

ROOTS AND ROUTES OF **RURAL** HOMELESSNESS

A MANITOBA STUDY

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**If people heard my story, that
could possibly spark some, you
know, Canadian helpfulness.**

Participant 2

Acknowledgments

We sincerely thank the participants and community members who shared their thoughts and stories with us. We know that finding the time and courage to speak with us was not easy.

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**Systemic Barriers
in Rural Contexts**

**Personal Factors
& Challenges**

Invisibility

Financial Issues

Employment

Housing

Grief & Loss

Health

Health Care

Education

**Trauma, Abuse,
& Violence**

Services & Supports

Justice

Caregiving

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EXECUTIVE SUMMARY

ROOTS & ROUTES OF RURAL HOMELESSNESS *A MANITOBA STUDY*

By Candy Skyhar, Jan Marie Graham, Michelle Lam, & Grace Stone

Homelessness and mobility in rural contexts are significant issues, despite the fact that awareness about them is limited in contexts like rural Manitoba. Much of the research and literature on issues related to homelessness in Canada take place in urban contexts, and literature that is rural focused is far more prevalent in the United States of America where much larger populations are involved. As a result, there is a need both provincially and nationally to learn more about issues related to homelessness and mobility in rural contexts.

The **purpose** of the research described in this report was to examine the **roots** and **routes** of homelessness in rural Manitoba contexts. We were interested in examining the root causes of individuals experiencing homelessness in rural communities, the routes they took to their current location(s), the services available within rural communities, and the gaps that existed in relation to supports and services available in rural contexts.

This **qualitative study** included interviews with seven participants: three individuals and one couple who had experienced homelessness and mobility as well as two community members who had worked with individuals experiencing such challenges. The five initial participants, who all had links to rural communities (past or present), were interviewed in 2021 by the principal investigator (Candy Skyhar). The interviews were audio recorded. The two community members were interviewed (on video) in 2022 by a videographer hired for the project. Analysis of the data took place using audio/video transcripts and involved multiple phases to form our findings.

Recommendations that address the findings are included in the full report.



Source: Candy Skyhar

The chart on the following pages ("[Findings Overview](#)," pages 7 and 8) outlines the key thematic findings from the study.

FINDINGS OVERVIEW

SYSTEMIC BARRIERS IN RURAL CONTEXTS

Invisibility: Denial of Rural Homelessness

Homelessness and mobility are largely invisible to many people in rural communities likely due to mobility out of rural settings and the discomfort with seeing it as a local problem.

Housing: Availability, Affordability, Quality, & Safety

Housing availability in rural communities can be an issue due primarily to a physical and pragmatic lack of places to live. Additionally, the negative consequences of reputation/stigma in small communities, financial barriers affecting affordability (e.g., high rent costs, deposits, utility hook-up fees, etc.), the quality of living conditions, and safety concerns pose further barriers for those seeking housing for themselves and their families.

Services & Supports: Knowledge, Availability, & Systems Navigation

Lacking knowledge about where to access services and supports when moving to new communities, the lack of availability of basic services (shelters, grocery stores, transportation, counselling, etc.) in rural communities, the lack of accessibility of government supports, and the navigation of complex benefit systems were all cited as significant barriers for participants in the study.

Employment: Options & Challenges

Lack of employment opportunities in rural contexts increase the likelihood of both homelessness and mobility out of rural communities. Participants also cited individual health concerns (e.g., cancer, brain injury), COVID-19, and lack of affordable childcare and transportation options as challenges related to employment.

Health Care: Access to Care and Treatment

Lacking access to health care was cited as an issue by participants. Lack of local access to such services and the prohibitive costs of travelling outside communities to access them pose significant barriers for individuals experiencing homelessness. Stigma also poses unique challenges in small communities where everyone knows everyone and can see who comes and goes from medical offices.

Education

Participants struggled with completing high school and/or post-secondary education (examples of reasons include teenage pregnancy, conflicts with staff, substance use, and incarceration). In some cases, the education system failed to identify and support children with learning/medical conditions adequately, leading to further trauma and isolation.

Justice System

Incarceration was prominent in the stories of three participants, largely due to theft and violence stemming from substance use. Participants also noted that transitions out of incarceration can be fraught with challenges as individuals try to secure housing and supports to re-establish themselves.

FINDINGS OVERVIEW

PERSONAL BARRIERS & CHALLENGES

Financial Issues Individual financial issues such as personal debt, outstanding bills, and banking issues were cited by participants as significant barriers. Such financial issues inhibited their ability to secure a place to live and created what seemed to be an insurmountable challenge for individuals to overcome.

Trauma, Abuse, & Violence The trauma, sexual abuse, and violence experienced by participants in the study impacted them profoundly. Not only did it affect their mental health, but trauma, abuse, and violence also contributed to the mobility of participants out of communities, further driving such issues from the visibility and consciousness of the local community. Child apprehension and intergenerational trauma and abuse were particularly evident in the stories of participants, pointing to the complex, ongoing nature of these issues.

Grief & Loss Most of the participants in the study experienced grief from having lost someone close to them. Such grief contributed to both issues related to their own mental health and to homelessness itself.

Caregiving Several of the participants had children, parents, and/or partners who they cared for, which impacted their housing situations, their employment options, their mental health, and the amount of time they had available for other tasks.

Health: Physical/Mental Health & Substance Use Issues with physical health (e.g., cancer, brain injury), mental health (e.g., ADHD, depression, anxiety, grief), and substance use were interwoven throughout the stories of the participants. Such health concerns profoundly impacted individuals' ability to work, their ability to find and maintain housing, and their mobility in and out of communities.

Rural people experiencing homelessness face a myriad of significant barriers, challenges, and issues at both a systemic and individual level. These issues require increased attention and awareness and call for us to take action; the recommendations in the full report provide concrete areas for institutions and people to address rural homelessness.

INTRODUCTION

Homelessness and mobility in rural contexts are significant issues, despite the fact that awareness about them are limited in contexts like rural Manitoba. Much of the research and literature on issues related to homelessness in Canada take place in urban contexts, and literature that is rural focused is far more prevalent in the United States of America where much larger populations are involved. As a result, there is a need both provincially and nationally to learn more about issues related to homelessness and mobility in rural contexts. It was this need that informed and inspired the research discussed in this report.

The Manitoba Context

Population: 1,342,153

Population density: 2.5 square km

Rural areas: 25.3%

Population centres (population of at least 1,000 people and density of at least 400 persons per square km): 74.7%

Land area: 647,797 square km



Sources: Information Architects of Encyclopaedia Britannica (n.d.), Statistics Canada (2021), & Grzegorz Malec from Getty Images Signature

Research Purpose & Questions

The purpose of the research was to examine some of the roots and routes of rural homelessness in Manitoba by answering the following questions:

- 1. What factors (root causes) have contributed to individuals experiencing homelessness in rural contexts?*
- 2. What factors affected the mobility of individuals experiencing homelessness in rural contexts?*
- 3. What supports and services are available to those experiencing homelessness in rural communities? What gaps and issues can be identified in relation to the services available to those in rural contexts?*

Along with our findings to those questions and recommendations to address them, this report provides cases of the journeys that those experiencing rural homelessness and mobility have taken (see [Appendix A](#)) as well as the supports that they accessed along their journeys (see [Appendix B](#)).

METHODS


Data collection for this qualitative study was conducted by interviewing seven participants: three individuals and one couple who had experienced homelessness and mobility and two community members who had worked with individuals experiencing homelessness and mobility (see [Appendix C](#) for interview questions). The five initial participants, who all had links to rural communities (past or present), were interviewed in 2021 by the principal investigator (Candy Skyhar), and the interviews were audio recorded. The two community members were interviewed in 2022 by a videographer hired for the project. All interviews were transcribed and anonymized to protect the identity of the participants.

Data analysis included several phases, which are outlined on the next page. The findings from all analysis phases are included in this report.

Source: evgenyatamanenko from Getty Images



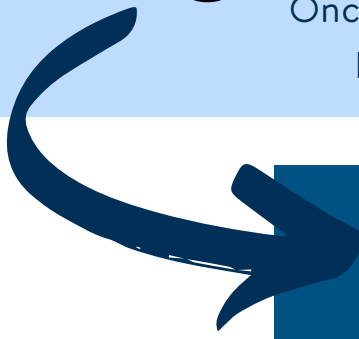
1 Each research team member individually coded the data from the initial two interviews.




2 We met together, compared, and revised the codes.




3 For the next two interviews (one involving one participant and the other involving two participants, a couple), the team met, listened to the audio recordings, and coded them together. Once again, codes were discussed, collapsed, and categorized. Initial themes were identified, along with descriptors.



