QUALITATIVE RESEARCH

Rural homelessness: how the structural and social context of small-town living influences the experience of homelessness

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Abstract

Objectives Homelessness is increasingly recognized as a crisis beyond Canada's largest cities where it is most visible, yet little is known about the experience and outcomes associated with rural homelessness. The aims of this study were to explore the experience of housing insecurity and its impact on the health of rural residents, identify the various factors contributing to homelessness in a rural Ontario context, and give voice to people with lived experience about their needs, challenges, and potential solutions to the housing crisis.

Methods This exploratory qualitative study used interpretive description and a critical theory lens. Interviews were conducted with people who were currently experiencing homelessness and key informants in a rural community experiencing a housing crisis. Data collection took place between August 2020 and May 2021. Analysis was inductive and concurrent.

Results Findings from interviews with 27 participants (16 with lived experience and 11 key informants) revealed how the structural and social context contributed to rural homelessness. Barriers to securing rental housing in a tight market were influenced by small-town dynamics and discrimination. These experiences led to feelings of hopelessness, which combined with daily stressors of managing unsuitable living conditions to contribute to deteriorating physical and mental health. Opportunities for tailoring interventions to the rural context include increasing awareness, expanding transportation, improving access to local services, and applying Housing First principles.

Conclusion Interventions to prevent and manage homelessness must be tailored to the unique rural context.

Résumé

Objectifs Le sans-abrisme est de plus en plus reconnu comme une crise qui sévit aussi hors des plus grandes villes du Canada, où il est le plus visible, mais on en sait peu sur l'expérience et les résultats cliniques associés au sans-abrisme rural. Notre étude visait à explorer l'expérience de l'insécurité du logement et ses effets sur la santé des résidents ruraux, à cerner les divers facteurs contribuant au sans-abrisme en milieu rural en Ontario et à permettre à des personnes ayant une expérience vécue d'exprimer leurs besoins, leurs difficultés et des solutions possibles à la crise du logement.

Méthode Cette étude qualitative exploratoire a fait appel à la description interprétative et au prisme de la théorie critique. Des entretiens ont été menés avec des gens actuellement sans abri et avec des informateurs et des informatrices dans une communauté rurale aux prises avec une crise du logement. La collecte des données s'est déroulée entre août 2020 et mai 2021. Leur analyse a été inductive et concurrente.

Résultats Les constatations des entretiens avec 27 participants (16 ayant une expérience vécue et 11 informateurs et informatrices) ont révélé que le contexte structurel et social contribue au sans-abrisme rural. Les obstacles à l'obtention de logements locatifs dans un marché étroit étaient influencés par la dynamique d'une petite ville et par la discrimination. Ces expériences ont mené à des sentiments de désespoir qui, combinées au stress quotidien de conditions de vie inadaptées, ont contribué à la détérioration de la santé physique et mentale. Pour adapter les interventions au contexte rural, on peut faire de la sensibilisation, développer les transports, améliorer l'accès aux services locaux et appliquer les principes de Logement d'abord.

Conclusion Les interventions pour prévenir et gérer le sans-abrisme doivent être adaptées aux particularités du contexte rural.

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Introduction

Homelessness is often considered an urban problem in Canada, where shelters, encampments, and individuals sleeping in public spaces make the crisis visible. Approximately 35,000 Canadians experience homelessness on any given night (Gaetz et al., 2016), although this figure does not include the "hidden homeless" who may add 50,000 to this estimate (Canadian Observatory on Homelessness, 2013). Additionally, over 10% of Canadians are living in core housing need, meaning their housing is considered unaffordable, unsuitable, or inadequate (Statistics Canada, 2020). In 2019, the Canadian government declared housing a human right and has recently increased investments in affordable housing after three decades of neoliberal policies that left housing to the private sector (Gaetz, 2020). As we await the long-term impact of this reinvestment in affordable housing, evidence regarding the negative health outcomes associated with housing insecurity indicates that more immediate action is required to address this important public health issue.

