

ORIGINAL ARTICLE

Competing perspectives on rural homelessness: Findings from a qualitative study in Ontario, Canada

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Abstract

Rural homelessness in Canada has only recently been acknowledged, and several gaps remain in our understanding of the phenomenon and how it is influenced by the rural context. This qualitative exploratory study aimed to help understand the experience of housing insecurity, factors that lead to rural homelessness, and potential solutions to the housing crisis in a rural Ontario community. Interviews were conducted with 27 participants: 16 individuals who were housing insecure and 11 key informants who had knowledge of the local homelessness situation. Data collection took place between August 2020 and May 2021 and inductive analysis was concurrent. Findings revealed competing perspectives on the magnitude of the crisis, its root causes, and potential solutions to rural homelessness. The invisible nature of rural homelessness and values of individualism that assign responsibility for homelessness to poor choices rather than structural factors may account for these different perspectives. Stigma also played an important role in how homelessness was understood, particularly for individuals who were homeless and perceived to be using substances. The lack of privacy, limited services, and low housing stock in the rural environment contributed to challenges with overcoming homelessness. Strategies to help improve supports for individuals facing homelessness include anti-stigma education, capacity building, and inclusion of people with lived experience of homelessness in decision and policymaking. Prevention should also be incorporated into the response to rural homelessness through intersectoral collaboration and upstream policies that target the structural drivers of homelessness.

KEYWORDS

conservativism, homelessness, homelessness prevention, housing, intersectoral collaboration, rural, stigma

1 | INTRODUCTION

Canada is in the midst of a housing crisis. Approximately 235,000 Canadians experience homelessness each year or 35,000 on a given night (Gaetz et al., 2016). When accounting for hidden homelessness, there is a three-fold increase in these estimates (Canadian Observatory on Homelessness, 2013). Yet, these numbers do not accurately account for the situation in rural Canada, where homelessness has only recently been acknowledged (Waegemakers Schiff

et al., 2016). Reliable enumeration data is difficult to ascertain in rural communities, where homelessness tends to be hidden and the shelters and formal services where point-in-time counts take place are often lacking (Kauppi et al., 2017). While no accurate prevalence data for rural homelessness in Canada or the USA exists, a recent study showed rates of homelessness among youth and young adults were similar between rural and non-rural Americans (Morton et al., 2018). In rural Ontario, income, employment, and education levels are lower compared to urban populations (Smale & Holliday, 2020). Vast

geography, limited infrastructure, and few public transportation options intersect with these demographics to create a unique set of challenges for rural residents around housing. As a key social determinant of health (Raphael et al., 2020), housing is inexorably linked to other health determinants such as income, food security, and social exclusion. When individuals do not have access to safe and affordable housing, they must make difficult choices about how to manage their resources and which necessities like food, utilities, and transportation must be compromised to maintain their shelter. These challenges have important implications for physical and mental health and require exploration to develop relevant programmes and policies that support residents in rural communities.

Within the small body of existing academic literature on rural homelessness in Canada, researchers have examined the phenomenon within specific geographic regions or among subpopulations, such as individuals with mental illness (Forchuk et al., 2010), Indigenous peoples (Peters & Robillard, 2013), youth (Karabanow et al., 2014) and residents of Quebec (MacDonald & Gaulin, 2019) and the northern territories (Christensen, 2012; Schmidt et al., 2015). Common findings from this research suggest that rural homelessness is frequently hidden; that a lack of social services, shelters, and public transportation create few options for managing rural housing insecurity; and that relocating between locations and from rural to urban centres is a common strategy to cope with homelessness. A feasibility study of a Housing First approach, considered "best practice" for homelessness intervention (Gaetz, 2020), was conducted across 22 rural communities and revealed strained housing markets, limited local expertise, and lack of housing stock that challenged communities' abilities to implement a scattered housing model (Waegemakers Schiff & Turner, 2014). These findings suggest there is a unique experience and set of vulnerabilities associated with insecure housing in the rural environment, and the solutions to homelessness must be adapted to this context. Yet several gaps in knowledge around prevalence, risk factors, impacts, and potential solutions to rural homelessness remain. The current study aimed to help address some of these gaps, specifically to (a) understand the experience of housing insecurity and its impact on the health and wellbeing of rural residents, (b) identify the various factors that were contributing to the housing crisis in a rural Ontario community, and (c) give voice to people with lived experience about their needs and potential solutions to rural housing precarity. As research findings emerged, it became apparent that there were competing perspectives within the community on the homelessness crisis, its root causes, and solutions for addressing it. The focus of this paper is on these competing perspectives and their significance, while a detailed description of the factors that led to homelessness and the lived experiences of rural residents with housing precarity is described in a separate paper.