4 Each member then analyzed the initial four transcripts again, identifying themes and subthemes. Passages from the participant transcripts that would best illustrate the themes and subthemes were also identified.



5 The team met together to share their individual findings and to finalize themes and subthemes identified in the first four interviews (with Participants 1 to 5).



6 In a final step, the interviews with the two community members were analyzed using the themes and subthemes previously identified. Two additional themes were added to the findings.



SYSTEMIC

BARRIERS IN RURAL CONTEXTS

Invisibility

Denial of Rural Homelessness

One of the most prevalent things we noted as researchers was the **persistent denial that homelessness existed** at all in rural communities. “We don’t have homelessness here” was often heard, attesting to the invisibility of the issue for the average community member. Those working with individuals experiencing homelessness and mobility also identified invisibility as an issue, noting that homelessness, like racist or homophobic beliefs, were not seen in communities because of individuals **wanting to see and project the image of a welcoming town** and because of the **mobility of individuals** in the rural context.

"The systems that we have for people in place make it difficult for anybody who is facing racial barriers.... In rural communities it's very hard to see that kind of change because the status quo is very much what people want to see and what we've always done. And why can't people just get over it? ... We're such a welcoming community. 'There's no issues here' ... you hear it. You hear it softly in the background, like much of Canada."

Community Ministries Director

"You don't see real homelessness as much. It's not as visible as it would be, say, in a city. If you're homeless here in a small camp town, you're probably moving to a city... your next larger area. So I would say, like, we're kind of like little tiny villages. And then you're going to come to, say, Neepawa, which is a more of a hub. And then if you can't make it here, you're going to move into the city where there's more resources."

Community Ministries Director

The experiences of the participants in the study aligned with the previous comment as they moved from place to place to access support networks and resources they needed.

Moreover, other influences such as child apprehension, incarceration, health crises, employment opportunities, and personal trauma and safety concerns also contributed to the complexity of the mobility patterns of participants (see [Appendix A](#)). Regardless of the individual reasons for moving from place to place, however, those experiencing homelessness were removed from the gaze and consciousness of community members in their prior rural locations. This perhaps contributed to the invisibility of homelessness within rural contexts.

"Urban homelessness—I think you see it more often. We have that homeless person on the street idea—rural homelessness we don't see.... It's somebody who's staying at a friend's house or a neighbour's house. And then a couple of weeks later, he's seen at another friend's house."

Community Ministries Director

Literature Links

Homelessness is often framed as an urban problem (Christensen, 2012) since those experiencing rural homelessness are less visible: They migrate more often, do not have as many obvious places to gather, and face sociocultural barriers that deny their existence (Clope et al., 2007). They also face stigma for admitting need in rural culture, where self-sufficiency is emphasized (Edwards et al., 2009), which perpetuates the idea that rural areas do not have homelessness because they aren't accessing (and are even avoiding) services (Sumner, 2005). This invisibility contributes to marginalization (Skott-Myhre et al., 2008) as less research on rural homeless people (Karabanow et al., 2014) means there are gaps in knowledge about how to address their needs (Schiff et al., 2016). The increasing prevalence of rural homelessness, however, makes addressing it both urgent and timely (Schiff & Turner, 2014).

"I think people—they kind of graduate up in size of community. So if they're in a hamlet or outside of a community, they come to town. So here's a resource or a bigger community. If they can't make it here, they're moving to the next bigger community to find those resources."

Community Ministries
Director

"I think there's kind of an ignorance about [the idea that] it doesn't happen here. We're very welcoming and open, and we love everybody."

Community Ministries
Director

Housing

Availability, Affordability, Quality, & Safety

Availability.

The **availability** of affordable, good-quality, and safe housing was a significant barrier for participants in the study. Mobility to places in which affordable and acceptable housing was available was evident in the stories of participants, particularly those in the most rural settings. Several participants described the impact of reputation and stigma on their ability to find housing, including both associations with other family members and the impacts of past actions. For example, see the left quotation by Participant 2.

"Being labeled at 16 that I was an alcoholic probably hindered me. You know what I mean? The town being a small town, there is a lot of—I guess you call it—coffee shop gossip. Most of that probably hindered me in the sense that, well, I'm trying to get better, but nobody'd believed me. You know what I mean? Who's going to rent to somebody that spends eight hours at work and twelve drinking? Like, it's a hard sell, right?"

Participant 2

"I didn't have any kind of references.... It took me three months to find this place. And then we had to wait a month to move in."

Participant 1



Source: justnartist from Getty Images

Interestingly, Participant 2 also described small town hospitality as helpful when he was passing through a variety of places, but reputation, gossip, and stigma posed issues in relation to accessing housing where he grew up, potentially causing him to leave the community.

Affordability.

Participants in the study identified several financial and systemic barriers further impacting housing **affordability**, such as having to come up with deposits and the first month's rent, paying for utility hookup fees, providing references, accessing financial information (e.g., bank statements), having appropriate identification, and passing credit checks. These barriers made already difficult to find housing even less accessible and affordable for participants, sometimes pushing them beyond their fiscal limits.

"It was very, very hard to find something that was in my budget."

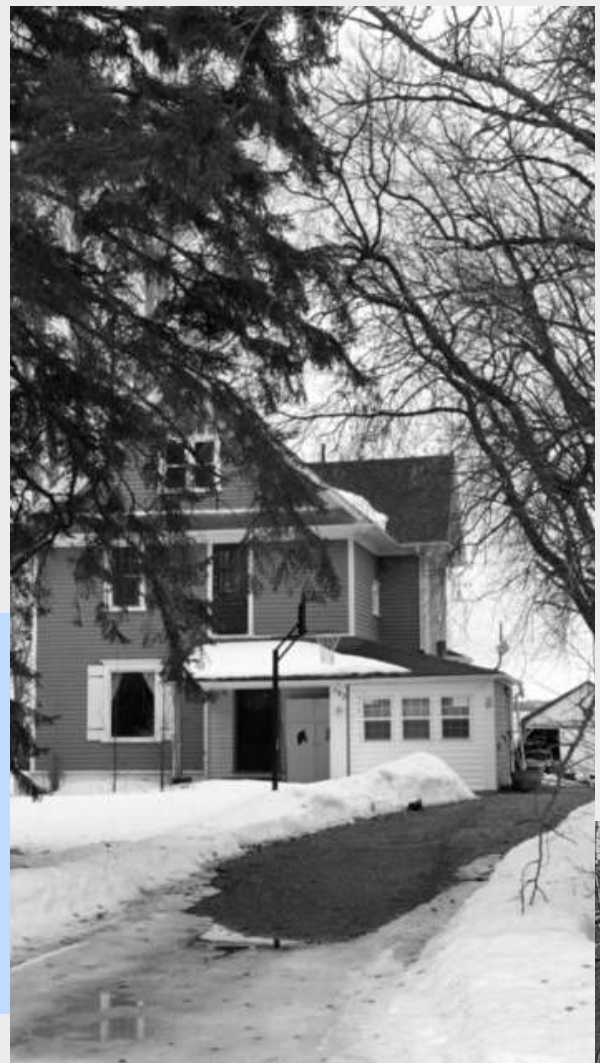
Participant 1

"It's hard, too, because of what we're allowed on EIA. Sometimes it's way more than what we're allowed on for our rent, and then they take all our benefits and then we have nothing."

Participant 4

"Housing prices and shortages are definitely a big issue within the rural aspect of homelessness—and the lack of resources. Here in Neepawa, there [are] little to no places to rent.... There's little to no affordable housing."

Community Ministries Director



Source: Candy Skyhar

"I'd walk in with two grand, three grand. I wouldn't show up with less than a month and a half rent, plus a little bit extra just in case, and they would turn me down because my credit was no good. Yet I'd have the cash."

Participant 2

Quality.

Housing **quality**, along with affordability and availability, was said as problematic by participants in the study.

"It's very difficult for lower income people to find a ... decent place. There's some dirty places for a thousand dollars a month for a one bedroom. You spend two weeks cleaning before you can even move in! No wonder it's still available."

Participant 5

This was mentioned by Participant 5 (see above) and Participant 2, who described issues with mould in the rural residence in which she was staying during cancer treatment. The mould inhibited her ability to heal, and recurrent infections forced her to move into Brandon in order to find another place to live.

Safety.

Safety, both for individuals and their belongings, was also raised as important considerations in the interviews. Participant 1 described having to move to a rural town where family lived in order to feel safe after being violently attacked in her home. Participant 2 was evicted when someone threw a rock through his window where he was renting. Participants 3 and 4 noted a lack of safety in shelters related to drug use and violence, and Participants 2 and 5 described losing their belongings due to incarceration and theft. Participant 5 also had his tools stolen out of the back of his truck. These tools were important for his ability to work as a mechanic.



