiral: "Bad credit. That was due to mental health … I had great credit, I ended up having a nervous breakdown and couldn't work for a while, all bills got backed up and [have] never been able to catch up."

Treatment itself does not guarantee that one will be protected from the challenges of living with mental illness. For example, being on certain medications can impair the ability to perform daily organizational functions such as paying bills and paying the rent. A participant explained that "just on medication, you might have to be aware of the things

[that] are happening in the family such as finances and things like that because with medication in that they … to manage their finance. And then they can't always function at a certain level." The relationship between mental health and housing precarity also comes out in terms of addiction and the impact on financial security. One participant spoke to how poverty and addiction are interrelated in her life: "So you turn to smoking or alcohol or drugs, which gets you in a hole even deeper because that costs money." One woman spoke to how the addictive habits of her partner effected the family as a whole: "He had other choices for his money, like substance abuse problems." During the focus group discussion of causes of homelessness, when one woman mentioned addiction, her husband irately stated, "I don't want to even think about that [drugs] or I will use this [drugs]". Several women noted that before the onset of homelessness there is unbearable stress to cope with, and some people try to escape these stressful feelings by using substance and sacrificing anything else including family responsibilities. In this way there is a negative spiral related to poverty, lack of resources, and means of finding temporary relief that prove harmful. One woman stated that: "The drug becomes more important than the family." Another woman agreed, stating that: "I would say yes because my ex smokes pot and he felt that was more important than spending time with me and my son and that's kind of why I'm here."

Common Experiences

This final theme encompasses the time period where male and female parents encounter crises that stress their ability to maintain housing and subsequently lead them and their family into homelessness. In a way, traditional gender roles collapse during housing crises as the sole focus becomes meeting immediate family demands and

essentially survival. Both males and females had a common experience when circumstances escalated to threaten their family health and well-being and precipitated a move to precarious housing or emergency shelters. In this sample, there were a diversity of pathways into homelessness. Some involved geographic moves, such as from rural to urban areas, or moves for the sake of children being bullied in school. In that particular case, the participant stated: "It was against my will. I was forced to leave." She also explains how it was unsafe as "he had been hit with a knife in the school cafeteria" and she, therefore, left the province. When crises hit and families were de-housed, the only priority was to meet basic necessities such as safety.

When homelessness occurred for families, men and women responded very much alike in terms of housing responsibility and childcare. To find new housing, both men and women reached out to a diversity of resources such as searching online, communicating with social assistance caseworkers, meeting with potential landlords, trying to find a guarantor, saving to collect first and last rent payment, gathering required paperwork, or even purchasing furniture. During the search for housing, parents all spoke to considering the needs of children. For example, much discussion was about their children's health and feelings. Parents would leave their home for some reasons like issues in school, "[my] kids were bullied and hit and laughed at".. Part of the urgency of parents was related to concerns about their childrens' experiences in emergency shelters. One mother said, "and it's affecting our kids' behavior … the kids can feel the parents' stress and anxiety and when parents are stressed over housing and … it tramples down to the kids." Another mother felt threatened when the caseworker informed her that her children could be taken away by Child Aid Services if she was unable to secure adequate housing. "My kids

suffered mental health issues," she says. "My daughter started crying because of the behavior of the shelter".

Discussion

The first theme, 'Scarcity of resources' depicts how for many families, homelessness is a terminal point to an ongoing experience of financial challenges. This can include a financial crisis in addition to already living in poverty, which ultimately escalates into homelessness. Within this theme, 'resources' means both material and immaterial tools that the family could have to be sustainable in term of maintaining house. Material resources are things such as financial assets or cash, whether through income or financial assistance such as a child benefit or social assistance payment. Immaterial resources include public services such as subsidized childcare, social services, and social supports. There is a relationship between these resources in terms of maintaining housing even in the face of poverty. For example, increasing rental costs may be managed in the context of subsidized childcare or an increase in social assistance, but families may have no capacity to absorb sudden changes such as job loss, marital separation, or a claw back in public benefits.