2 | METHODS

This qualitative exploratory study used interpretive description (Thorne et al., 1997) with a critical theory lens (Mill et al., 2001)

What is known about the topic

- Rural homelessness is often hidden and there is no accurate data regarding its prevalence.
- Rural communities often lack services, transportation, and housing stock.

What the paper adds

- The invisible nature of rural homelessness led to competing perspectives on the magnitude of the problem as only a small number of individuals with the highest needs were visible.
- Individualist and conservative ideologies led some community members to assign blame for homelessness to the individual and contributed to factions within the community.
- Competing priorities, stigma, lack of privacy, and assumptions around substance use led people who were housing insecure to feel the community didn't care about them.

to explore the experiences of housing insecure residents and factors leading to homelessness in a rural community. Interviews were conducted with individuals who self-identified as housing insecure and with key informants (KI) who had knowledge of the local homelessness situation. Interview questions focused on the experience and impact of housing insecurity, what they believed contributed to homelessness, how the rural setting influenced this experience, and potential solutions to rural housing precarity. Recruitment occurred using word-of-mouth, snowball sampling, and flyers that were distributed at the food bank and a local non-profit organisation serving community members experiencing poverty, homelessness, and addiction. The original plan for data collection included focus groups; however, this was not feasible due to COVID-19 gathering restrictions. Many interviews took place in a board room of the non-profit organisation and occurred back-to-back as their clients dropped into the centre on days the researcher was present, were given flyers by staff, and offered an interview the same day. A smaller number of interviews took place in public coffee shops, workplaces, and via telephone or videoconferencing. The semi-structured interviews lasted 15–90 min and were audio-recorded for transcription. Written consent was obtained, a demographics form completed, and an honorarium of \$20 cash was provided at the beginning of each interview. The transcripts were analysed for themes and patterns using an inductive approach (Thorne et al., 2004) and analysis occurred concurrently with data collection, allowing for emerging findings to influence interview questions and refine participant recruitment. As it became evident that older adults and some KI with decision-making authority were missing from the sample, targeted recruitment via word-of-mouth and

outreach helped fill these gaps. While a representative sample was not sought, it was important to hear diverse perspectives and explore contradictions that emerged in the narratives. The data analysis software, NVIVO 1.5, was used to help organise and refine themes. Data collection occurred between August 2020 and May 2021, and ethics approval was received by the Research Ethics Board at Trent University.

2.1 | Community context

The setting for this study was a rural county of eastern Ontario, considered cottage country, with a town of 4,000 residents at its centre. The nearest small cities are greater than a 1-hr drive, and most community members are employed locally in what were formerly mining and lumber industries but have recently shifted to tourism. With a low-income rate of 25% and one-third of children living in poverty (Statistics Canada, 2017), many residents' insufficient incomes to afford basic shelter are exacerbated by a lack of available, safe, and affordable housing in the area. Health and social service providers expressed concern about a rise in residents sleeping rough, precariously housed, or at risk of becoming homeless, and no homeless shelters existed in the area. The crisis received some attention in the local newspaper and two warming centres were opened and then closed again just prior to the commencement of the current study.