Source: Candy Skyhar



Source: Candy Skyhar

"The door got kicked in my camper and my stuff stolen, and so I went to the police, made a list of stuff that I could recall, reported it stolen, but nothing has been done about it. I seen my CD player, the nice, expensive one, in the pawn shop the other day. I went to the police.... They weren't gonna do nothing."

Participant 5

"I moved to [hamlet], the middle of nowhere, because I was like, I don't feel safe anywhere.... I felt like nobody could find me.... That was a good thing for me."

Participant 1

Literature Links

Limited opportunities for people experiencing rural homelessness to obtain affordable, available, attractive, and safe housing is a common phenomenon (Cloke et al., 2003; Karabanow et al., 2014; Schiff & Turner, 2014). There are fewer living units and developers providing affordable housing in rural places (Schiff & Turner, 2014). Also, those purchasing secondary homes in rural areas raise prices and make it harder for those experiencing rural homelessness to afford (Schiff et al., 2016; Schiff & Turner, 2014). Relationships can also be a cause of housing instability in rural areas (Christensen, 2012). Some only find housing because it is the least desired, which negatively impacts their quality of life and social connection (Schiff & Turner, 2014), but many are pushed out of rural areas to find housing because of this chronic housing need (Christensen, 2012).

Supports & Services

Knowledge, Availability, & Systems Navigation

Knowledge.

When individuals move to new communities, are released into communities after being incarcerated, or age out of the system when previously in care, they often find themselves without personal networks and in new places where **they are not aware of how to access supports.**

Moving to new locations, regardless of the reasons for such mobility, has the potential to disorient individuals who are no longer surrounded by the people and supports they once knew. This makes it difficult for them to be successful in finding housing or employment or accessing local supports that might be available.

"People don't have the **knowledge** of how to reach out to resources when they come to an urbanized or a rural area. So they don't know how to fill out applications; they don't know where to ask for help or how to ask for help. Whereas if they were in their own community, they would know where the resources were."

Ask Auntie Coordinator

"There's a lot more reliance on other people in a rural community. You have to know one network or you have to know somebody who knows somebody.... I think in a city you kind of know where to go and you can hook up with other resources, whether that's, you know, a shelter to stay in for the night, whether that's a soup kitchen, whether that's, you know, a meal program, clothing, those sorts of things."

Community Ministries Director

"Going through some of the lived experience of homelessness, going through systems of service, I see a lot of the barriers that there [were] for our homeless population and experienced a lot of them as well. Like going into a system, aging out and not knowing where to go, not knowing how to apply for a birth certificate, [and] not knowing how to apply for housing or how to rent a home."

Ask Auntie Coordinator

"If you're coming in from a new community ... this is a new spot for you in a rural town. You don't have the network, and it's easy to find a network, but I think it's harder to ... find another place to live or share with somebody."

Community Ministries Director

Literature Links

Research shows more reasons why accessing services and supports can be difficult. Prerequisites are often hard to obtain for those experiencing homelessness because some services ask for a permanent address (Craft-Rosenberg, 2000) or proper identification and documentation they can't find, which is especially problematic for rural youth experiencing homelessness (Edwards et al., 2009). Also, communities often lack treatment for mental health issues and substance use (Christensen, 2012), meaning that support is not always even available and can cause migration to cities in search of them (Cloke et al., 2007).



Source: Candy Skyhar

Availability.

Participants identified a **lack of availability of basic services** in rural communities such as grocery stores, transportation, and counselling. Finding milk or basic necessities in the evening was impossible for many participants, even if they had transportation or the ability to walk to a store. Moreover, shelters for emergency housing or for victims of violence or abuse were not available in rural communities due to their small size, leaving individuals to seek out their own place to stay in the winter, in volatile situations, or even on a regular or ongoing basis.

"There is nothing in [hamlet]. The store closes. It opens at eight o'clock, closes at noon for lunch, then closes at four. It was a big barrier because I was always home alone because Mom was working twelve-hour days. Dad was always out wherever he was, and I was always home alone ... sick."

Participant 1

Participants in the study also noted a **lack of availability of governmental services** in rural communities. Many governmental offices were not accessible for participants without traveling to another community, which made getting to them difficult. Participant 1 found she fell through the cracks in the system despite a cancer diagnosis and layoff due to the pandemic. Similarly, Participant 3, who was unable to work due to a brain injury, was cut off of disability a little over a year earlier.

Source: Candy Skyhar



"If you're homeless here, there's no shelter. There's not a lot of places, say, especially in the winter to warm. There's nowhere else to go. So if you happen to find that you're out on the street in the middle of winter, there really is nowhere that you're going. You're probably finding a spot somewhere or hopefully ... a friend has taken you in."

Community Ministries Director

Small rural communities are just not equipped to provide the resources that some people need.

Systems Navigation.

Navigation of complex benefit systems was also identified. Filling out applications and understanding what services could be accessed were both difficult and confusing, as were system rules, made evident by one participant who noted that after securing two weeks of work from a friend, he had to repay \$700 in assistance because he “got paid on the 30th rather than on the 1st” (Participant 2).

Participants generally described a lack of coherence between systems, noting that they didn’t work well together or didn’t seem to know what the other systems were doing.

“The system is not set up for people to navigate. It always seems like there’s an extra layer of hoops that you have to jump through.... People just don’t have the ... mental or the emotional capacity to have to deal with another hoop that they have to jump over.”

Community Ministries Director

Literature Links

A study by Gray et al. (2013) shows that people experiencing rural homelessness will move to the city in search of services but despite greater availability, finding services is very difficult and the move has a large, negative impact on their lives. There are many reasons for why services are less available in rural areas: geographic distance, a lack of collaboration between and inefficiency of formal organizations, stigma, and the denial of homelessness in rural areas (Edwards et al., 2009). Unfortunately, a lack of services perpetuates the denial that there are homeless people in rural areas because those experiencing homelessness in rural areas cannot use services that are not available and thus be seen as needing them (Sumner et al., 2005).

"There's a lack of resources when it comes to remote areas.
There's no one there to walk you through systems."

Ask Auntie Coordinator

"Finding people within that system to advocate for them can be very difficult because the system's hard enough for them to deal with. It's hard enough for us sometimes as service providers to understand what the changing brackets are, sometimes of what people are qualified for or what they aren't qualified for, or, you know, why this client gets what they get but this client doesn't. And ... some of those things are really difficult to understand."

Community Ministries Director

"They said I'm entitled to CERB, but when I called it right in front of them and I said, 'This is what it's still saying, it's still saying that I'm connected to EI.' ... I've got the letter stating that I exhausted all my hours and I won't be able to qualify for EI.... I've been denied EIA. I've been denied EI. I've been denied CERB because I'm still an active employee at [redacted]; **nobody can help me is what I've been told.**"

Participant 1

"When you lose your child to CFS and you're trying to get your child back, the system doesn't guide you through that. Like when a mother tries to get her child back, she has to have a job to survive on her own with no children, no other income, just her own income. She needs a home that's big enough for her child. And where is she supposed to get that extra income to have a home big enough for her child? ... You can't get your child back if you don't have enough to pay for a two bedroom or whatever you need for the amount of children you have, and then where you supposed to get the food to survive on top of that?"

Ask Auntie Coordinator

Employment

Options & Challenges

The following were notable barriers in finding employment:

Lack of employment opportunities in local rural contexts led some participants to leave their home communities. Two of the participants even left the province, heading west to access adequate employment.

"All my brain injuries—a lot of people don't wanna hire me because I get too dizzy."

Participant 3

"Mental health is probably one of the biggest contributors to homelessness just because it's a contributor to finding and having a stable income, being able to support yourself. If you're really struggling, you have a really hard time to keep those supports in that network, to keep, you know, a roof over your head, income coming in."

Community Ministries Director

Lack of affordable childcare was raised as an issue by one of the participants who said, "People can't afford to go to work because they can't afford the childcare, so they live in poverty because they can't do anything" (Participant 5).

Individual health

considerations such as a cancer diagnosis, brain injury, substance use disorders, and mental health issues also impacted the employability of all of the participants in one way or another.



COVID-19 exacerbated the situation of one of the participants who was laid off due to the pandemic, making it difficult to find work due to the number of people who were in a similar situation.

Lack of transportation meant many participants did not have the means to get to areas where employment was available.

"I'm trying my hardest because I financially can support myself, and I have no problem working. But nobody wants to hire somebody during COVID."

Participant 1

Literature Links

One cause of chronic housing need in rural areas is limited and unstable employment opportunities (Christensen, 2012), and employment loss is a cause of homelessness (Gray et al., 2013). People experiencing rural homelessness will move to find opportunities such as employment (Christensen, 2012; Gray et al., 2013; Naeem, 2020; Sumner, 2005); however, their mobility towards urban areas (Christensen, 2012; Cloke et al., 2007; Gray et al., 2013; Schiff & Turner, 2014) in search of better opportunities is actually a cause of homelessness itself (Naeem, 2020). Employment training is one recommended support for families experiencing homelessness (Brott et al., 2018).

