Journal of Rural and Community Development

Understanding the Roots and Routes Of Houselessness in Rural Contexts

Authors: Candy Jones, Jan Marie Graham, Michelle Lam, Grace Stone, & Debra Brickner

Roots and Routes of Rural Houselessness
In Manitoba, Canada

Candy Jones
Brandon University
Brandon, Manitoba, Canada
Jonesc@brandonu.ca

Jan Marie Graham
Brandon University
Brandon, Manitoba, Canada
Grahamj@brandonu.ca

Michelle Lam
Brandon University
Brandon, Manitoba, Canada
Lamm@brandonu.ca

Grace Stone
Brandon University
Brandon, Manitoba, Canada
Graceclairestone@gmail.com

Debra Brickner
Brandon University
Brandon, Manitoba, Canada
Debeeb9@gmail.com

Abstract

The research in this qualitative case study examined the root causes of individuals experiencing houselessness in rural Manitoba communities, the routes they took to their location(s), the supports and services available within rural communities, and the gaps that existed for individuals experiencing houselessness in rural contexts. Interviews were conducted with three individuals and one couple who had—or were—experienced(ing) houselessness and/or mobility transience, and two service providers who worked with rural and/or vulnerable individuals. Findings from the study highlighted themes and sub-themes in relation to both systemic barriers in rural contexts—including (a) invisibility; (b) availability, affordability, quality, and safety of housing; (c) knowledge, availability and navigation of services and supports; (d) employment opportunities; and (e) issues with the healthcare, education, and justice systems—and personal factors and challenges experienced by individuals—including (a) financial issues; (b) trauma, abuse and violence; (c) grief and loss; (d) responsibilities; and (e) issues related to physical health, mental health, and substance use. The establishment of these themes formed the basis for a series of recommendations for government programs; healthcare; education; justice; municipalities, local businesses–organizations, and non-profits; and rural community members more generally. The themes and findings from the study also led to the creation of a series of educational videos available at www.bucares.ca/publications/rural-homelessness.

Keywords: houselessness, homelessness, rural, systemic barriers, causes, transience

Racines et voies du sans-abrisme en milieu rural au Manitoba, Canada

Candy Jones
Brandon University
Brandon, Manitoba, Canada
Jonesc@brandonu.ca

Jan Marie Graham
Brandon University
Brandon, Manitoba, Canada
Grahamj@brandonu.ca

Michelle Lam
Brandon University
Brandon, Manitoba, Canada
Lamm@brandonu.ca

Grace Stone
Brandon University
Brandon, Manitoba, Canada
Graceclairestone@gmail.com

Debra Brickner
Brandon University
Brandon, Manitoba, Canada
Debeeb9@gmail.com

Résumé

La recherche dans cette étude de cas qualitative a examiné les causes profondes des personnes sans abri dans les communautés rurales du Manitoba, les itinéraires qu'elles ont empruntés pour se rendre à leur(s) emplacement(s), les soutiens et les services disponibles au sein des communautés rurales et les lacunes qui existaient pour les personnes sans abri dans contextes ruraux. Des entretiens ont été menés avec trois personnes et un couple qui avaient été – ou étaient – confrontés au sans abrisme et/ou à la mobilité transitoire, ainsi qu'à deux prestataires de services qui travaillaient avec des personnes rurales et/ou vulnérables. Les résultats de l'étude ont mis en évidence des thèmes et sous-thèmes liés aux deux obstacles systémiques dans les contextes ruraux, notamment (a) l'invisibilité ; (b) la disponibilité, l'accessibilité, la qualité et la sécurité des logements ; (c) la connaissance, la disponibilité et la navigation des services et des supports ; (d) les opportunités d'emploi ; et (e) les problèmes liés aux systèmes de santé, d'éducation et de justice – ainsi que les facteurs et défis personnels rencontrés par les individus – y compris (a) les problèmes financiers ; (b) les traumatismes, les abus et la violence ; (c) le chagrin et la perte ; (d) responsabilités; et (e) les problèmes liés à la santé physique, à la santé mentale et à la consommation de substances. L'établissement de ces thèmes a servi de base à une série de recommandations pour les programmes gouvernementaux : les soins de santé, l'éducation, la justice, les municipalités, les entreprises-organisations locales et les organismes à but non lucratif, et les membres des communautés rurales en général. Les thèmes et les résultats de l'étude ont également conduit à la création d'une série de vidéos éducatives disponibles sur www.bucares.ca/publications/rural-homelessness.

Mots-clés : sans-abri, sans-abrisme, rural, obstacles systémiques, causes, brièveté

1.0 Introduction

Houselessness in the rural Canadian contexts is an understudied phenomenon that is both difficult to characterize and important to address (Waegemakers Schiff et al., 2016). While significantly more literature exists in relation to houselessness in urban contexts, challenges in relation to housing in rural communities often go understudied. The research described in this paper sought to address the deficiency of information in this area by examining (a) the roots of rural houselessness in the context of Manitoba, Canada; (b) the routes individuals experiencing houselessness took to their location(s); (c) the services available in rural communities for unhoused people; and (d) the gaps in available supports and services that exist in such contexts. Through the experiences of five individuals who had navigated rural contexts and precarious housing situations first-hand, and those of two service providers who had worked with individuals experiencing houselessness, much was learned about personal factors and challenges and systemic barriers that exist in rural contexts. Such information has the potential to inform future supports and services in rural communities in order to address rural houselessness and its root causes.

