Diversity in the Context of Homelessness

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BACKGROUNI

•The number of homeless people in Canada is estimated to be about 300,000 (National Housing and Homelessness Network, 2007)

•Many people affected by homelessness in our community are members of disadvantaged communities facing barriers including poverty, discrimination, stigma, and a general lack of affordable and supported housing options (London Homeless Coalition, Ontario, Canada, 2004)

THE PROBLEM

- The homeless population is diverse and far from a homogeneous group
- · Psychiatric survivors are often perceived as a homogenous group with similar needs
- However, survivors from ethno-cultural minority groups are likely to have additional concerns and needs that may not be met by the current systems of care



PHASE 1: Secondary analysis of survey data

- Analysis of data collected through the 'Housing and Mental Health Community University Research Alliance" Data from 2004-2005 (N =320)
 - A community sample of individuals diagnosed with a mental illness for a minimum of a year
- Comparisons between housed and homeless groups and exploration of issues related to diversity

RESULTS

- Housed (n=215) and Homeless (n=132)
- Women were significantly more likely to be housed ($X^2 = 22.840$, df = 1, p = .000)
 - Homeless people were significantly younger than housed people (t=2.019, df = 318, p = .044)

Marital Status

 Majority of people were un-partnered. Only 3% were married/common-law & 61.5% never married

Ethnicity

•In the preceding 2 years, people who were First Nations or of mixed culture/ethnicity showed a trend toward significantly more housing changes (f=2.605, df = 2.249, p = .055)

Sexual Orientation

There was no significant difference between housed and homeless people

Education

Only 42.7% completed high school and 10.2% some post-secondary

Disability

	Homeless	Housed
	n=99	N=215
	(100%)	(100%)
Visually Impaired	29	95
	(29.3%)	(44.2%)
Physically Disabled	39	87
	(39.4%)	(40.5%)
Hearing Disabled	1	43
	(1.0%)	(20.0%)
Learning Disabled	33	80
	(33.3%)	(37.2%)
Psychiatrically Disabled	60	158
	(60.6%)	(73.5%)
Other Disability	7	3
	(7.0%)	(1.4%)

Health Services

- Rates of service access varied, but sample was generally high users of health care services, reflecting poor health
 - Housed women were most likely to see a family physician, while homeless women were least likely
 - There was no difference between groups on the basis of visible minority status in the use of ER or hospitalization services

PHASE 2: Critical Ethnography

 Focus groups(7 consumer & 8 service provider groups) and interviews with key informants representing minority groups and service providers working with this population

RESULTS

 From a policy, programming, and participant perspective, poverty is the central construct that shapes the lives of homeless individuals

Homelessness not a static condition.

 Continually striving to 'connect' to people and programs but connections that are established are tenuous and loneliness is a powerful construct.

•Intersecting Vulnerabilities

- --Process by which people are 'marked' as different in effect sustains homelessness.
 - --ensures that those who are homeless will remain homeless.
- Widespread perception that programs and services are antithetical to family life.

CONCLUSIONS

- It is best to look at the issue of diversity and difference in terms of intersecting inequalities
- --People's identities are multiple and cannot be understood by one marker such as gender but not ethnicity, or class but not race.
- Service organizations have addressed the issue of 'cultural sensitivity' but their approaches largely continue to mask structural inequalities _--Emphasis is largely at the level of the individual

REFERENCES:

London Homeless Coalition (2004). Community Plan for Homelessness in London.

http://londonhomelesscoalition.ca/homelessness.html#plan

National Housing and Homelessness Network (2007).