Sources: welcomia canva and shotbydave by Getty Images Signature



Health Care

Access to Care & Treatment

Access.

While mental and physical health are addressed in another theme, **access to health care** in rural communities was its own systemic barrier. Participant 1, who was diagnosed with cancer, described the toll of driving to Brandon for treatment on an ongoing basis. She also described having to make **financial decisions** about whether to buy medication or groceries in a given month. Moreover, while two of the participants who had moved to Brandon had accessed support from local organizations to secure a family doctor and access health care within the community, those living outside of Brandon did not have such supports.



Source: gerenme from Getty Images Signature

"Where do you get medical help? Do you have a family doctor? Are you able to have a family doctor? ... Is there an actual doctor in the community? Do you have to travel outside of the community for appointments? How are you doing that if you don't have transportation?"

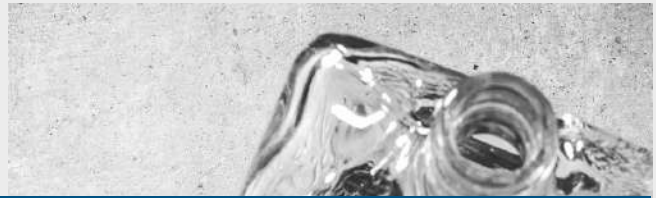
Community Ministries Director

"I knew that it was the mould, like I wasn't getting any better. I kept getting infections. It was a long drive for me. I had to drive myself. It just took its toll. So I figured [I would move to Brandon] just to be closer to doctors ... and like, medical reasons."

Participant 1

Mental Health & Addictions.

Access to treatment for mental health and addictions was also identified as a barrier in rural communities, which is important to mention given the prevalence of these issues for individuals experiencing homelessness. Participant 5's comment that "not every little town has the addiction counsellor, you know," while simply stated, identifies a critical issue in rural contexts. Without local supports available, those with mental health and substance use issues are unlikely to access the help they desperately need.

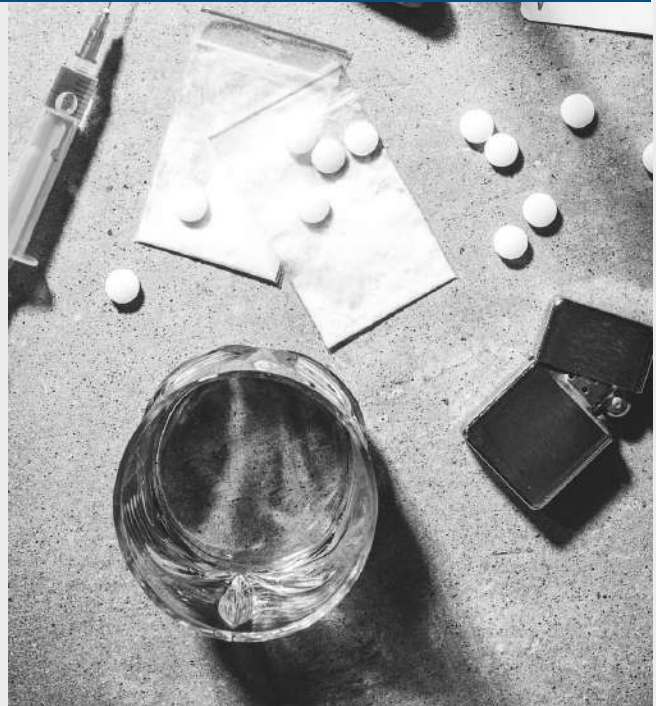


"The ability to get mental health resources in rural communities is very, very limited. In fact, there's a huge waiting list for our community mental health workers here, and their case loads are quite extensive and they take in a large area. And if you are able to get into a larger city or another community to get to those resources, that's another barrier, right? Transportation and the ability to get into another location."

Community Ministries Director

"Your gossip was your killer. I was known as an alcoholic. Hints and ideas that I was selling drugs ... and I was in the paper a couple of times. I was, you know, arrested pretty much passed out in the middle of the road, a couple places."

Participant 2



Source: LeszekCzerwotka Getty Images Pro



Source: Candy Skyhar

Stigma from mental health and addictions in rural contexts was also cited as an issue by participants in the study. Participant 5, who had struggled with grief, loss, substance use, and mental health issues that led to an attempted suicide weeks before his interview said of his experience, “Family gets in the way because family doesn't want people to know that they have somebody that has a mental health problem or an addiction problem. They want to sweep it under the carpet.” While an issue in and of itself, stigma also impacted participants’ access to healthcare, particularly when they were unable or unwilling to seek help because of it.



Source: Andrew MAREK from Getty Images

Literature Links

For Craft-Rosenberg et al. (2000), environmental conditions (body temperature fluctuations, pollutant exposure, dirt, rodents, crowds), malnutrition, alcohol and drug use, and no places for self-care cause and worsen health conditions of people experiencing homelessness. But receiving care is difficult without money, transportation, or permanent address (Craft-Rosenberg et al., 2000). Rural women and children experiencing homelessness are particularly vulnerable to poor health because of their barriers to healthcare (Craft-Rosenberg et al., 2000; Naeem, 2020). Mental and physical health problems are not only a challenge but can cause homelessness too (Gray et al., 2013; Sumner, 2005). “The homeless condition itself is both a health risk factor for illness as well as a result of illness” (Craft-Rosenberg et al., 2000, p. 866).

Education

Failure to complete a high school diploma was common among participants. Teenage pregnancy, issues with ADHD, conflict with administrators, and lack of simulation were cited as reasons participants did not complete a high school education.

"I finished grade eight. I tried grade nine three times—they kept sending me home. They said I was having too much fun.... It's not that I couldn't do it. I found it too easy. I was so bored. My friends had snowmobiles and motorbikes. My parents didn't have that kind of money, and I wanted to have some of them toys."

Participant 5



Source: rattanakun

"I was given an option at Grade 11, either quit drinking, quit school, or I expel you.... I knew the principal well enough that ... either he was going to raz me or just stay on me, and it was not going to end well.... And so I just walked right out of school that day. I just said, 'Yeah, I'm done.'"

Participant 2

Source: Candy Skyhar



"I don't have any schooling.... I was a young parent. I was very, very stupid. I started my kids when I was young, and I had them like boom, boom, boom.... I believe I even tried to just do night—evening classes ... to try and go for my GED. But I can't do that because of COVID."

Participant 1

Literature Links

A major cause and challenge of rural homelessness is limited opportunities for education (Brott et al., 2018; Christensen, 2012; Karabanow et al., 2014; Naeem, 2020). High school graduation can be very helpful to those experiencing rural homelessness and is "linked to consistent employment and higher wages (Day & Newburger, 2002)" (Brott et al., 2018, p. 181). Food insecurity, however, causes not only health and family problems but problems at school, and rural communities are more likely to be food insecure (Shanafelt et al., 2016). Those experiencing rural homelessness also have issues at school because of a lack of transportation, not having time or resources, and prioritizing their basic needs over homework (Edwards et al., 2009).



Source: Candy Skyhar

While one of the participants was able to access post-secondary education at a local community college through funding from her home Indigenous community, she was **unable to complete the post-secondary program** due to addiction and relationship issues she experienced in her life. Similarly, another participant, who was attending community college for accounting, was forced to drop out of school after being arrested on probation violations.

Justice System

Incarceration was prominent in the stories of three of the participants in the study, largely due to theft and violence/assault stemming from substance use. Two participants described poor decisions leading to multiple arrests precipitated by drug and alcohol use. Participant 2 identified some positive aspects of the justice system and incarceration. However, he also identified a lack of supports upon release that might have made a difference from him if handled differently.

People [come] out of incarceration and not [know] where the resources are.... They leave the homeless population, they get incarcerated, they come out. And what do they know? They know homelessness. That's what they know. They don't know how to get on their feet.

Ask Auntie Coordinator

"Nobody ever told me that if I were to contact assistance when I left jail, they would pay for my first month's rent automatically.... I only found this out maybe four years ago.... I wouldn't get assistance. I would just either go to my parents' place and be like, 'I'll never do that again.' ... And I'd stay there for a week and go off on a bender. Back to the circle I would go."

Participant 2

Literature Links

Nearly all participants, urban and rural, in a study by Muentner et al. (2019) left incarceration but ended up back in the system; there are other studies that link incarceration to rural homelessness (see also Brott et al., 2018; Gray et al., 2013). Moreover, people experiencing rural homelessness are often forced to move to urban areas to access the criminal justice system, correctional facilities, and other resources (Christensen, 2012).