Our use of the term rural in this paper—and the study it reports on—can be described as those areas in Manitoba typically not considered urban. While cities like Toronto, Vancouver, and Montreal might be referred to as 'first-tier' cities, Manitoba's primary city, Winnipeg, with a population 749,607 (Statistics Canada, 2021), can be referred to as a 'second-tier' city, and Brandon, the province's second-largest city with a population of 54,268 (Statistics Canada, 2021), a 'third-tier' city. (Krahn et al., 2005). For our purposes, we considered both cities *urban*, despite the differences in available resources. Of the 1,342,153 people that lived in Manitoba in 2021, 323,894 (or 25.25%) were considered to live in rural contexts (non-population centres) by Statistics Canada (2021). For our purposes, we used a slightly different definition, considering *rural* to be those areas with under 30,000 people, essentially including all communities in Manitoba except Brandon and Winnipeg. Using our definition of rural, 533,106 individuals (or 39.72% of the population) in the province in 2021 would live in rural contexts (Statistics Canada, 2021).

Finally, we note that in our original research—including a research report and educational videos derived from the project—we used the term homelessness to describe the phenomena of lacking sufficient housing. Accepting that many current organizations now use the terms *unhoused* or *houselessness* more frequently to refer to such issues and phenomena (Slayton, 2021), we have updated our terminology to reflect more modern terminology. We, like many others, feel that these terms represent the situations of unhoused people better in that what they are lacking is the physical housing structure, rather than a sense of belonging. Many people who experience houselessness have a strong community around them that provide a home for them, and as such, are not truly *homeless*. They are, rather, without adequate housing, or houseless, or unhoused.

2.0 Relevant Literature Related to Rural Houselessness

Houselessness can take many forms including both invisible and visible forms of homelessness, such as rough sleeping (for instance, sleeping on a park bench), couch surfing (staying with friends or family), and accessing shelters (Cloke et al., 2003; Waegemakers Schiff et al., 2016). Despite a common stereotype that houselessness is an urban phenomenon, research in the field highlights many pathways to rural houselessness. On an individual level, causes include substance abuse (Baker

Collins, 2013; Brott et al., 2019; Christensen, 2012; Gray et al., 2011; Waegemakers Schiff et al., 2016; Sumner, 2005); relationship problems (Skott-Myhre et al., 2008); mental health (Christensen, 2012; Gray et al., 2011; Sumner, 2005) and physical health issues (Craft-Rosenberg et al., 2000; Gray et al., 2011; Sumner, 2005); eviction and loss of employment (Gray et al., 2011); a criminal background (Brott et al., 2019; Gray et al., 2011); personal mindset and lack of determination (Brott et al., 2019); and domestic problems, conflict, and violence (Baker Collins, 2013; Brott et al., 2019; Craft-Rosenberg et al., 2000; Gray et al., 2011; Griggs, 2016; Waegemakers Schiff et al., 2016, Skott-Myhre et al., 2008; Sumner, 2005), particularly in relation to the abuse of women (Naeem, 2020) and childhood trauma (Baker Collins, 2013; Brott et al., 2019). It is important to note that many of these factors trigger one another (Craft-Rosenberg et al., 2000) and that unhoused individuals are more likely to experience traumatic–stressful life events (Craft-Rosenberg, 2000) such as being at risk for physical and sexual violence (Baker Collins, 2013; Edwards et al., 2009; Naeem, 2020) and for living in unsafe housing (Naeem, 2020) when compared to individuals with stable housing.

In addition to individual challenges, social and systemic barriers also have the potential to become root causes of houselessness, including poverty (Brott et al., 2019; Sumner, 2005); discrimination based on race (Craft-Rosenberg, 2000) and age (Lanark Transitions committee, 2003, as cited in Skott-Myhre, 2008); stereotyping (Craft-Rosenberg, 2000), victim blaming (Brott et al., 2019), and criminalization (Naeem, 2020; Paradis, 2016); and the transition out of foster care (Craft-Rosenberg, 2000). For individuals with learning difficulties (Christensen, 2012; Sumner, 2005), mental health problems, physical disabilities, and the elderly (Sumner, 2005), competing in the housing market can also be a significant challenge, especially for single mothers (Brott et al., 2019) and families with children. Additionally, newcomers, Indigenous persons, the chronically unhoused (Waegemakers Schiff et al., 2016), and youth (Waegemakers Schiff et al., 2016; Sumner 2005) are at increased risk of experiencing houselessness in rural contexts, and youth who are highly mobile/transient (Aykanian, 2018; Baker Collins, 2013), or who ran away from home (Gewirtz O'Brien, 2021; Sumner, 2005), are most at risk of food insecurity (Shanafelt et al., 2016).