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 early child development. Individuals who are housing insecure often experience multiple intersecting social inequities that can compound the effect of housing disparities on their health and well-being (Swope & Hernandez, 2019). Spending more than 30% of one's income on rent, rent in arrears, and housing in need of repairs are associated with food insecurity (Kirkpatrick & Tarasuk, 2011) and worse self-reported health (Meltzer & Schwartz, 2015). Poor housing quality and residential instability can impact cognitive, behavioural, and emotional development of children (Coley et al., 2013), predict poorer mental health (Singh et al., 2019), and increase risk of hospitalization (Gadermann et al., 2020). This growing body of evidence begins to elucidate the pathways between housing and health which is critical for identifying interventions to promote health equity (Dunn et al., 2006). Yet, most research to date has been conducted in urban centres with little attention to whether the features and outcomes of homelessness differ in a rural context.

Rural homelessness has only recently been acknowledged, and no accurate data exist regarding its prevalence in Canada (Waegemakers Schiff et al., 2016). A small body of literature indicates that hidden homelessness is particularly common within rural areas, where couch surfing, sharing overcrowded accommodations, or living in substandard housing are all

strategies to manage homelessness in the absence of formal services and infrastructure (Kauppi et al., 2017). Hidden homelessness is defined as being provisionally accommodated in temporary or insecure housing, which is invisible in nature (Ali, 2018). The invisibility of rural homelessness reduces the impetus for political action and investment in rural infrastructure (MacDonald & Gaulin, 2019). As a result, rural residents often exhaust their informal support networks and leave their home communities to seek formal services in nearby cities (Forchuk et al., 2010; Karabanow et al., 2014). This research suggests the experience and strategies associated with rural homelessness may be unique. Yet there remains little research about the experience of housing insecurity in rural Ontario, and the voices of people experiencing rural homelessness are often missing. Given the significant impact of homelessness on health, understanding these characteristics of rural homelessness is essential to develop programs and policies that are relevant to the rural context. The aims of the current study were to explore the experience of housing insecurity and its impact on the health of rural residents, identify the various factors contributing to homelessness in a rural Ontario context, and give voice to people with lived experience about their needs, challenges, and potential solutions to the housing crisis.

Study setting

The setting for this study was a rural county of eastern Ontario located more than 1 hour from the nearest mid-sized city. Considered by Statistics Canada (2017b) a small population centre and surrounding rural area, the region is known as cottage country with an economy that was historically focused on lumber and mining but had recently shifted to tourism. In the small-town hub of this region, with a population of approximately 4000, service providers were becoming alarmed at the number of individuals sleeping rough. Two emergency shelters had been attempted in the previous 18 months and both were shut down due to challenges with adequate volunteer capacity and issues with substance use. A non-profit community organization had resorted to distributing survival kits that included tents and sleeping bags for their clients, as few other local options existed. While this region had struggled with poverty for a long time, with 25% of residents considered low income (Statistics Canada, 2017a), the housing crisis had reached a level community members had not previously witnessed.

Methods

A qualitative exploratory study using interpretive description (Thorne et al., 1997) and a critical theory lens (Mill et al., 2001) was conducted in this rural community experiencing a housing crisis. A combination of purposive and snowball sampling was used to seek individuals with lived experience of housing insecurity and key informants with knowledge of the local homelessness situation. Recruitment and interviews with participants who had lived experience primarily occurred at a local non-profit organization serving community members experiencing poverty, homelessness, and addiction. Targeted outreach and word-of-mouth were used to recruit key informants and to help fill gaps in understanding as findings emerged, such as among older adults and key informants with decision-making authority whose perspectives were missing. Consistent with interpretive description (Thorne et al., 2004), the aim was not to seek a representative sample but rather to capture the subjective perceptions of individuals with intimate knowledge of rural homelessness to inform clinical understanding. Interviews lasted 15 to 90 min and took place in the boardroom of the non-profit organization and in public coffee shops, in workplaces, and via telephone or videoconferencing. COVID-19 led to an initial 5-month delay in data collection, after which in-person interviews were conducted with face masks and physical distancing during periods of low local transmission. Interview questions were semi-structured and focused on the experience and impact of housing insecurity, factors that contributed to homelessness, potential solutions to housing insecurity, and the influence of the rural context. Interviews were conducted by a nurse researcher with a public health background who had insider knowledge of rural living and previous research experience in the community yet did not live or work locally. Participants received an honorarium of $20 cash at the beginning of each interview. Interviews were audio-recorded for transcription, and transcripts were analyzed for themes and patterns using an inductive approach (Thorne et al., 2004). Analysis occurred concurrent to data collection to allow emerging findings to influence interview questions and participant recruitment. As themes and early conceptualizations emerged, they were discussed with key stakeholders who worked in the non-profit organization and were shared in later interviews to prompt elaboration and theme refinement. Interim research findings were published in a report and shared at a homelessness roundtable organized by the local member of parliament. A critical lens guided interviews and analysis with respect to consideration of how power and public policies influenced homelessness. The qualitative data analysis software, NVIVO 1.5, was used to help organize themes. Interviews took place between August 2020 and May 2021, and ethics approval was received from the Research Ethics Board at Trent University.