PERSONAL FACTORS AND CHALLENGES

We recognize that even though these personal factors and challenges are experienced individually, they are strongly tied to and often a result of the systemic barriers outlined in the previous section.

Financial Issues

Individual **financial issues** were a challenge for many of the participants in the study. Participant 2 noted that personal debt was a challenge for him, always owing on a credit card or having old bills that inhibited his ability to move forward with getting a place to live. He also described getting a license as a challenge, noting that he would have to pay \$5000 or \$7400 for it. Having a poor credit rating was also cited as an issue for at least one of the participants, particularly in relation to being able to rent an apartment.

Literature Links

Financial issues are pervasive for those experiencing rural homelessness. The Transitions Committee (2003) in rural Ontario found that 74% of respondents cited financial issues as the reason they could not obtain and maintain housing (as cited in Skott-Myhre et al., 2008). In a study by Craft-Rosenberg et al. (2000), all of the participants faced adverse life events such as financial crisis. One strategy for becoming more self-sufficient is having some finances before living in transitional housing (Brott et al., 2018).



Source: pixelshot

"I was always able to work. I've always welded, I've built houses, I pumped gas, worked at a restaurant. But [I] can never maintain the ability to have a place.... In the midst of working and whatnot, I'd have money, but either I was trying to pay for my past or I was trying to get somewhere."

Participant 2

Trauma, Abuse, & Violence

Impacts & Visibility.

The trauma, abuse, and violence experienced by participants in the study impacted them profoundly. In many cases, it was the reason participants **moved to new locations**—as was the case for Participant 1, who was both sent to her father's after being **sexually abused** and who fled her location due to the **traumatic experience** of being held at knifepoint. According to the Community Ministries Director interviewed, however, such mobility potentially makes violence **less visible** in rural communities.

"If you are fleeing a situation in a rural community, your perpetrator probably knows where you are. And so most people leave the community.... You probably don't see it as much because they've already gone."


Community Ministries Director

Child Apprehension.

Two of the participants in the study were affected by **child apprehension**. Participant 2 was adopted as a baby, later meeting his birth mother, who struggled with mental health issues (bipolar disorder). Similarly, Participant 4 became a permanent ward of Child and Family Services at a young age, as did her own children when they were two or three.



Source: frannyanne from Getty Images



"If there [are] people who are facing violence within the community, I think it's really difficult because ... there's the **lack of resources.**"

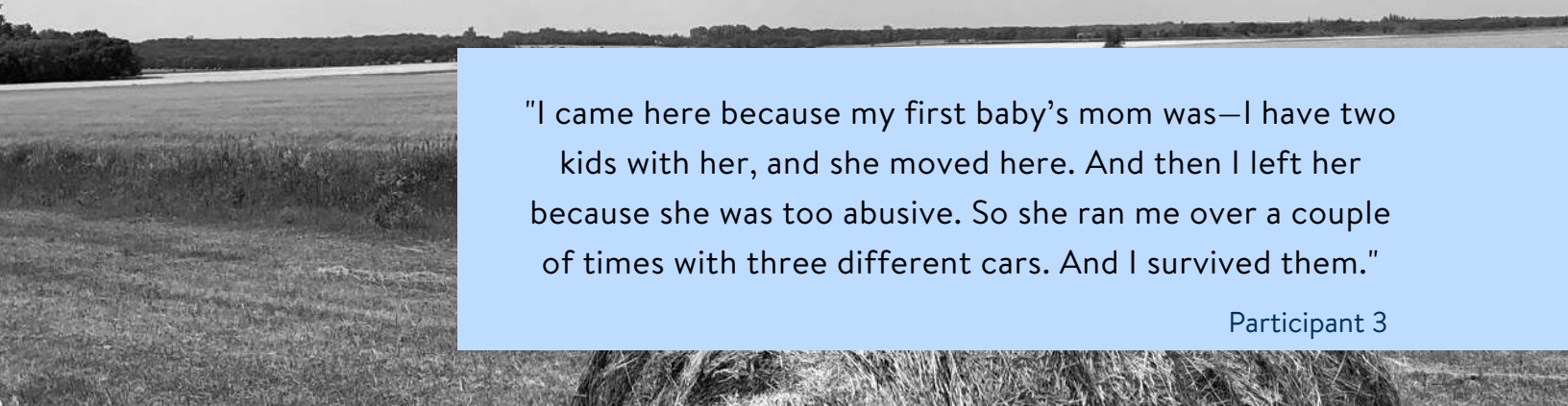
Community Ministries Director

"I left the kid's father, so I was a single mom for a couple of years until I met my other ex, and we were very, very violent towards each other.... It was really, really toxic. I found out that he was trying to bother my daughter about seven years ago, so I left him."

Participant 1

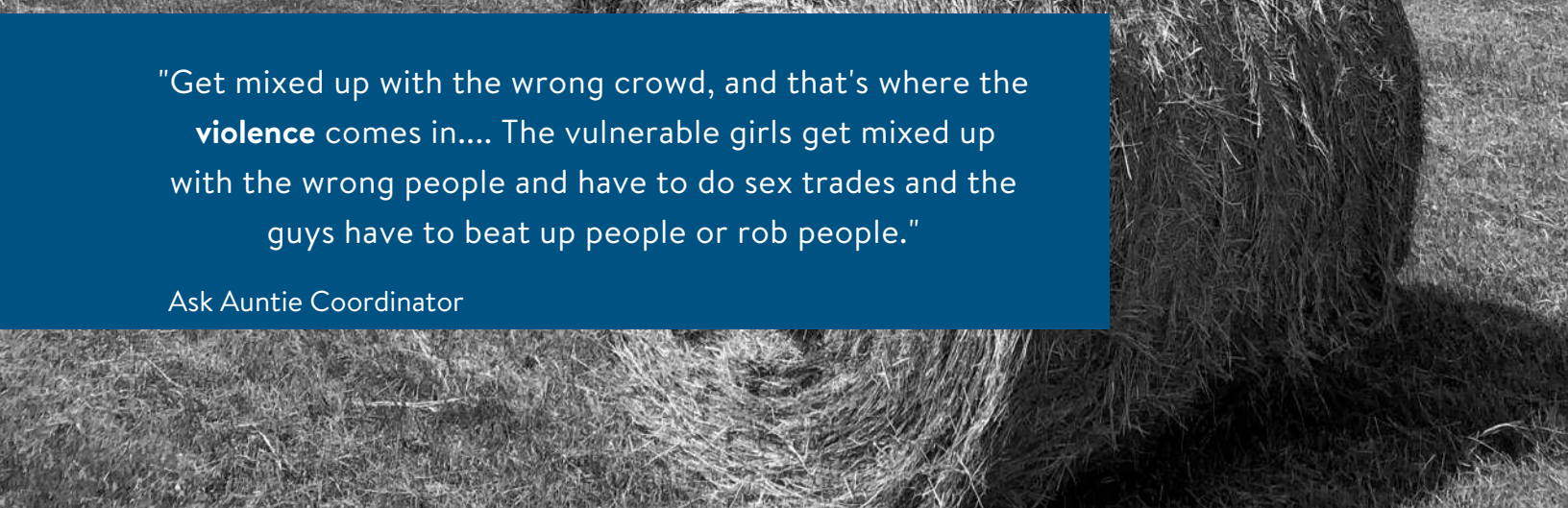
"I think sometimes we forget that there's **a lot of trauma** and a lot of other things that people are dealing with that create obstacles and barriers for them to navigate the system."

Community Ministries Director



"I came here because my first baby's mom was—I have two kids with her, and she moved here. And then I left her because she was too abusive. So she ran me over a couple of times with three different cars. And I survived them."

Participant 3



"Get mixed up with the wrong crowd, and that's where the **violence** comes in.... The vulnerable girls get mixed up with the wrong people and have to do sex trades and the guys have to beat up people or rob people."

Ask Auntie Coordinator

Intergenerational Trauma & Abuse.

Intergenerational trauma and abuse were not limited to the child welfare system. Participant 1 experienced **sexual abuse**, which she described in the left quotation.

"I was a victim of my mother's family. I was sexual abused from my mother's family. At the same time I was getting abused, I found out that my mom was being abused by her three uncles. So I was shipped to my father."

Participant 1

Later in the interview, she described extreme abuse at the hands of intimate partners, the sexual abuse of her daughter by one of her partners, and being in a **violent situation** in which she was held at knifepoint in front of her children. Participant 3 described an extremely violent relationship with an ex partner in addition to violence he had been involved in as a result of his substance use issues. Finally, Participant 5 described **public abuse** he encountered recently while experiencing homelessness:

"Me, I have a lot of background in business.... I know stuff by walking the street with my friends here. [Struggling to compose himself.] A young guy yells out the window of his truck, 'You fucking bums, get out of the fucking way!' Driving a fancy new truck, hasn't been through life [laughs]."