3 | FINDINGS

Interviews were conducted with 27 individuals who lived and/or worked in the region and were willing to share their perspectives on housing insecurity and what they perceived were solutions to the ongoing crisis. Participants included 16 individuals experiencing housing insecurity and 11 KI. Among those with housing insecurity, eight were unsheltered (staying in tents, sheds, or moving from place to place), and eight were provisionally housed (living in unsuitable trailers, staying with a friend, or in the process of being evicted). There was an equal number of men and women, and they were most commonly between the ages of 31 and 50, Caucasian, low-income, and had less than a grade 12 education (Table 1). KI included health and social service providers, community volunteers, members of faith-based organisations, and community leaders. For protection of participants' identities, further details about KI positions in the community are withheld.

Analysis of interview transcripts revealed varying and often competing perspectives on the significance and root causes of homelessness, priorities within the rural community, and solutions for addressing homelessness and substance use. Stigma around homelessness and addiction had a prominent role in shaping individuals' perspectives and priorities, and the rural context also influenced each overarching theme and will be discussed throughout the findings.

3.1 | Perspectives on homelessness and its root causes

All participants acknowledged a significant problem with housing availability in the community and an unacceptable number of people experiencing homelessness. However, participants believed many community members remained unaware of the magnitude of the problem and there was disagreement among participants about how many people were experiencing homelessness at any given time. While some individuals were visibly unsheltered and slept in tents or other public areas, many individuals were hidden, 'because it is very much couch surfing...in the middle of the night trading places, you know, way back in the bush... going from here and there and sleeping outside in shacks or in unwinterised trailers' (#17-KI). This contributed to conflicting accounts of the extent of homelessness, in which 'if you listen to some of the advocacy groups, they'll say there's 25 or 30. If you listen to the police, they say it's 11 to 15...' (#11-KI). While a smaller number of individuals were perceived to consume the bulk of police resources, this characterisation of the problem didn't acknowledge the many residents experiencing hidden homelessness. One participant who was couch surfing believed as many as 40 others were in a similar situation in the community. Keeping homelessness hidden was perceived to serve the community leaders' interests, as otherwise "how are we going to encourage people to come and move here with all their money?" (#8-KI).

3.1.1 | Individual responsibility versus systems failure

Perspectives regarding the root causes of homelessness ranged from a focus on individual choices to factors at the community and public policy levels. Incomes received from government social assistance, either Ontario Works (OW) or the Ontario Disability Support Program (ODSP), were recognised as maintaining people in poverty and contributing to homelessness:

Cause ODSP and OW only give you X amount a month. And then you don't have any, well you could use your whole cheque, but then you won't have no food, no nothing. And then when you're homeless and ODSP knows about it, they cut you back to \$400 a month. So then you're really screwed to get a place, cause you don't have the money. They tell you ... before we give you the money, you need an address. Well, in order to get the address, I need the money.
(#6-provisionally housed)

The systems were critiqued as being like a 'hamster cage' (#11-KI) which were fragmented and difficult to navigate even for service providers. The education system was also identified as contributing to homelessness by allowing individuals to fall through the cracks, and 'that doesn't just stay with him through school, because then they come out of school, and they have nothing. And then they get

TABLE 1 Participant demographics

	Unsheltered participants (N = 8)	Provisionally housed participants (N = 8)	Key informants (N = 11)
Gender			
Male	5	3	2
Female	3	5	9
Age			
20–30	1	2	1
31–50	7	4	5
51–70	0	2	5
Education			
Less than high school diploma	5	5	0
Grade 12 diploma	1	1	1
Some post-secondary education	1	1	2
College or university degree	1	1	8
Income			
<\$10,000/year	4	4	N/A
\$10,000–\$19,999/year	4	3	
\$20,000–29,999/year	0	0	
\$30,000–\$49,999/year	0	1	
Ethnicity			
Caucasian	7	6	3
Indigenous	1	2	8
Years lived in community			
0–4 years	0	1	0
5–9 years	2	0	3
10–15 years	1	1	2
16+ years	5	6	5
N/A (lived outside of area)			1

into drugs.' (#8-KI). The government was deemed accountable for the lack of investment in affordable housing over the past decade that contributed to low housing stock. More recently, community level factors such as people moving into the area from the city and the conversion of long-term rentals into Airbnb accommodations created upward pressure on the housing market and increased demand. One participant and her children had moved several times between temporary cottages and trailers, and now 'the last two places we were in are both being used as Airbnbs...I looked it up online and they rent the one place out for \$240 a night' (#22-provisionally housed). The shortage of rental units and high demand meant

landlords could charge more, require credit checks and references, create other rules such as no pets, and still have 'literally, like 40, 50 people wanting the same place' (#16-KI).