Results

Interviews were conducted with 27 participants who shed light on the experience and factors associated with rural homelessness. Sixteen participants who were currently experiencing homelessness revealed the challenges and stressors of managing housing insecurity in a rural environment and the impact of homelessness on their physical and mental health. Applying the common definition of homelessness in Canada (Gaetz et al., 2012), eight of these participants were considered unsheltered (U) and eight provisionally accommodated (PA). The majority were between the ages of 31 and 50, were Caucasian, had low levels of education and income, and had lived in the area for most of their lives (Table 1). All but one of the 16 participants with lived experience were recruited through the non-profit organization and represented the population they served, including individuals experiencing poverty and/or addiction. Eleven key informants (KI) provided additional context regarding the housing crisis they were observing within the community and factors that contributed to homelessness. Key informants included health and social service providers, community volunteers, members of faith-based organizations, and community leaders (few details about their positions in the community are provided to protect participants' identities).

Influence of the rural context on homelessness

Participants described an environment with few housing vacancies, unaffordable rents, and many criteria that created barriers to renting such as credit checks, deposits, no pets allowed, and buildings for seniors only. A perceived influx of people moving to the area from the city, heightened by COVID-19, and the transition of long-term rentals into Airbnbs reduced the housing stock and increased demand. This allowed landlords to be selective about prospective tenants, and when an apartment became available, it was believed "you're definitely not going to get a homeless addict in through the door, because there's too many other people waiting to take it" (#14KI). Exacerbating the challenges of low housing supply was the scarcity of formal services. The waitlist for social housing was several years long, there were no local shelters or warming centres, and existing services were felt to be insufficient, underfunded, and poorly coordinated. In the city, "there's more jobs, there's transit, there's rehabs… I wish I could just go and do a 21-day program and get some counselling, but it's not that easy…a rural area makes it more of a struggle" (#1U). A volunteer-run transit system had restrictive criteria that prioritized access to medical appointments but did not allow for grocery pick-up or looking at rental apartments outside of town, so that "sometimes you can find a place but no way to get out to be able to look at it or talk to the landlord" (#5PA). Without a vehicle, options for

Table 1 Participant demographics

	Unsheltered participants (N=8)	Provisionally accommodated 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
Annual income			
<$10,000	4	4	N/A
$10,000–$19,999	4	3	
$20,000–$29,999	0	0	
$30,000–$49,999	0	1	
Ethnicity			
Caucasian	7	6	3
Indigenous	1	2	8
Years lived in community			
0–4	0	1	0
5–9	2	0	3
10–15	1	1	2
16+	5	6	5
N/A (lived outside of area)			1
Location of interview			
Non-profit organization	8	5	3
Coffee shop	0	1	1
Workplace	0	0	2
Telephone	0	2	4
Video conference	0	0	1

housing were confined to the small town where amenities were within walking distance. Alternatively, residents who lived in the countryside were sometimes forced to rely on others for transportation. One key informant disclosed that her clients were exchanging sex work for rides to town. Poverty was not new to the local area, as historically "people left school to work in the trades, to work in lumber, to work in the mines because they needed to support their family. And then … you're letting your education go, and that just keeps happening" (#16KI). However, the low levels of education, combined with a recent shift to a tourism economy with seasonal employment, left many residents with few prospects for secure income; in the more competitive housing environment, low-income residents were pushed out of the rental market

with few local supports to intervene in their trajectory toward homelessness.