Participant 5

Literature Links

Violence and conflict are a cause and challenge of rural homelessness (Brott et al., 2018; Gray et al., 2013; Griggs, 2016; Schiff et al., 2016; Scott-Myhre et al., 2008; Sumner, 2005), along with child trauma (Baker Collins, 2013) and abuse of women (Naeem, 2020). In unsafe housing, people experiencing rural homelessness are more at risk to physical and sexual violence (Naeem, 2020), and when relying on family for support, domestic conflict is more likely to arise (Craft-Rosenberg et al., 2000). Youth in the system are traumatized, having a hard time trusting adults, so trauma-informed care is necessary (Aykanian, 2018). Stories of abuse and resulting trauma are common in rural women experiencing homelessness (Schmidt et al., 2015). We need treatment of trauma as part of long-term support for those experiencing rural homelessness (Baker Collins, 2013).

Grief & Loss

Most of the participants in the study experienced grief, having lost someone close to them. Participant 1 lost children, and Participant 2 lost his grandma, a big part of his life, at the critical age of 13. Participant 5 lost his partner of many years, who he cared for due to her ailing mental and physical health. This experience sent him into a downward spiral into homelessness.

"And so then [my partner] passed. I kept saying that I can do this, you know? ... You know I had my shop, my office [to] take care [of], you know, make sure everybody gets going. Then one day I just walked away from everything. I sat in my bedroom for four and half years. I just didn't care. I didn't go anywhere; I didn't do anything."

Participant 5

Source: drippycat from pixabay

"I had my daughter when I was 16. I had a really rough life. When mom said I was learning the hard way, I learnt the hard way. I had four kids. The last [were] twins. I ended up losing my twin boy in ... 2007. I lost one of my twin boys at the age of three."

Participant 1

"Grief and addiction are major reasons why people are homeless because they don't know where to reach out for resources—for like, psychiatrists, counsellors—the resources that they would normally have in a family setting or if they were ... at home."

Ask Auntie Coordinator

In addition to grief, participants also mourned the loss of many other people and things in their lives, including children apprehended by Child and Family Services, belongings lost to theft and incarceration, and opportunities for education lost due to substance use and decisions made.



Source: siriwannapatphotos

Literature Links

Unresolved grief is common in the stories of women experiencing rural homelessness, often leading to mental health problems and addiction (Schmidt et al., 2015). The factors that create homelessness and its challenges often trigger other challenges (Craft-Rosenberg et al., 2000). All participants in Craft-Rosenberg et al. (2000) faced adverse life events such as losing a loved one, and losing a family member also led to abusing substances. Other loss, such as the loss of employment, is too a cause and challenge of rural homelessness (Gray et al., 2013).

"I never really experienced homelessness 'til I met him.... I quit drinking for the time that I was at school, and then I met him.... Then I started drinking heavily. Then I dropped out of school. I didn't go back, and that's when things started falling apart. I lost all my homes. I lost three homes already. One, my apartment, because the cops kept coming there because of intoxication.... Our second apartment we lost together because, you know, people come there. And our third apartment we lost because we let too [many] people come there again, and they were causing disturbances there."

Participant 4

Caregiving

Several participants described situations in which family members or partners required care. In addition to having children very young (16) and being a single mother of three children, Participant 1 had a father with a prosthesis and no driver's license, a mother struggling with multiple sclerosis, and a stepfather struggling with substance use.

"My mom wasn't doing very good. She has really bad MS. She can't even hold the fork or spoon.... So I had moved to [hamlet]."

Participant 1

Participant 5, who also had children in a marriage at a young age (17), spent much of his later life caring for a partner with bipolar disorder. This was both difficult at the time and extremely traumatic when she passed away and his caregiving was no longer necessary.

Participant 2 sometimes stayed with his mother, who had bipolar disorder, as well as a new baby, partner, and his partner's children. Participant 3 had children as well, and Participant 4 spent much of her time caring for Participant 3 due to his seizures and traumatic brain injury (and cared for the two children she lost at a young age and one she no longer lived with).

"She suffered from bipolar. So over 60 years, it wasn't always easy. People said just to leave her. I said, 'I can't do it.' I told her mother I'd take care of her, so I did the best I could."

Participant 5

Literature Links

Those depending on care are more at risk for homelessness, such as those with physical and mental disabilities and the elderly (Sumner, 2005). Also, people experiencing rural homelessness who are raising children face greater anxiety and guilt through their dependence on supports (Brott et al., 2018) as well as stress in finding places for children to play (Craft-Rosenberg et al., 2000). It is also important that caregivers participated in their own substance use programs for the well-being of those they care for (Edwards et al., 2009).

Health

Physical/Mental Health & Substance Use

Physical Health.

Physical health was a significant challenge for two of the participants in the study. Participant 1 described an ongoing battle with cancer:

"I found out last year ... I had cancer. I had cervical cancer. So I had three surgeries this past year.... The cancer [is] still there. But I've been avoiding them because I just can't afford to be off work."

Participant 1

For her, health concerns were trumped by her need to work in order to survive. In her interview, she described her doctors being frustrated with her failure to follow through with another surgery, her difficulties finding work she could physically do as she was unable to lift over 50 pounds of weight, her struggles affording medication, and the immense toll cancer had taken on both her physical and mental health. In the interview she said the following of treatment:

Source: Eric Kitayama from Getty Images



"It sucks the life right out of you. And of course you can't go anywhere, and you're depressed, and nobody understands it.... They think that you should just get up every day and have that smile on your face. I'm sorry. [Crying.]"

Participant 1

Participant 3, in addition to seizures potentially linked to his substance use, had a traumatic brain injury and Hepatitis C, which he said was from either obtaining tattoos in prison or sharing needles for drug use with a former partner. He described how the brain injury made him dizzy and unable to work in stucco application as he could not safely be on scaffolding. Participant 3 noted doctors said his brain shrunk 1 mm on his last scan, a concern for him and his partner.

"I collapsed, I don't know, last week or something.... The ambulance had to ... give me CPR."

Participant 3

Literature Links

Both mental and physical health problems are a cause and challenge of homelessness (Gray et al., 2013, Sumner, 2005). In Naeem (2020), half of interviewees had physical health problems, and in Christensen (2012), the majority had mental health problems. The latter study also showed some are exiled from their family homes due to ableism, and community-based treatment for mental health and addiction is a huge service gap.

Mental Health.

Mental health concerns were in the stories of all participants. Participant 1 struggled with depression due to past traumas, abuse, the loss of a child, her experiences as a single mom, and her struggles with cancer. Participant 2 described past trauma, loss, and struggles with an ADHD diagnosis that was poorly treated by professionals.

Perhaps the clearest description of the effects of mental health on homelessness and mobility, however, came from Participant 5 who, after the loss of his partner, experienced extreme depression, leading to substance use, employment

"You phone for an appointment. They book you, and they pretend they're there to help you.... I went to one counsellor ... and it's a lady from another country that doesn't understand our way of life. You know, our upbringing, our religion, it's all different.... She's trying to tell me how I have to do things with my life when she's young to start with and she has no concept of my life understanding, you know? What I've been through."

Participant 5

loss, and eventually loss of a beautiful home. When he tried to get help for his depression, he encountered difficulties with available supports. After putting his life back together, selling his home, recovering from his alcohol addiction, and moving to Brandon, Participant 5 continued to struggle with his mental health. He was pushed to his limit not long before the interview and attempted to commit suicide, as he described in the following excerpt:

"The psychiatric hospital ... I was put there by the police because I tried to commit suicide. I had bought a car here ... the pulley seized up and it blew the belt off ... so it quit running, and I'm trying to get people to try to get some help for a boost. I went to three businesses. Nobody had time. It was Saturday morning, they were open, and so I walked back to the vehicle. Because of all the issues, the vehicle's a minor, minor deal, but that was it for me. I knew I had a Jerry can in the back of the car with gas in it, so I opened the trunk and I set it on fire and I got in the car and closed my eyes. Smoke inhalation is painless, but somebody took me out of the car. So they put me in the hospital."

Participant 5

Participant 5 openly described his struggles with mental health through tears. He found it difficult to ask for help due to his small-town upbringing and his family's aversion to acknowledging the existence of mental health issues within. Oscillating between pain, loss, and gratitude for the compassion and care he witnessed in his life, Participant 5 shared his experience and truth about mental health and its devastating impact on those experiencing homelessness and mobility.

The support was out there.... But ... I've always been a very private person. You know, our upbringing. So we do things on our own. We don't need help.