At the individual level, participants acknowledged a history of trauma, mental illness, and addictions as all contributing to homelessness for many community members. One participant described '...circumstances in my life that brought me to do, you know, to start using...I started using in like October and by April I was kicked out of my house and lost my children' (#10-unsheltered). Some participants felt that homelessness was caused by 'the choices people make that are the wrong choices' (#3-unsheltered), and many believed substance use was foremost among these poor choices:

There's some (community members) that are of the opinion that they're a druggie, that's the kind of life they want, you know, they chose that. It's their fault, nobody else's fault, and we're not doing anything to help. Um, so that's definitely out there...they're making choices. And they are.

(#14-KI)

This emphasis on individual agency contrasted with a systems level perspective described above and in which existing policies criminalised homelessness and addiction, so that 'instead of helping people, we punish people' (#8-KI).

3.1.2 | The influence of stigma

Stigma played a role in grasping the magnitude of the local homelessness situation and understanding its root causes. One participant believed stigma led to intentional denial of homelessness when it existed within their own families, and another believed community members were hesitant to recognise the homeless as their own people: 'Where are they coming from? Do they live here? Did they grow up here? If they're from somewhere else, why don't they just go back there?' (#24-KI). Stigma associated with addiction also contributed to challenges for people experiencing homelessness, including those who didn't use substances, because they were "all classified as druggies" (#6-provisionally housed). The perception of being labelled a substance user was supported by a community leader who stated, "the feeling is the absolute vast majority of (people on the streets) are related to drug and mental health issues" (#11-KI). A lack of privacy in a small town added to the challenges overcoming a reputation because "people know who the addicts are" (#10-unsheltered) and community members were perceived to be "all judgemental, they're pointing fingers, and they say 'well, get off the drugs. They're only addicts, they chose that...'" (#10 – unsheltered).

It's so historically been ingrained in us that poverty and addiction are a choice. Nobody would choose to live in poverty, nobody would choose to be a drug

addict, nobody would choose to be mentally ill, but it's seen as a choice because it looks like they're making a conscious decision to use, right? ... Nobody comes down on you if you relapse with chemotherapy. So why with addiction? Why with homelessness? Why with poverty?

(#4-provisionally housed)

3.2 | Competing priorities of community members

In addition to varying perspectives on the extent of homelessness and its root causes, participants described conflicting priorities within the community. A common theme among participants experiencing homelessness was a feeling that nobody in the community cared about them. It was believed the priorities of the town were on attracting tourists to the area and keeping middle class residents happy. "They don't like to admit they've got homeless people, so they pretty well got them hidden...so the people that are coming up to their cottages and stuff like that won't see them" (#26-provisionally housed). Lack of investment in housing, while prioritising renovations of the downtown and economic interests, was seen as the community leaders' attempts "to protect the folks that are already established to maintain that capitalist quota" (#12-KI). Initiatives to improve community safety were perceived to be "about keeping rich people healthy and safe" (#21-KI), rather than to serve the community's most vulnerable. This focus on economic wellbeing over addressing the housing crisis led to the feeling that "nobody seems to care" (#3-unsheltered).

An alternative perspective was described by a community leader who aimed to balance several competing interests while reducing costs of services for low-income residents. "We've embarked hard to try to increase our population, our assessment base, etc., attract people here so we can reduce these costs to people. If you become known as an encampment city...then you're basically going to lose that" (#11-KI). Another concern involved the rise in service calls and associated costs for policing due to a segment of the homeless population involved in criminal activity, which meant:

...costs will be that much more on every tax bill in town next year. So, it isn't just the few people that are affected, it creates a snowball effect and affects everyone. You know, and the same thing with our health care system. Same thing with our paramedics...