In addition to this structural context, the social environment played a role in participants' opportunities for housing and employment in the community. Participants described challenges associated with small-town dynamics that contributed to feelings of hopelessness and reduced their sense of agency over their living situations. Lack of privacy in the rural setting and long-lasting community memory meant once a person was labelled in the community, it was hard to overcome that reputation:

Being a small town, I was a bit of a rebel when I was younger, and it just seems like they never forget

anything. Like, I haven't been criminally charged now in 11 years, but still … some of the people that own buildings around here don't look at it that way. (#7U)

Another participant recounted being told by a landlord that he would not rent to him if his life depended on it, which the participant attributed to getting in trouble "awhile back a few times…and they don't think people can change. They just keep looking down on you" (#5PA). Reputations impacted opportunities not only to secure housing, but to gain the employment required to generate income for housing: "After I lost my two jobs, shortly after, I tried getting a job, but it had already gone around town that I was a crack head" (#10U). In addition to rural reputations, lack of privacy led some participants to feel they were under surveillance. One participant described her former superintendent as being "from here, so she knows everybody, and she drives around" and saw the participant enter a known drug house, after which she inquired about why the participant went there, "and then she just randomly started showing up at my door, just to say hi" (#15U). Small population size meant it was difficult to avoid encountering people such as this superintendent, but also to separate oneself from a social network because "…everywhere you go, there's people getting high, right? I know my best chances ever, like when I've gotten clean before, is in my own place" (#13U). Several participants spoke about rural drama, which one participant believed was related to not having enough to do in the area, causing social disconnection and "people talking about each other or other kind of things because they got nothing else to do" (#19PA). Conservative social norms were perceived to worsen the stigma around homelessness and substance use, with a prejudice observed in the retirees who recently moved to the area but "also in the locals…in that (mentality that) well, I pulled *myself* up by my bootstraps!" (#21KI). Many participants felt misunderstood and judged by community members who assumed that homelessness was caused by poor choices. "Even if you show the evidence, they like to push it under the rug, or make excuses, like, 'Oh, they choose to be homeless'. Well, we really don't. You think we *wanted* to be homeless?" (#6PA). Despite some key informants' perceptions that "the absolute vast majority of (homelessness is) related to drug and mental health issues" (#11KI), several participants experiencing homelessness did not use substances and came to homelessness via other routes, such as a relationship ending or being evicted from a rental apartment. These attitudes and lack of privacy in the rural community created a social context that added to the structural barriers to securing housing and left many participants feeling their prospects of overcoming homelessness were "bleak and hopeless" (#4PA).

Managing homelessness in a rural setting

Participants were managing their homelessness using a variety of strategies that included moving from place to place;

sleeping in unsuitable shelters that included vehicles, sheds, and trailers without basic amenities; staying with friends or relatives; and sleeping in tents. The barriers encountered when attempting to find appropriate housing "makes you give up. You feel like there's nothing you can do to get anything, right?" (#13U). This forced participants to stay in unsuitable or unsafe accommodations, such as an unwinterized trailer with "no stove, no bathroom, no nothing. … We know that she legally can't rent that to us, but it's either that or the streets" (#6PA). Key informants spoke about residents who lived in houses "falling down around their ears" (#8KI) but who were unable to afford repairs. These precarious living situations and strategies of "couch surfing…in the middle of the night trading places…way back in the bush" (#17KI) led participants to believe the broader community was unaware of the magnitude of local homelessness. On some occasions, participants were more visible when forced to sleep in public spaces:

> Last winter I had to sleep (outside) a couple times and I just went into the bank and the police would come and kick me out. But I'd just go around the corner and wait 10 minutes and go back in, and I just told them - charge me or whatever, I'll be in where it's warm. (#7U)

Unsafe or unsuitable living conditions also required a range of strategies to meet people's basic needs. Concerns about how to manage the cold temperatures and approaching winter were raised by several participants. A senior who lived in a trailer that was illegally parked in the countryside talked about challenges keeping warm when "you get up and go pee, and you're walking on ice more or less, you know, on the floor of the trailer…" (#23PA). He used his woodstove to keep warm during the day but was concerned about the health impact of breathing in wood dust particles. A mother of young children had moved between trailers for several years, unable to find an affordable home for her family, and recently secured an undesirable apartment outside of town despite having no transportation. "I've walked to town before and it takes me an hour by myself, so I could not imagine doing it with three kids to get a bag of milk" (#22PA). Instead, she relied on friends and neighbours to provide transportation which she did not feel was a sustainable solution. Accessing informal supports was a strategy used by several participants in the absence of formal services. One participant described the support offered by an older lady in the community: "any time I go to the food bank, she lets me store it in her freezer and fridges and stuff… and then I walk her dog for her and stuff like that, sort of to pay back" (#7U).