Participant 5

"I was in a real bad depression, and I, I still feel today that I don't need to talk to my side of the family because I come from a really, really screwed up family."

Participant 1

"I fought it all my life. I really did. I got diagnosed with ADHD, but I never allowed that to define me."

Participant 2

"It could be a lack of mental health workers in the community. Or [with] counsellors ... it's a real trust issue as well.... A lot of people don't know who to trust. Or they can't trust. And that comes from childhood trauma or something they will experience in their past where they can't trust."

Ask Auntie Coordinator

Substance Use.

Substance use disorder was identified as an issue by all of the participants in the study. For three, alcohol was the primary or only substance used. For Participant 2 and 3, however, use of other illicit drugs such as cocaine and methamphetamine were described. Participants 1, 2, and 5 described achieving sobriety/recovery in their interviews: Participant 2 said, "We sobered up in 2019 ... October ... quit meth after a 20 year on and off addiction." Having a son turning a year old at the time of the interview was a major driver for Participant 2 in terms of recovering, despite struggling with various substances since he was a teenager. For Participant 3, however, substance use continued somewhat out of necessity.

Source: KML from Pexels



"Well obviously, he's dependent on it. Because [the doctor] said if he abruptly stops drinking, it could kill him—the withdrawals. So he always has to have beer every day, I'm always worried he's going to collapse.... After more frequent trips to emergency, the doctor said, '[Participant 3], it's your drinking that's contributing to all these seizures.' Like when he doesn't drink he obviously, he has no seizures. But every day I have to worry he was on the floor from a seizure.... So that's what I always have to worry about every day. That's frustrating sometimes."

Participant 4

Triggers for substance use and enabling behaviours also surfaced in the study both from participants and from community representatives. Participant 4, who lived in a more urban environment at the time, noted, "Our triggers are downtown.... I'm always trying to keep away from downtown." Similarly, the Community Ministries Director interviewed noted that it might actually be harder to avoid substance use triggers in rural settings due to the importance of support networks in small communities.

Our drinking takes every

"Sometimes in a smaller community it's harder to get out of the contributing factors that happen for addiction too because your network is probably helping you feed that addiction. And so if you take your network away, how do you survive?"

Community Ministries Director

"Some days I wouldn't eat, some days I [had a] snack before I went to bed, with mostly just drinking beer. 12, 15 beers a day, a pack of cigarettes."

Participant 5

The impact of ongoing substance use was evident in the stories of all of the participants as they described losing their jobs from not showing up for work or showing up under the influence, losing apartments from their own actions or the actions of others under the influence of drugs or alcohol, and/or experiencing severe health consequences from sustained use.

Source: monticello



Literature Links

Substance use disorder (Baker Collins, 2013; Brott et al., 2018; Christensen, 2012; Gray et al., 2013; Schiff et al., 2016; Sumner, 2005) is known as a cause, challenge, and consequence of rural homelessness. These habits can cause loss of income and housing as well as movement to search for greater substance availability or treatment programs (Christensen, 2012). Substance use disorder also carries intergenerational impacts; as a result, it is important to treat substance use with an intergenerational approach (Edwards et al., 2009).

thing away from us.

Participant 3

"Our second place we lost because we let people come sleep there all the time and allowed them drinking, and the third place, same thing. So yeah, mostly all the drinking always leads to trouble. And this place, you can't let nobody be in there because you get evicted right away. So I have to be firm with everybody, our friends down here, because they want to come.... It's like, they can't come in there, I don't want to be evicted."

Participant 4

RECOMMENDATIONS

The following section is important to not only provide concrete areas for institutions and people to address rural homelessness but to also raise awareness of homelessness in rural areas. The recommendations were provided by participants who experienced homelessness and mobility challenges, community representatives working with such individuals, and the researchers in this study. Of these, the most successful strategies involve community-specific initiatives and buy-in.

For Housing & Homelessness Organizations.

- Extend services to rural communities including housing initiatives, food programs, and donation programs (e.g., beds, furniture, clothing)
- Build more affordable housing options in rural communities
- Provide safe warming spaces in rural communities
- Provide storage spaces in rural communities where individuals can safely store personal belongings

For Child Welfare Organizations.

- Provide more supports for children aging out of care through Child and Family Services
- Provide supports for parents seeking to regain custody of their children

RECOMMENDATIONS

For System Supports & Benefits.

- Index employment and income assistance (EIA) and minimum wage to allow individuals to afford a place to live
- Provide supports to single mothers transitioning to empty nesters
- Provide more affordable, high-quality childcare
- Create more jobs in rural communities through government grants, initiatives, and capital projects
- Create systems within siloed benefit programs that work across programs to be more client focused and to support client navigation

For Health Care.

- Provide free medications for low-income earners
- Provide more accessible supports for mental health and addictions counselling in rural communities
- Reduce stigma around mental health and addictions through community education and by creating health centres in which people have more privacy when accessing mental health and addictions supports
- Create more responsive supports for those experiencing trauma and abuse in rural settings

For Education.

- Examine ways to increase high school graduation rates
- Provide more robust and compassionate care for students at risk due to mental health, addictions, trauma, and abuse
- Provide more opportunities for individuals to access high school diplomas and post-secondary education as adults
- Support educational practices that minimize discrimination based on race, sexual orientation, socio-economic status, and so forth

RECOMMENDATIONS

For Justice.

- Work with other organizations (education, health care, local organizations, etc.) to support individuals experiencing homelessness and mobility
- Improve the transition out of incarceration for individuals, including helping them access supports such as housing and government benefits prior to leaving

For Municipalities and Local Businesses/Organizations/Non-profits.

- Develop local donation and volunteer programs to increase resources available
- Work together to develop responsive, needs-based, relational models in rural areas that include
 - support for managing finances
 - support with individual needs such as getting identification and filling out paperwork
 - support with navigation of government benefit systems
 - support with finding appropriate healthcare (including mental health and addictions counselling)
 - support with finding local housing
 - support in accessing food, medication, and other necessities
 - transportation support

For You.

- Educate yourself about the effects of individual factors such as trauma, mental health, abuse, addictions, and violence on individuals
- Become aware of issues that exist in your community but that may be less visible
- Support local initiatives to address complex issues in the community

CONCLUSION

The participants' stories provide insight into the systemic barriers and personal factors and challenges faced by people experiencing rural homelessness. On a systemic level, we found that rural homelessness is invisible; housing is unavailable, expensive, poor, and unsafe; services and supports are difficult to access, find, and navigate; and there are many challenges to obtaining and maintaining employment, accessing and completing education, exiting the justice system, and being able to access treatment for mental health and addictions. On an individual level, we found that many face financial issues; trauma, abuse, and violence; grief and loss; a caregiving burden; and individual physical and mental health problems. Recommendations for responding to these findings were provided for a variety of organizations and for the community.

Future Research

More research is needed in several areas related to rural homelessness and mobility:

- how organizations can better work together to address rural homelessness locally
- how issues related to rural homelessness vary depending on size and scale of communities
- what can be learned through interviewing a broader scope and range of participants from more communities and unique contexts
- how our recommendations might be implemented in local contexts

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APPENDICES

A. Participant Journeys: Trajectories & Mobility

Participants encountered potholes and roadblocks on their routes to homelessness. The following paragraphs provide an overview of the trajectories and mobility of our participants and the causal factors and issues they encountered that increased the risk of and resulted in homelessness.

Participant 1.

Participant 1's father left the family when Participant 1 was 19 months old. She was sexually abused by her mother's family and sent to live with her father when she was 13 years old. At 16, she had her first child. She had three more children, including a set of twins, one who died at the age of three. She and her partner had an abusive and violent relationship that ended when she found out that he was abusing her daughter. She moved out of the house at that time. After an incidence of violence in her new home, she moved to a hamlet to live with her mother and stepfather. Participant 1 reported having issues with addictions in her life. She was diagnosed with cancer in 2020 and had surgery, but healing was delayed due to mould in her mother's house. She also had issues with transportation and finances and moved to the city primarily for cancer treatment. Her housing was unstable at the time of the interview, and she had not been able to secure an income or have the recommended cancer treatments or surgeries. She shared that she was on the verge of bankruptcy.

Participant 2.

Participant 2 was adopted as a baby and lived in a town as a child. He had ADHD and trouble in school. He started drinking at 12 years old. His grandmother, who he was close to, passed away when he was 13, and this caused a rift between him and his parents. He was prescribed medication for his ADHD when he was 13 or 14 but did not like the way it made him feel. He was labelled an alcoholic at age 16 and dropped out of school in Grade 11 due to drinking. He had conflict with the principal, and once he was no longer in school, his parents kicked him out of their house. Participant 2 found his biological mother when he was age 18 or 19. She had manic depression. He would occasionally stay at her house and provide her with cigarettes and beer. He dealt with addiction on and off for 20 years but "sobered up" in 2019, just before the pandemic started. He reported having jobs (e.g., building grain bins and construction work) that paid well and kept him on the road. He felt it made more sense to couch surf than rent an apartment when he seldom would live in it. He had at least two periods of incarceration and experienced homelessness. He, his partner, and their child were living in a rental home in a rural area when he was interviewed.