While scarcity of resources is a concern for all low income families, it was notable that the majority of the concerns were coming from mothers. The gendered nature of Canadian society and work intersects with the experience of family poverty. For example, women are more likely to be in a parenting role versus employment in a two-parent household, limiting their financial opportunities in the context of family breakdown. Additionally, women are more likely to be the custodial parent in single-parent families.

Therefore, limits in access to adequate social assistance, affordable housing for families, subsidized childcare, and other resources disproportionately affect women.

The second theme proposed from the data is '*relationship breakdown',* and in this case includes relationships with landlords in addition to family relationships. Where much of the research literature on family homelessness and women's homelessness has focused on intimate partner violence and relationship breakdown, participants in focus groups spoke to lacking social supports and having conflicts with landlords. Some participants expressed how they were misled, harassed, and forced to do certain things such as leaving a rental unit before even a formal eviction order had been issued. This is not to imply that all women are vulnerable to harassment by male landlords, but rather to reflect that gender is one of the intersecting social locations that impacts how a predatory landlord might treat a tenant.

'*Living with precarious mental health*' is the third theme that captures the gender based experiences of family homelessness. Statistics on homelessness demonstrate that women report higher incidences of stress, depression, and panic attacks, while men are more likely to use substances. This was evident as well among our participants as women spoke to their precarious mental health, as well as concerns related to substance use by partners. Both of these were factors that either contributed to their becoming homeless, or were exacerbated during the experience of homelessness. The findings show that before the onset of homelessness, mothers tended to prioritize tasks that keep the family stable at the expense of managing their own mental health. However, this was a catch-22 as when their mental health then declined, their ability to maintain their housing deteriorated. For mothers, there was particular pressure to demonstrate that everything was ok, to keep the

family intact, and to simply be 'a good mom'. Therefore, when the family still hit a crisis state in spite of their efforts, there were particular feelings of shame and guilt also contributing to mental health decline. In this way, cultural norms related to motherhood became an additional source of distress.

The fourth and final theme we have called '*a common experience*'. This theme describes the reaction of both men and women when their family enters homelessness, and that we observed very similar experiences at this time of crisis. Therefore, when looking at the gender in the experience of family homelessness, in the findings we heard that male-led and female-led families encounter nearly identical activities to prioritize and meet immediate survival needs. In terms of attempting to rapidly be re-housed, we observed no gender differences. Both men and women as parents worked tirelessly to convince landlords to take them, to obtain and leverage financial resources, to keep children safe and minimize their life disruption, and to obtain and maintain necessary resources such as toiletries and furniture. While gender differences were evident in pathways into homelessness, in describing time in shelter and efforts to leave shelter, stories were strikingly similar.

Implications

The results speak to the strong relationship between poverty and high housing costs with family homelessness. Goldberg and Graves (2005) confirm that 66% of people experiencing homelessness reported "lack of income" or "cost of housing" (p.15) as the two major causes for homelessness. Goodman, Smyth, and Banyard (2010) as well as Goodman, Smyth, Borges, and Singer (2009) discuss the issue of poverty among homeless mothers and argue that deprivation of resources, either economic or material,

creates a state of powerlessness, isolation and social exclusion for these women. Our data support these concerns and further explain the situation as women. Therefore, supports are needed so that women who are breastfeeding or women who are sole parents are able to access necessary resources. Similarly, consideration needs to be given as to how women with low or no credit are able to independently access the rental housing market. This gendered relationship to poverty has long been as concern as Glendinning and Millar (1992) pointed out that the traditional structure of the family in Canada makes women more dependant and prone to experiencing poverty. While Mottola (2013) highlights financial literacy as an intervention to support low-income women, what we heard was more about the severe lack of funds for families rather than how funds were utilized. The high cost of rent and low credit scores impacted the ability of women to rapidly exit homelessness and thus prolonged shelter stays. Therefore, there is an urgent need to consider current social assistance rates and the misalignment with the reality of current market rents.

Apart from income in general, childcare costs appear to be closely associated with the ability to meet costs of supporting a family, and disproportionately effect low income women. Unaffordable childcare can be a barrier to employment or training for women. Milaney et al. (2017) summarize the barriers that prevent women who experience homelessness from obtaining better employment opportunities, and childcare is identified as a primary issue Therefore, more subsidized childcare spaces are required and access to these spaces needs to be rapid should housing a financial status change rapidly.