These strategies to manage the challenges of housing precarity and material deprivation allowed participants to stay in their local communities where many were born and raised. However, some service providers and decision-makers felt,
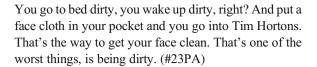
"isn't it better to come (to the city) and receive some supports and services instead of living in a tent?" (#27KI). This solution deterred some residents from seeking services. "It's so disheartening hearing folks say well, I could go get help here, but they're just gonna get me a cab to (the city)" (#17KI). Having friends and relatives in the area was a comfort to many participants who felt they had people they could turn to and couches they could sleep on. One participant had lived in the area his whole life and didn't "know what it's like anywhere else" (#7U). Despite acknowledging there were more opportunities elsewhere for a participant and her children, she stated "I don't want to leave here because this is where my support is, and I kind of need it right now" (#22PA).

Many participants felt the town's priorities were focused on economic development and attracting tourists rather than addressing the housing crisis, and there was a sense they were trying to hide homelessness so "the people that are coming up to their cottages and stuff like that won't see them" (#26PA). Individuals sleeping in tents were sometimes fined and their belongings confiscated, which was critiqued as overly punitive and did nothing to support people with homelessness and addiction: "fining a person that's homeless, multiple times, that doesn't make any sense" (#12KI). The attempts to hide or penalize individuals who were unsheltered and "ship their problems to (the city)" (#21KI) were perceived to be common strategies employed by local government who were blamed for not prioritizing housing. Their approach was at odds with the range of recommended solutions to the housing crisis that participants identified, such as investing in subsidized and transitional housing, improving public transit, increasing access to mental health and addiction services, providing anti-stigma education, and including people with lived experience in decision-making. After all, "when people are treated well and feel like their voice matters and are spoken to with respect and their ideas are actually considered…they're a hell of a lot more likely to start prospering" (#4PA).

The impact of homelessness on physical and mental health

Participants who were homeless described several risks to their physical health, including stress from cold, inhalation of smoke from woodburning in confined spaces, exposure to mould, lack of sleep, poor nutrition, injuries, exposure to violence, and difficulty finding ways to care for themselves. Chronic health conditions were often exacerbated by unsuitable living environments or exposure to the elements, with no local shelters or warming centres in which to escape the cold. Access to a bathroom when nothing was open was challenging for several participants, and often individuals who lived in trailers had no toilets or running water. One senior described how he struggled with self-care:

You go to bed dirty, you wake up dirty, right? And put a face cloth in your pocket and you go into Tim Hortons. That's the way to get your face clean. That's one of the worst things, is being dirty. (#23PA)

Another senior described how the stress from a pending eviction led her to require an increase in her dose of blood pressure medication. In addition, several participants described an increase in their substance use associated with homelessness as they attempted to cope with their situations. Substance use helped "hide the bullshit" (#6PA) and some acknowledged they "don't want to quit because it's helping right now with everything…like with the depression and all that stuff" (#7U). Among people using substances and experiencing homelessness, mistrust was common as people were perceived to be stealing from one another and some participants described violent incidents within their social networks involving fights and rumours of a recent rape in the community. Where social networks were small and people often shared accommodations or couch surfed, there was "no privacy…no safety" (#4PA), and "because it's a smaller community, people know each other better, and it's caused a lot of tension…like physical fights and things like that" (#12KI).