Participant 3.

Participant 3 grew up in Winnipeg, Manitoba and described himself as “a gangster” as he was a fighter, would steal things, and sold drugs to get by. He worked as a sub-contractor and owned his own business but quit due to a brain injury. He moved to a First Nations community with his “baby momma” whom he had two children with. His partner was abusive, so he ended the relationship. He discussed his addiction and shared he had been in a non-residential addiction program but is still using. He and his current partner have lost three apartments, which they attributed to drinking and partying (by them or their friends who stayed with them). He had been incarcerated in the past. He was not receiving disability benefits due to alcohol use. Participants 3 and 4 were interviewed as a couple.

Participant 4.

Participant 4 lived in a First Nations community until she was apprehended by Child and Family Services (CFS) at two years old and made a permanent ward. She described having a good life with her foster family but got in trouble in her youth and spent time in a youth centre. At 18 years old, she moved in with her biological mother. She had two children, the first when she was 19 years old. Both were apprehended by CFS when they were toddlers. She described her son “good” as he attends Bible school and does not do drugs and her daughter “bad” as she had addiction issues. She was sponsored by her Band to attend the local college but did not complete the program due to drinking. She lived with her mother and aunt in the past and never had housing issues until she and Participant 3 became a couple. She stated they lost their three previous apartments due to disruption and violence from intoxicated people at their home. Police were also called to respond at times, which was not acceptable. Participant 3 and 4 accessed the local shelter at times but found it limiting due to the hours of operation. Participant 3 was pleased with their current living situation and stated they were limiting contact with others who may drink and cause disturbances. This made her feel bad as she wanted to help others, but she was not willing to risk their housing.



Source: Candy Skyhar

Participant 5.

Participant 5 was born in a small town but moved with his family to a larger town to spend his teenage years. He passed Grade 8, and although he tried Grade 9 three times, he was “having too much fun” and quit school to work. He describes a successful, varied, and financially lucrative career and worked as an automotive mechanic, shop foreman, and property service manager. He described frequent job changes: “I get restless.” He divorced the mother of his three children after nine years of marriage. He and his girlfriend moved to a larger city in another province and enjoyed a good life there for about 20 years until her death several years ago. Shortly after she died, he “walked away from everything.” He left his job and stayed in his bedroom for 4.5 years, smoking cigarettes and drinking 12 to 15 beers per day. In addition to his addiction, he experienced anxiety, depression, and physical health problems. He was able to make ends meet by accessing his savings, taking in a roommate, and selling some of his assets. He returned to Manitoba and was homeless. The rooming house he planned to stay in was not available upon arrival, and the cost of housing was prohibitive, so he used the remainder of his savings to pay for a hotel room. He tried to commit suicide and was admitted to a hospital and psychiatric unit following the attempt. He was estranged from his family and stated that his family would not accept the truth but would prefer to hide the “problem” (referring to himself) due to stigma. When Participant 5 was interviewed, he was sober and living in a one-bedroom apartment.

B. Supports Accessed

The participants mentioned many different supports accessed, both formal and informal. They particularly emphasized the value they placed on non-judgmental approaches and those with staff who went out of their typical mandates to provide help. For example, one participant mentioned how much he appreciated a staff member at 7th Street Access Centre who helped him with online banking. On the opposite side, participants described their frustrations with systems whose mandates were inflexible and highly bureaucratic. As one said, “They give you a phone number, phone here, phone there” (Participant 5). Participants also mentioned particular strategies they used to get by. We detail each of these below, followed by a focus on only those accessed while living in rural areas.

Formal Supports.

7th Street Access Centre
Addictions Foundation Manitoba and Non-residential Treatment Program
Brandon Friendship Centre / Massey Manor
Homeless units
Brandon Neighbourhood Renewal Corporation

Centre for Adult Psychiatry
Child and Family Services
CMHA Emergency Housing Unit
Counselling
Creating a Future
Education sponsorship

Family First
 Governmental supports (EI, EIA, welfare, CERB, sick benefits)
 Healthcare system supports (family doctor, emergency room, hospital, ambulance)
 Juvenile housing
 Police

Probation officer
 RAAM Clinic (Rapid Access to Addictions Medicine)
 Rent Assist
 Samaritan House
 Shelter
 Systems navigator

Informal Supports.

Couples counselling
 Family and friends (e.g., for rides, a short-term place to stay, help navigating unfamiliar places, food, short-term employment, financial assistance, electricity)
 Food banks and hampers
 Vouchers for local businesses, second-hand stores, or partnerships (like BNRC and Sleep Country providing mattresses)

Strategies to Get By.

Avoiding triggers (e.g., staying away from friends who drink)
 Being social with the authorities
 Furthering education
 Getting a job to provide basic needs or working in exchange for food
 Incarceration or institutionalization (“three meals a day, the bed, the roof ... there is a big draw to it,” said Participant 2)
 Living in a park and accessing electricity from elsewhere
 Money-making initiatives
 Moving to a rural community with available housing, renting through private deals, using rent assistance, and looking for income-based rentals or low-income housing

Persistence (“I kept calling that number.... I kept calling, being persistent ... and finally she had a unit for us,” said Participant 4)
 Seeking charity and/or approaching church members
 Sharing rent and other bills
 Sleeping outside
 Staying in a camper
 Staying in a motel or couch surfing in exchange for resources (e.g., beer, groceries, cigarettes)
 Staying invisible
 Using warming locations (e.g., banks, bus shelters)



Source: ideabug from Getty Images Signature

Rural Supports Accessed.

When discussing their experiences in rural places, our participants noted the lack of available services. For example, one participant said, “The smaller communities don’t have the offices [food banks, shelters]” and another said, “not every town has the addiction counsellor, you know?” However, there were some services that participants were able to access while living rurally. These included

Alcoholics Anonymous (offered but not taken up)

Band support for education

Christmas hampers

Creating a future employment program

Family First

Food bank

Online counselling (did not work well)

Part-time course, Assiniboine Community College

C. Interview Questions

The following are the questions asked to those who have experienced rural homelessness (Participants 1–5) and representatives of the community (6–7).

Participants 1–5.

1. Can you tell me/us a little bit about you?
2. How did you see the poster invitation? How is it that you came to be involved with [organization such as food bank, religious group or shelter]?
3. Can you describe a bit about how housing has become a challenge for you? What challenges have you faced?
4. What supports and services have you accessed in [community] (now or in the past)? Are there other supports nearby? Can you tell me/us a bit about what those supports and services do for you and what they mean to you?
5. What supports and services do you wish you had access to in [community]? What is missing?



6. Have you always lived in [community], or did you come from somewhere else? If you came from somewhere else, why did you come to [community]? Where else have you lived?
7. Can you describe what it is like dealing with housing in a rural community? What is different in a rural context than in other more urban contexts?
8. We have been noticing that interviewees have exhibited a lot of resilience. They have developed creative strategies for finding housing and dealing with systemic issues. Can you describe any other examples of resilience or strategies that you may have used to overcome barriers you have experienced?
9. Is there anything else you would like to tell me/us about your experiences?
10. What would you like other people to know about the challenges you face? What do you think would be important to share about your experiences?

Participants 6–7.

1. Can you tell me/us a little bit about your role with [organization]?
2. We are interested in learning about [community]? What can you tell us about
 - The size of the community
 - The amenities within the community
 - Resources available to community members related to food, shelter, government support, and so forth. What organizations within the community provide these resources?
3. What attitudes and beliefs do you feel exist within the community about those facing homelessness and mobility?
4. What supports, services, or resources do you feel are missing in the community? Do you have any ideas about improving these locally?
5. What are some of the roots or contributing factors that affect people in relation to housing and mobility in Rural Manitoba? For example, mental health, addictions, and so forth.
6. What movement or mobility patterns do you notice in Manitoba?
7. In what ways is rural homelessness different than urban homelessness? What are the biggest challenges in rural communities?
8. Can you speak a bit about the ways that each of the following intersect with homelessness and mobility for people you work with:
 - Mental health, grief, addiction
 - Physical health, violence, trauma
 - Systemic barriers—funding, stigma, paperwork, justice system, CFS, education, healthcare system, and so forth.
9. What else would you like us to know about your experiences related to rural homelessness and mobility? Or what would you like others to know?



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