The stories that participants told of relationships with landlords demonstrate that tenants are not adequately protected, and particularly female tenants noted mistreatment

by male landlords. This is not to imply that all landlords are predatory or those landlords who harassed tenants wanted them to become homeless, but rather that there is an imbalance of power in this scenario that requires external intervention. While shelter staff played the role of educators to teach individuals their rights and obligations as tenants, ideally these supports would be in place prior to loss of housing. Therefore, consideration should be made about how existing legal aid clinics outreach specifically to women, and particularly women who are sole custodial parents. Families may be unaware of legal aid services available, and legal aid services may not be geared to provide advice in the context where there is gender-based harassment from the landlord against the tenant. Future research should look to the resources that women would find most helpful in order to protect them from landlords.

Women's mental health challenges are a risk factor for family homelessness. As well, family homelessness negatively impacts women's mental health. Cosgrove and Flynn (2005) note that mothers in shelter feel stigmatized by staff as bad parents and are subsequently destabilized. Paquette and Bassuk (2009) found that the experience of homelessness and parenting is difficult and parents often develop feelings of shame, guilt and depression. The focus on mental health by women is congruent with Poleshuck, Cerrito, Leshoure, Finocan-Kaag, and Kearney (2013) who noted that the prevalence of depression among women experiencing homelessness is higher than for men. Unfortunately, participants also noted that using medication to treat mental illness can also impair one's ability to track their house obligations such as paying rent monthly, increasing the risk of housing loss. Therefore, it is as pertinent as ever that community-based mental health supports be readily available to those who face barriers to access, in

this case the barrier of caring for children. Women should not have to choose between caring for their children and accessing mental health care for themselves. Home-based interventions such as mood trackers that sync with electronic medical records may be a practice to help women, although more research is needed in this area.

Men and women respond similarly in a crisis situation in order to sustain and re-house their family. In our sample, both parents would try hard to meet their children's needs and choices regardless of how long they were in the shelter. The parenting experience in homeless shelters was described as hard and stressful. Friedman (2000) confirmed the complexity for a family to live in shelter by explaining the nature of parenting that included lacking privacy and being scrutinized and criticized for their parenting. This compounds a fear of having children apprehended into the child welfare system. Barrow and Lawinski (2009) note the added pressures on parents in shelter to try to meet basic needs while performing publicly as a good parent. Therefore, shelter staff should be encouraged and trained in supportive roles for parents. By simultaneously assisting with meeting basic needs while positively reaffirming parenting, they can support both men and women who are parenting in emergency shelters to be empowered and able to focus on what is most immediately important.

Therefore, the findings of this study have implications for service-delivery, models of support, and resource assistance policy. This includes training for family shelter staff, delivery of community-based mental health care, delivery of legal aid, and social assistance policy. Future research should explore the particularities of this service delivery and preferences of families themselves. In particular, what community-based mental health interventions are women looking for that would meet their needs without

detracting from their ability to support their families? This is a particular opportunity for nurses to show leadership in knowledge development as case management in community settings is a skillset familiar to nursing as a profession. Similarly, is knowledge of tenant rights sufficient to protect women from predatory landlords, or are further supports required? In terms of social assistance needs, it is unfortunate that Ontario's basic income pilot study was ended early before results were generated and disseminated, as there is a need to explore rates that are sufficient to assist families in maintaining housing while also providing a stable platform for education and employment. Until the exact rate is known, it is clear that current rates make single-parent families vulnerable to housing loss if there is any crisis.