The impact of homelessness on mental health was profound, ranging from increases in pre-existing anxiety and depression to suicide ideation. One participant who was living with his partner in an unsuitable trailer described the impact of this situation on his mental health:

All I do is sleep all day now. I'm so depressed, so that's pretty much all I do is sleep. Don't do anything literally cramped up in a trailer. And I don't want to do anything anymore really. Pretty much have lost hope. (#5PA)

In a separate interview, his partner disclosed that they were facing eviction from the trailer in another month and had been unable to find alternative accommodation. Having been previously homeless, her partner stated he would rather die by suicide than return to the streets:

He wants to do a suicide pact. But I really don't want to. It's hard to talk someone out of it though. Like what, what can you tell them? Hey, it'll get better… and he'll say how? How will it get better? And then I have to lie to him, like, oh, we'll find a place! How?" (#6PA)

A mother of young children described the impact of her precarious housing situation on her mental health: "I had to call my doctor a couple weeks ago because I felt like I was losing my mind. And she put me on medication for anxiety and stress. Like, I couldn't eat, I can't sleep" (#22PA). The depression and anxiety so commonly described by participants accounted for the use of substances by some: "You just want to stay numb because you don't want to deal with life

because life is so stressful. You know, for some of us women that have children that aren't with us, it keeps people in addictions" (#10U).

Discussion

The stories shared by participants with intimate knowledge of rural homelessness revealed ways in which the structural and social context influenced the experience of homelessness and could create barriers to accessing safe and secure housing. Participants described a series of challenges in their daily lives that entrenched their homelessness and contributed to devastating physical and mental health consequences. This illustration of what homelessness looks and feels like in a rural environment can help inform action on homelessness that accounts for the unique characteristics of the rural context.

Homelessness is considered a consequence of individual and relational factors, structural factors, and a failure of public institutions (Gaetz & Dej, 2017). Consistent with the definition of "at-risk of homelessness" proposed by Batterham (2017), factors such as low income, discrimination, and a tight housing market all interacted in the current study to increase risk of homelessness. While these factors apply in all geographic contexts, the rural setting influenced several of these risk factors and how they were experienced. For instance, small-town dynamics involving lack of privacy and social scrutiny contributed to discrimination when seeking housing or employment; limited employment and educational opportunities in the rural setting contributed to low incomes; and an influx of urban residents moving to cottage country and Airbnb rentals inflated housing prices and created instability as long-term rentals were sold and tenants evicted. An additional dimension of risk not accounted for by Batterham (2017) is access to services and infrastructure. In rural settings, limited public transportation, services, and shelters mean there are fewer resources to prevent and manage homelessness (Forchuk et al., 2010; Karabanow et al., 2014). Consistent with reports of several participants, the solution to inadequate services and infrastructure has often involved sending people to the nearest city or the "Greyhound solution" (Waegemakers Schiff et al., 2015). Leaving the local community was unacceptable to many participants in the current study who found comfort in the familiarity and social connections of their small town. This echoes the findings of MacDonald and Gaulin (2019) regarding the deep attachment of residents in rural Quebec to their communities and fears associated with becoming homeless in an urban setting. Yet some decision-makers believed that being sheltered in a nearby city was in an individual's best interest. This messaging discouraged some participants from accessing services, potentially contributing to unsafe or unsuitable living situations and prolonging their homelessness.

Homelessness is an extreme form of social exclusion, in which material and social deprivation prevent one's full participation in society (Watson et al., 2016). Participants' experiences aligned with other research revealing rejection, shame, and isolation were associated with rural homelessness (Carpenter-Song et al., 2016; MacDonald & Gaulin, 2019). The rural context exacerbated social exclusion due to the small population size and lack of privacy that meant rural reputations were difficult to escape. Feeling judged and discriminated against by the broader community was particularly problematic when it was perceived that participants used substances. This stigma aligns with values of individualism and meritocratic beliefs that are common in rural communities where homelessness and addiction are often understood as a product of maladaptive choices rather than structural factors (Brott et al., 2018). Social exclusion may have been tempered by strong social supports among some participants, which tied them to their communities and provided informal resources to help manage where few services existed. However, these personal connections were inadequate to facilitate an exit from homelessness, and many participants experienced deteriorating mental health. Histories of trauma, relationship breakdown, substance use, and underlying mental illness often create a pathway into homelessness (Piat et al., 2014); discrimination and social exclusion may then worsen underlying mental health conditions and increase the use of substances, further entrenching homelessness. Chronic emotional stress and exposure to several physical hazards, such as cold temperatures, mould, woodburning smoke, and lack of sleep all contributed to deteriorating physical health. While poor health outcomes are associated with homelessness in urban areas (Meltzer & Schwartz, 2015), some health risks may be more common to precarious living in a rural setting, such as exposure to cold in the absence of shelters and smoke inhalation where individuals burn wood to keep warm in a trailer or shed.