(#14-KI)

These considerations of the broader community's needs also played out in recent conflicts, such as closing public bathrooms at night where people were sleeping or using drugs and fining individuals for sleeping in tents. While aiming to protect the public, this approach was perceived as punitive: "there's no war on drugs, there's no war on homelessness; there's a war on homeless people and there's a war on drug users" (#4-provisionally housed).

3.3 | Solutions to addressing homelessness and substance use

Participants agreed that advocacy for government investment in affordable and subsidised housing was a high priority in helping address homelessness in the long term. Additionally, most participants felt improved access to services were needed in the area, particularly around mental health and addictions:

There's more opportunity in the city... I wish I could just go and do a 21-day programme and get some counselling, but it's not that easy. When you want to do that, you're put on a waiting list and a rural area makes it more of a struggle.

(#1-unsheltered)

One area where differences of opinion arose was regarding the approach to supporting people experiencing homelessness and in active addiction. Most KI were supporters of a harm reduction approach to substance use. However, there was another group of community members who were opposed to this approach and instead emphasised rehabilitation and recovery.

There's lots of encouragement for enabling. We'll give you clean needles, we'll give you crack pipes, you know, we'll give you a card to go downtown, get some groceries, which you'll probably spend on meth, but there's no actual help per se.

(#14-KI)

While both positions were held with what participants believed were good intentions, there was a concern expressed that one group was alienating another and "now you have factions" (#11-KI). One key informant suggested the grassroots organisations were creating mistrust of government services and misguiding clients who were homeless, for instance encouraging them to apply for the Canadian Emergency Response Benefit during the COVID-19 pandemic when they weren't eligible. There was also disagreement about whether it was appropriate to send people experiencing homelessness outside of the area, a strategy most participants did not support given their social supports were connected to the area. The alternative perspective was, "isn't it better to (go to the city) and receive some supports and services instead of living in a tent?" (#27-KI). Two recent attempts at running a local shelter had been shut down due to issues around substance use, which were considered to have backfired because of limited planning, structure, and "people who are not trained to do this were trying to do it" (#11-KI). A third attempt at a warming centre when funds became available was recently stalled, which one key informant attributed to stigma. "There was resistance from the town to have it located within what they deem to be the downtown core" (#24-KI). The tension between groups providing support was described here:

...you've got some really strong personalities, and they don't like each other. And I'm one of them. There's a lot of ego...I'll be honest with you, I'd love to be the one who solved the homeless issue in this town.

(#21-KI)

Despite the differences in perspectives and perceived solutions to the crisis, there was clearly a will amongst KI to help address homelessness, and "a connection in resources and supports" (#12-KI) was perceived as an important way forward. Without it, fragmentation of services was resulting in a sense that "there's a lot of people that need housing...but nobody can seem to come to a lot of conclusions" (#26-provisionally housed).

4 | DISCUSSION

The findings from this qualitative study revealed that participants held a range of perspectives on rural homelessness and its underlying causes, as well as competing notions regarding how to help rural residents facing homelessness. These perspectives align with the broader discourse around individualism and whether one's life circumstances are a product of personal choices or structural factors, with implications for how priorities and solutions to homelessness are developed. The findings also extend the literature regarding the ways that stigma and small-town dynamics can influence homelessness and the solutions to solving it.

Individuals experiencing housing precarity and KI from grassroots organisations believed the magnitude of the homelessness crisis was much greater than was acknowledged by individuals in positions of power. This discrepancy can be attributed to the invisibility of rural homelessness. The participants in this sample included individuals who were couch surfing, living in trailers or sheds outside of town, and sheltered but facing eviction. The small group of individuals known to police and community leaders were highly visible in the community but did not represent this range of individuals struggling with access to a suitable shelter. This is consistent with a growing body of literature demonstrating the most consistent feature of rural homelessness is its invisibility (Carpenter-Song et al., 2016; Gibbons et al., 2019; Kauppi et al., 2017; MacDonald & Gaulin, 2019; Waegemakers Schiff et al., 2016; Yousey & Samudra, 2018). The lack of infrastructure in a rural setting, including shelters and warming centres, means many people facing homelessness rely on informal networks and strategies that hide them from public view. Political and religious conservatism can also contribute to denial of homelessness and exacerbate its invisibility as residents attempt to maintain an image of the rural idyllic (Edwards et al., 2009). Understanding of homelessness in the local context may then be shaped around individuals one knows personally or those who are most visible. This incomplete picture of who is struggling with housing insecurity can contribute to stereotyping and a narrow range of solutions that do not account for the experiences of those in the margins.