Limitations

This study is a secondary analysis. As such, there are limitations in the data as gender was not a central concept in the primary study, therefore was rarely discussed explicitly. The questions that guided the focus groups were not directly in line with the research questions that have guided this secondary analysis. Rather, the gendered meaning of experiences had to be interpreted from the focus group discussions, and there was no opportunity to go back to participants for clarification or to elicit further data. What proved helpful was that the data from the primary study was at least coded so that the sex of each speaker was indicated in the transcripts. Another limitation related to the focus on gender was in the male to female ratio of the participants. Female participants significantly outnumbered male participants and the male participants contributed less to the focus group discussions, which may affect how much males spoke to the experiences of fatherhood in the context of homelessness. The third limitation of the study was that

the focus groups consisted of those families who already had or were experiencing homelessness. This meant that for some participants, reflecting back on pathways into homelessness involved longer historical recall rather than experiences which were current or recent.

Conclusion

Four themes were identified related to the gender-based experiences of family homelessness: Scarcity of resources, relationship breakdown, living with precarious mental health, and a common experience. While women faced unique challenges in terms of pathways into homelessness, in a way the experience of crisis during homelessness collapsed gender roles as mothers and fathers were striving to help their families become re-housed. A common theme through the stories of participants was insufficient resources and insufficient services. In this way, family homelessness is as much a symptom of an under-resourced system as it is about interpersonal conflict within families. By better meeting the needs of families experience poverty, there is promise to prevent homelessness before it occurs.

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CHAPTER III

IMPLICATIONS

This study was a secondary analysis of a project exploring homelessness

prevention for families. The aim of this secondary study was to understand the experience

of family homelessness with a particular focus on exploring how gender impacts these

experiences.

Four themes emerged during the analysis: 1) scarcity of resources; 2) relationship

breakdown; 3) living with precarious mental health; and 4) a common experience. The

first theme *scarcity of resources* relates primarily to income supports and childcare

supports. The second theme *relationship breakdown* relates primarily in this study to

relationships with landlords. The third theme *living with precarious mental health* relates

primarily to limitations in access to mental health supports. The last theme *a common*

experience relates primarily to the need for unconditional support while a family is

experiencing homelessness. The implications of these four themes will be addressed

related to policy, nursing practice, nursing education, and nursing research.

Implications for Policy

In regard to the challenges that these families experienced related to lack of

resources, the primary concern was financial resources and the primary source of income

for families was social assistance. Therefore, it is as relevant as ever at a provincial level

to make sure that social assistance rates for families are reflective of the true costs of

housing. For many participants, one reason for extended stays in shelter was the difficulty

of finding a suitable place to live with a decent and affordable rent. Having social

assistance rates well below the Low Income Cut Off (LICO) means that any crisis puts a

family at risk of housing loss. Instead, adequate assistance rates and the information the

provincial and municipal governments have on families related to access to social

assistance could be used to proactively support families. This database could be used to

identify the most vulnerable families then trigger a supportive contact from a social

assistance caseworker. This preventative strategy could be helpful in the sense that

families would not need to get as far as homelessness before additional supports are

offered.

At a municipal level, subsidized childcare was the primary resource that women

desired in order to enhance their educational level or employment status. While

employment and educational opportunities may exist, they are not accessible if parents

are caring for infants or toddlers. Increasing the number of subsidized childcare spaces is

an investment in the health and well-being of both children and their parents.

A third resource concern was related to housing affordability. While increasing

social assistance rates to be in-line with rent is one policy approach, another is to provide

housing at a more affordable rate. Whether housing is rent-geared-to-income or

affordable housing offered at some portion of market rent, many families need assistance

related to rent. Alternatively, more resources could be provided to prevent eviction. For

example, many communities offer some form of crisis funding related to utilities or rent.

While not a long-term solution, this could prevent eviction for many families in a time of

crisis.

At an organizational level, social assistance programs as well as family shelters

should consider policies that guide staff towards showing unconditional positive regard

towards their participants or residents. In regards to social assistance, women expressed

feelings of judgment by their caseworkers. Similarly, participants noted that during the crisis of homelessness, they felt that their parenting skills were being scrutinized by shelter workers, putting them at constant risk of being reported to child welfare. Milaney et al. (2017) note that case workers should be aware by the consequences of the experience of trauma during homelessness, and this applies equally for family shelter workers. Milaney and colleagues (2017) go on to suggest that shelter staff should receive appropriate training to qualify them in dealing with those who have experienced trauma, including many women experiencing homelessness. These types of workplaces policies would improve the experiences that homeless families have while interacting with support systems.