While recognizing that rural communities are each unique, some features of homelessness in the current study were common in studies across rural Canada, such as its hidden nature; the shortage of housing stock; and limited infrastructure, services, and transportation (Forchuk et al., 2010; Karabanow et al., 2014; Kauppi et al., 2017; MacDonald & Gaulin, 2019; Waegemakers Schiff et al., 2016). When situating the current study's findings alongside the literature on rural homelessness and best practices from urban settings, several opportunities for action are revealed. First, there is a need for more awareness about housing as a social determinant of health and factors that contribute to homelessness in rural communities. An emphasis on the structural drivers of rural homelessness, and the community- and public policy-level solutions required to address it, can help combat the notion that homelessness and addiction are caused by individual moral failings (McGinty & Barry, 2020). Second, a Housing First approach ought to be implemented and adapted for the rural context.

Considered best practice in homelessness intervention (Gaetz, 2020), Housing First provides housing without preconditions and offers tailored supports once a person is housed. While challenges with rural housing stock impact the feasibility of this approach, a strong public transit system can support rental options across a large geographic area. The principle of housing as a human right and access to a housing worker who can liaise between landlords and potential tenants are particularly important aspects of Housing First for the rural context, where small-town dynamics can influence who gets access to housing. Third, rural transportation systems should be expanded to support individuals to live outside of town, considered preferable for some participants who were trying to distance themselves from their substance-using social networks. While this option may not be suitable for all individuals experiencing homelessness and addiction, it increases choice and expands the housing inventory available. Fourth, there is a need to improve access to rural services and infrastructure. Many rural communities have inadequate services to support housing, employment, mental health, and addictions care. Local, client-centred supports can allow residents to stay in their home communities where many have strong personal attachments. Capacity building among local and trusted community members is also important for sustainability of these services. Finally, while these interventions target the rural community level, interventions at the societal level require intersectoral collaboration and investment by all levels of government to increase affordable housing and income supports that shift the response from crisis intervention to structural- and system-level prevention of homelessness (Gaetz, 2020).

A limitation of this study is that participants were drawn from one rural community which is not representative of all rural residents or unique rural contexts. In addition, given many individuals experiencing rural homelessness are "hidden", the experiences of participants who were drawn primarily from a non-profit organization may not represent the experiences of those struggling alone without supports, particularly seniors and families with children who were underrepresented in the study. Despite these limitations, the study findings provide a window into the daily lives and challenges of individuals who were homeless and shed light on how the rural environment shapes this experience. Future research should develop and evaluate interventions to reduce discrimination and bring supports to rural communities to promote health equity for underserved rural populations.

Conclusion

Findings from this qualitative study of rural homelessness revealed how the rural context influenced the experience and opportunities to overcome homelessness. Barriers to securing rental housing in a tight market were influenced by small-town dynamics and structural factors that left participants with few alternatives to unsafe living situations. These experiences led to feelings of hopelessness and contributed to deteriorating physical and mental health. Community-level interventions to prevent and manage homelessness must be tailored to the rural context, and may include increasing awareness of the housing crisis and its root causes, expanding transportation, improving access to local services, and applying Housing First principles.

Contributions to knowledge

What does this study add to existing knowledge?

- Study findings illuminate how the rural context influences the experience of homelessness and barriers to securing housing in a small town.
- Factors that influenced homelessness within the rural context included low housing stock, lack of privacy and rural reputations, discrimination, and limited services and infrastructure.
- Many participants experiencing homelessness felt a sense of hopelessness and rejection from the broader community with implications for mental health.
- Physical health was impacted by chronic stress and exposure to environmental hazards that included woodstove smoke and cold temperatures from living in unsuitable trailers.

What are the key implications for public health interventions, practice or policy?

- While structural interventions are needed for prevention of homelessness, short-term community-level interventions can be implemented that are tailored to the rural context.
- Opportunities for action include increasing awareness, expanding transportation, improving access to local services, and applying Housing First principles.

Declarations

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