The language and attitudes expressed by several KI, supported by stories of participants experiencing homelessness, pointed to the prominent role of stigma in how homelessness was understood. Several participants assumed that people who were homeless had substance use disorder, that substance use was the root cause of their homelessness, and that these individuals made undesirable tenants. In an environment with low housing stock and high demand, and with small town dynamics where lack of privacy meant people thought they knew "who the addicts are", being labelled a drug user was a significant barrier to accessing the rental market. The intersectional nature of stigma can worsen this experience, with negative attitudes that are particularly problematic if individuals have more than one stigmatising condition such as homelessness, mental illness, addiction, and low socioeconomic status (McGinty & Barry, 2020). This stigma translated into participants' perception that members of the community didn't care about them, consistent with the sense of rejection, shame, and isolation experienced by people experiencing homelessness in other rural settings (Carpenter-Song et al., 2016; MacDonald & Gaulin, 2019).

Community members' competing perspectives on root causes of homelessness may rise from political ideology and philosophical beliefs about individualism versus collectivism. In a study comparing attitudes on homelessness between countries, Americans were most likely to believe homelessness was caused by personal failings and that people who were homeless were likely to abuse drugs and have a criminal record (Toro et al., 2007). In European countries where citizens had more collectivist attitudes, they had more compassion toward the homeless. Individualism is a common component of the cultural milieu in rural communities, in which values of self-reliance and meritocratic beliefs about responsibility for one's own success in life can contribute to denial or victim blaming of rural residents experiencing homelessness (Brott et al., 2018; Edwards et al., 2009). More politically conservative values have been associated with the perception that homeless people are dangerous and less deserving (Markowitz & Syverson, 2019), while conservative voters are less willing to invest in homelessness services than more progressive voters (Doberstein & Smith, 2019). These values that align with individualist and conservative ideologies were evident in the narratives of several participants who spoke about homelessness and drug addiction as a product of poor choices as opposed to structural factors and gaps in the social safety net.

These competing philosophies have implications for how priorities are formed and solutions to homelessness are developed. The Government of Ontario (2021) recently directed all municipalities to create by-name lists as part of a coordinated access strategy involving collection of real-time data about who is homeless, followed by assessment, triage, and referral to community services (Canadian Alliance to End Homelessness, 2021). Provision of this type of coordinated case management will be most successful if organisations are able to communicate effectively and overcome their philosophical differences to develop a shared understanding of the problem, priorities, and potential solutions. A study of the continuum of care

system in the USA revealed challenges similar to the “factions” that developed within the current study context, with the potential for competing narratives and ideologies to lead to turf wars and reduce collaboration among some service providers (Mosley, 2021). The influence of stigma and individualism on informing community members’ perspectives regarding homelessness highlights an opportunity for intervention. Anti-stigma education and the inclusion of people with lived experience of homelessness in priority setting and development of solutions are recommended to help build consensus and reduce conflict in the community. Decision makers can benefit from hearing the perspectives of rural residents about contested issues, such as why moving to a city for access to services or shelter was not an acceptable solution to their homelessness. Anti-stigma campaigns should share individuals’ stories of hardship, highlight the structural drivers of homelessness, and incorporate information about substance use and harm reduction that were so tightly connected to people’s opinions of homelessness. Research suggests the public responds favourably to personal stories that humanise the experiences and challenges of people with mental illness, addiction, and homelessness as they evaluate deservingness and whether to invest in policies to support these groups (Doberstein & Smith, 2019; McGinty et al., 2018). Capacity building, particularly among local individuals who have developed trusting relationships within the community, is another opportunity to create responses to homelessness that reflect understanding of the local context (MacDonald & Gaulin, 2019). While these strategies are specific to the setting and challenges of the current study, they may be applicable more broadly as stigma and discrimination have been shown to exist for rural residents using substances and experiencing homelessness elsewhere, often intensified by the lack of anonymity associated with rural living (Burgess et al., 2021; Ezell et al., 2021; MacDonald & Gaulin, 2019).