Implications for Nursing Practice

As noted by participants and in other research, mental health conditions and addiction issues are often associated with the experience of homelessness (Hwang, 2001; Public Health Agency of Canada, 2006; Vangeest, & Johnson, 2002; CMHA Ontario, 2014). In this sample, it was quite hard for women to navigate through the system to receive support for their mental health while parenting and living in poverty. Therefore, community-based management of mental health is a form of homelessness prevention and mental health must also be supported in times of homelessness. Our research confirms that homeless families are usually led by single mothers and these women are at high risk of experiencing mental health issues (Howard, Cartwright, & Barajas, 2009). Nurses are uniquely positioned to transform primary care and/or community mental health to better support mothers in their homes, to prevent housing loss. While mental health assistance should be an integral part in any health setting, it is clear that having services available

elsewhere is insufficient as mothers will delay access to care to prioritize assisting their

children. New technologies such as mood monitoring apps connected to electronic

medical records may be a form of nursing intervention that expands care from clinic to

community.

Nurses who work in community should have cultural competency skills to provide

care for patients in general and homeless individuals in particular. Self-reflection and

critical thinking are two skills that are needed to provide optimal healthcare for

homelessness individuals particularly for those with no personal experiences of poverty.

Nurses should not only try to understand the experiences of others but also seek to realize

that their assumptions can lead to false beliefs that they are meeting patient needs

(College of Nurses of Ontario, 2009).

Implications for Nursing Education

The Ottawa Charter for Health Promotion determines shelter, social justice, and

equity as prerequisites of health (WHO, 2016). Housing is one of the human rights as

declared by the United Nations General Assembly (2015) in *The Universal Declaration of

Human Rights*: "Everyone has the right to a standard of living adequate for the health and

well-being of himself and of his family, including food, clothing, housing and medical

care and necessary social services, and the right to security in the event of unemployment,

sickness, disability, widowhood, old age or other lack of livelihood in circumstances

beyond his control" (p. 25). If nurses are to live up to the requirement of the Canadian

Nurses Association (2017) to advocate for social justice, then they need to understand

how to do so, and how ensuring access to housing is a part of this endeavour. Learning

about family homelessness is an effective means to introduce students to issues of

injustice, human rights, and housing. As well, students need to be prepared to support the complex needs of those experiencing homelessness as they bear the hardship of unstable housing, limited access to basic necessities such as food and water, risk of abuse and violence, serious health consequences, and mental health and addiction issues (Piat et al., 2015). Beside focusing on biomedical practice related to these concerns, nursing students could be supported in adopting humanitarian values and educated in how compassion and empathy relate to action on public policy (Attree, 2001). In addition, all nurses at any level of the profession should be equipped with the minimal mental health care skills required to assess and mental health (RNAO, 2004).

Ultimately, through nursing school students should develop a complex understanding of how social injustices and inequities cause homelessness. Coursework should cover how health is altered by external factors such as politics, economy, environment, social norms and traditions, religion, work force, prejudice and racism, and where nurses could position themselves in order to change these factors. This work should include health policy literacy that will provide a reasonable tool for nursing students to be able to recognize and manage such issues upon graduation.

Implications for Nursing Research

Future research should opportunities for nurses to support families experiencing poverty to sustain and improve their mental health. In particular, what community-based mental health interventions are women looking for that would meet their needs without detracting from their ability to support their families? This is a particular opportunity for nurses to show leadership in knowledge development as case management in community settings is a skillset familiar to nursing as a profession. Another focus of participants was

their experiences of difficult landlords. While legal aid is an effective model in supporting

tenants, informing families of the existence of legal aid may be no more effective than

informing them of the existence of mental health supports. Therefore, research could try

to answer whether knowledge of tenant rights is sufficient to protect women from

predatory landlords, or are further supports required? In terms of social assistance needs,

it is unfortunate that Ontario's basic income pilot study was ended early before results

were generated and disseminated, as there is a need to explore rates that are sufficient to

assist families in maintaining housing while also providing a stable platform for education

and employment. Until the exact rate is known, it is clear that current rates make single-

parent families vulnerable to housing loss if there is any crisis.