These strategies to improve supports and services for people living with housing precarity tend to occur downstream and target individuals in crisis. However, a crisis response does little to prevent homelessness or help people exit homelessness, and instead can contribute to its chronicity (Gaetz, 2020). Among participants experiencing housing precarity in the current study, the majority received income supports that were at or below the poverty line (Government of Canada, 2018), only half had attained a grade 12 education, and many had been on the waitlist for subsidised housing for multiple years. This points to the role of intersecting systems in creating the conditions for homelessness and illustrates why grassroots organisations with limited power and resources struggle to reduce homelessness at the local level. Targeting the structural drivers of homelessness is a population approach that reduces the risk of becoming homeless for the broader community, rather than focusing on individuals who are at imminent risk (Gaetz & DeJ, 2017). Governments must invest in upstream policies and programmes that take a human rights approach to housing and focus on homelessness prevention. Initiatives at the federal, provincial, and municipal levels of government should be aligned and collaboration must extend beyond the homelessness sector to include health, education, criminal justice, employment, community and social services, child

protection, and other sectors (Gaetz & DeJ, 2017; Government of Ontario, 2015). This collaboration should also extend to grassroots organisations and people with lived experience, who often lack power and influence in decision-making, to ensure policies developed are meaningful and acceptable to individuals most impacted. At the local level, intersectoral collaboration requires a reframing of homelessness as a shared responsibility across a diverse range of services, sectors, and businesses, including schools that can serve as a “first line of defence” in homelessness prevention (Malenfant et al., 2020).

These recommendations to improve supports and integrate prevention into the response to rural homelessness, including anti-stigma education, local capacity building, intersectoral collaboration, and inclusion of people with lived experience of homelessness in decision-making, are based on findings from one region of rural Ontario. Given the unique nature of each rural community, this is a limitation of the study. Another limitation relates to challenges recruiting individuals experiencing homelessness who are by definition “hidden”. The majority of participants learned of the study through a non-profit organisation and were therefore already connected with at least one service. Therefore, the participants’ experiences may be different from those who are struggling alone without any supports, particularly seniors and families with children who were underrepresented in the study. Future research should expand on these findings regarding how community dynamics and values impact homelessness in other rural settings. A critical examination of how stigma influences programme and policy development should be conducted, and an evaluation of whether including people with lived experience can bridge the ideological gap and competing perspectives of service providers is needed. Finally, implementation research should identify, implement, and evaluate interventions that reduce stigma and improve service coordination.

5 | CONCLUSION

Findings from this qualitative study of rural housing precarity revealed competing perspectives on the nature of homelessness and potential solutions to the crisis being experienced in small town Ontario. Values of individualism that assign responsibility for homelessness to a series of poor choices as opposed to structural factors may account for these different perspectives. The rural setting influenced homelessness due to a lack of privacy that contributed to people being labelled, few formal services and supports, low housing stock, and the invisible nature of rural homelessness. Stigma also played an important role in how homelessness was understood, and anti-stigma education is recommended to improve supports for rural residents facing homelessness. Other strategies to improve coordination of services and incorporate prevention in the rural response to homelessness include capacity building, intersectoral collaboration, and inclusion of people with lived experience of homelessness in decisions and policy making.

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CONFLICT OF INTEREST

I have no conflicts of interest to declare.

ETHICS APPROVAL

Approval for this study was received by the Research Ethics Board at Trent University.

DATA AVAILABILITY STATEMENT

Data available on request due to privacy/ethical restrictions.

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