Conclusion

With regard to gender, women face unique vulnerabilities in relation to financial

and childcare resources, relationships with landlords, and mental health risks. On the

other hand, men and women both face similar struggles in supporting their families

during the actual crisis of homelessness. Either way, homeless families are unnecessarily

vulnerable due to insufficient preventative and reactive health and social supports.

Hopefully this research can serve as a platform to stimulate further research into the

unique challenges of mothers at risk of and experiencing homelessness, as well as policy

changes that support these women.

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Appendix A

A. 01   Client's Letter of Information and Consent Form

A. 02   Staff Letter of Information and Consent Form

Client's Letter of Information and Consent Form: Focus Group

Family Matters in London, Ontario: Understanding and Addressing Family Homelessness

You are invited to participate in a study titled "Family Matters in London, Ontario: Understanding and Addressing Family Homelessness", which is being conducted by a team of researchers from the Lawson Health Research Institute and the University of Western Ontario. The purpose of this letter is to provide you with information to make an informed decision on participating in this research. In other words, this letter contains information to help you decide whether or not to participate in this study. Please take the time to read this carefully. Feel free to ask questions if anything is unclear or if there are words or phrases that you do not understand. As a client of Rotholme Women's and Family Shelter of London, Ontario, we would like to hear your perspective about risks of family homelessness and its potential prevention strategies.

Description of Project

This study aims to identify of the risk factors associated with familial homelessness, as well as successful strategies to address these risks. We also strive to better understand the problems faced by homeless families by evaluating Rotholme's pilot program to prevent homelessness. Rotholme's extended pilot program will be evaluated in order to identify the risk factors associated with familial homelessness and to develop strategies to prevent homelessness among families.

Rotholme's pilot program initially received one year of funding to hire an additional staff member to work with families at imminent risk of homelessness. Working in the community, this staff member helps families address the issues that contributed to their at-risk status. The PHAF project will extend this staff member's role by an additional year so that it may be properly evaluated. The evaluation will be used to facilitate the City of London's development of neighborhood hubs. The results will identify of the risk factors associated with familial homelessness, as well as successful strategies to address these risks.

This program and evaluation will focus on the needs of families and the strategies that are successful in meeting their needs. We will highlight the needs of women, single parents, and people with disabilities (as defined in the Local Poverty Reduction Strategy). Further, as the evaluation will collect a variety of demographic data to identify issues associated with aboriginal, senior, and newcomer populations. Researchers will work with participants to collaboratively investigate issues ranging from problem identification to solution implementation.

Procedure

On (date) we will be hosting a focus group discussion at Rotholme Women's and Family Shelter of London, Ontario. Questions will focus on the perceived benefits and challenges with implementing the pilot program. Approximately 6-8 clients will participate in this study and it will take about 60 minutes to complete the focus group. Questions will be asked in areas such as homelessness risk factors, and strategies to prevent homelessness. The group will take place over lunch and food will be provided. The focus group will be tape recorded and transcribed for analysis, and will be facilitated by the investigator or her research team. If you agree to participate and to be audio recorded in this study you are asked to attend this focus group discussion. Child-care will be provided at the homeless family focus groups if needed. Each participant will be also given the research office's contact information on a lanyard to allow them to participate in individual interviews or follow up interviews.

Compensation

Each participant will receive $20 honorarium upon the completion of the focus group.

Risks

We cannot guarantee that group members will maintain confidentiality.

Benefit

Participants in this study may benefit from having an opportunity to voice their concerns and to participate in a study that may prove to have a real effect.

Confidentiality

Your part in this study is completely confidential. No information or results that disclose your identity (e.g. your name) will be released or published. The data and audiotapes will only be seen and heard by the investigators and their research team. The tapes will be locked and stored at the Lawson Health Research Institute. The tapes will be destroyed after the study is completed. The transcriptions and the other information collected about you will not have your personal identifying details and will be kept under lock and key and on a computer with a protected password at the Lawson Health Research Institute. However, data with no identifying information will be retained for further analysis in the future. . De-identified data will be stored securely behind Lawson Health Research Institute firewall on a drive only accessible to the principal investigator and staff directly reporting to her. If you would like to receive a copy of the overall results of this study, please put your name on a blank piece of paper and give it to the investigator interviewing you. Focus group members are asked to keep everything they hear confidential and not to discuss it outside of the meeting. However, we cannot guarantee that group members will maintain confidentiality.

Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time. You do not waive any legal rights by signing the consent form. Representatives of the University of Western Ontario Health Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research. We will strive to ensure the confidentiality of your research-related records. Absolute confidentiality cannot be guaranteed as we may have to disclose certain information under certain laws (i.e. duty to report suicide thoughts, child abuse, or abuse by a regulated health professional or intention to harm another person).

You will receive a copy of the letter of information and signed consent form.

If you have any questions about the conduct of this study or your rights as a research subject, you may contact Dr. David Hill, Scientific Director, Lawson Health Research Institute.

Client's Letter of Information and Consent Form

Family Matters in London, Ontario: Understanding and Addressing Family Homelessness

I have read the Letter of Information, have had the nature of the study explained to me, and I agree to participate. All questions have been answered to my satisfaction.

Name (Print):   _____

Signature: _____

Date: _____

Name of Person Responsible for Obtaining Consent (Print):

_____

Signature of Person Responsible for Obtaining Consent

_____

Date: _____, 20____

Staff Letter of Information and Consent Form

Family Matters in London, Ontario: Understanding and Addressing Family Homelessness

    You are invited to participate in a study titled "Family Matters in London, Ontario: Understanding and Addressing Family Homelessness", which is being conducted by a team of researchers from the Lawson Health Research Institute and the University of Western Ontario. The purpose of this letter is to provide you with information to make an informed decision on participating in this research. In other words, this letter contains information to help you decide whether or not to participate in this study. Please take the time to read this carefully. Feel free to ask questions if anything is unclear or if there are words or phrases that you do not understand. As a staff of Rotholme Women's and Family Shelter of London, Ontario, we would like to hear your perspective about risks of family homelessness and its potential prevention strategies.

Description of Project

This study aims to identify of the risk factors associated with familial homelessness, as well as successful strategies to address these risks. We also strive to better understand the problems faced by homeless families by evaluating Rotholme's pilot program to prevent homelessness. Rotholme's extended pilot program will be evaluated in order to identify the risk factors associated with familial homelessness and to develop strategies to prevent homelessness among families.

Rotholme's pilot program initially received one year of funding to hire an additional staff member to work with families at imminent risk of homelessness. Working in the community, this staff member helps families address the issues that contributed to their at-risk status. The PHAF project will extend this staff member's role by an additional year so that it may be properly evaluated. The evaluation will be used to facilitate the City of London's development of neighborhood hubs. The results will identify of the risk factors associated with familial homelessness, as well as successful strategies to address these risks.

This program and evaluation will focus on the needs of families and the strategies that are successful in meeting their needs. We will highlight the needs of women, single parents, and people with disabilities (as defined in the Local Poverty Reduction Strategy). Further, as the evaluation will collect a variety of demographic data to identify issues associated with aboriginal, senior, and newcomer populations. Researchers will work with participants to collaboratively investigate issues ranging from problem identification to solution implementation.

Procedure

On (date) we will be hosting a focus group discussion at Rotholme Women's and Family Shelter of London, Ontario. Questions will focus on the perceived benefits and challenges with implementing the pilot program and on strategies that can prevent homelessness. Approximately 6-8 staff members will participate in this study and it will take about 60 minutes to complete the focus group. The group will take place over lunch and food will be provided. The focus group will be tape recorded and transcribed for analysis, and will be facilitated by the investigator or her research team. If you agree to participate and to be audio recorded in this study you are asked to attend this focus group discussion.

Compensation

No compensation will be given.

Risks

We cannot guarantee that group members will maintain confidentiality.

Benefit

Participants in this study may benefit from having an opportunity to voice their concerns and to participate in a study that may prove to have a real effect.

Confidentiality

Your part in this study is completely confidential. No information or results that disclose your identity (e.g. your name) will be released or published. The data and audiotapes will only be seen and heard by the investigators and their research team. The tapes will be locked and stored at the Lawson Health Research Institute. The tapes will be destroyed after the study is completed. The transcriptions and the other information collected about you will not have your personal identifying details and will be kept under lock and key and on a computer with a protected password at the Lawson Health Research Institute. However, data with no identifying information will be retained for further analysis in the future. . De-identified data will be stored securely behind Lawson Health Research Institute firewall on a drive only accessible to the principal investigator and staff directly reporting to her. If you would like to receive a copy of the overall results of this study, please put your name on a blank piece of paper and give it to the investigator interviewing you. Focus group members are asked to keep everything they hear confidential and not to discuss it outside of the meeting. However, we cannot guarantee that group members will maintain confidentiality.

Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time. You do not waive any legal rights by signing the consent form. Representatives of the University of Western Ontario Health

Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research. We will strive to ensure the confidentiality of your research-related records. Absolute confidentiality cannot be guaranteed as we may have to disclose certain information under certain laws (i.e. duty to report suicide thoughts, child abuse, or abuse by a regulated health professional or intention to harm another person).

You will receive a copy of the letter of information and signed consent form.

If you have any questions about the conduct of this study or your rights as a research subject, you may contact Dr. David Hill, Scientific Director, Lawson Health Research Institute.

Staff Letter of Information and Consent Form

Family Matters in London, Ontario: Understanding and Addressing Family Homelessness

I have read the Letter of Information, have had the nature of the study explained to me, and I agree to participate. All questions have been answered to my satisfaction.

Name (Print):   _____

Signature: _____

Date: _____

Name of Person Responsible for Obtaining Consent (Print):

_____

Signature of Person Responsible for Obtaining Consent

_____

Date: _____, 20____

Appendix B

B. 01   Suggested Questions for Clients Focus Groups

B. 02   Suggested Questions for Staff Focus Groups

Suggested Questions for **Clients** Focus Groups

1.   What are the factors and situations that you perceive to put families at risk for homelessness? How do family structure, gender, race, age, and mental health status affect these factors?

2.   What are the health, social, and economic outcomes (quality of life, social inclusion and costs/cost savings) of the prevention program?

3.   What would you recommend to change about the services?

4.   What would you recommend to never change about the services?

Suggested Questions for **Staff** Focus Groups

1. What are the factors and situations that you perceives to put families at risk for homelessness? How do family structure, gender, race, age, and mental health status affect these factors?

2. What are the strategies currently used to prevent homelessness? What strategies are most successful in prevention of homelessness?

3. What are the perceived benefits and challenges with implementing the pilot program?

4. What are the health, social, and economic outcomes (quality of life, social inclusion and costs/cost savings) of the intervention?

5. What are the perceived benefits and challenges with implementing the pilot program?

6. What could be changed to improve the service?

Curriculum Vitae

Name: Fawziah Mohammed Almalki

Education: Master of Science in Nursing (MScN)
                                      Sept 2016 – Aug 2018
                                      The Arthur Labatt Family School of Nursing
                                      University of Western Ontario
                                      London, Ontario, Canada
                                      GPA 82.85

                                      Bachelor of Nursing
                                      Sept 2008 – June 2012
                                      College of Nursing
                                      Umm Al-Qura University
                                      Makkah, Saudi Arabia
                                      GPA 3.12/4.0

Honors and Awards   Umm Al-Qura University Scholarship
                                      Aug 2015 – Present
                                      Umm Al-Qura University
                                      Makkah, Saudi Arabia

**Professional
Associations:**   Registered Nurse
                                      Saudi Commission for Health Specialties
                                      Jul 2012 – Present
                                      Makkah, Saudi Arabia

Employment   Clinical Instructor and Teaching Assistant (on leave)
                                      May 2013 – Aug 2015
                                      Mental Health Nursing
                                      Umm Al-Qura University
                                      AlQunfodah, Saudi Arabia