Aside from individual, social, and institutional impacts on houselessness, other influences linked with rural contexts also exist. For example, because rural places are more vulnerable than urban ones during times of economic change (Waegemakers Schiff et al., 2016; Sumner, 2005), economic policies and impacts are felt more acutely by individuals living in rural contexts. Policies such as trade liberalisation and deindustrialisation (Gaetz, 2010, as cited in Piat et al., 2015), fluxes of the oil and gas industry (Waegemakers Schiff et al., 2016), strained rental markets (Schiff & Turner, n.d.), and labour market trends (Paradis, 2016) all have the ability to affect the economic stability of rural communities and the people who live within them.

The limited opportunities and services available in rural contexts also pose additional challenges for individuals struggling to find stable housing. For example, lack of access to educational opportunities (Brott et al., 2019; Karabanow et al., 2014; Naeem, 2020); lack of affordable, accessible, attractive, and/or safe housing (Cloke et al., 2003; Karabanow et al., 2014; Schiff & Turner, 2014); lack of access to quality medical care (Naeem, 2020); personal safety (Waegemakers Schiff et al., 2016); lack of services, shelters (Christensen, 2012), and emergency accommodation (Cloke et al., 2003); and lack of employment opportunities

(Christensen, 2012; Gray et al., 2011; Karabanow et al., 2014; Naeem, 2020) all contribute to tenuous situations for many in rural communities. The result of such limited opportunities and services is often migration out of rural communities in search of access to needed services and amenities (Naeem, 2020; Skott-Myhre et al., 2008), largely in urban centres (Christensen, 2012; Cloke et al., 2007; Schiff & Turner, n.d.), despite a lack of developed public transportation (Waegemakers Schiff et al., 2016; Skott-Myhre et al., 2008). This migration, particularly to urban centres, has an overall negative impact on quality of life for individuals experiencing houselessness in rural contexts (Gray et al., 2011). Moreover, forced relocation to access housing that is affordable can lead to social disconnection, isolation, and decreased quality of life (Schiff & Turner, n.d.).

Individuals who stay in rural communities, despite experiencing houselessness, are faced with several localized challenges. Rural contexts pose challenges. For example, rural unhoused people face a lack of privacy that causes them to have negative reputations with landlords, which can result in being denied housing (Schiff & Turner, n.d.) and/or being placed on a no-rent list (Waegemakers Schiff et al., 2016). More recently, migration to and from urban areas has created additional isolation particularly during the global COVID-19 pandemic (Jadidzadeh & Kneebone, 2020). An additional challenge is that rural houselessness is hidden and often denied. Houselessness is deemed an urban problem (Christensen, 2012; Cloke et al., 2003) for a variety of reasons. While some rural people struggling with housing prefer to remain invisible (Cloke et al., 2007; Edwards et al., 2009), rural unhoused people also face additional sociocultural barriers such as having no large or obvious places to congregate (Cloke et al., 2007). This means rural houselessness is less studied (Karabanow et al., 2014; Schiff & Turner, n.d.; Sumner, 2005), which creates challenges in knowing how to address their needs (Waegemakers Schiff et al., 2016; Sumner, 2005) and designing programs for them (Skott-Myhre et al., 2008). Ironically, the lack of services and supports, specifically for unhoused people in rural areas, exacerbates their invisibility—because without services, unhoused people cannot use services and cannot be seen (Sumner, 2005).

Gaps in services available for rural people experiencing houselessness are evident in many areas. Many services are difficult to access because of geographic distance and transportation (Edwards et al., 2009; Sumner, 2005); stigmatization and a lack of privacy causing many to avoid admitting need (Aykanian, 2018; Edwards et al., 2009); hardships in attaining prerequisites for care, such as a permanent residence or necessary identification and documentation (Craft-Rosenberg et al., 2000; Edwards et al., 2009); and bias in service providers (Edwards et al., 2009). Moreover, major gaps exist in relation to a lack of community-based, local treatment options for mental health and addiction issues (Christensen, 2012; Karabanow et al., 2014; Waegemakers Schiff et al., 2016). Rural areas also lack the structural support, service provision, and government assistance available in urban settings (Karabanow et al., 2014; Naeem, 2020). Sometimes smaller rural areas simply do not have a developed system for care, and any plans in place are highly variable across rural areas and lack the funding to be effective (Schiff & Turner, n.d.). Finally, those that wish to escape abuse have little support compared to those in urban contexts (Waegemakers Schiff et al., 2016), and services for prostitution alternatives or sexual abuse counseling for rural youth experiencing houselessness are lacking (Edwards et al., 2009) despite the higher risk for sexual trafficking (Aykanian, 2018) and violence (Baker Collins, 2013; Edwards et al., 2009; Naeem, 2020) among youth.

3.0 Methods

The qualitative case study (Yin, 2009) described in this paper sought to learn about the roots and routes of/to rural houselessness in Manitoba, Canada through the lived experiences and stories of individuals who had experienced houselessness first-hand. The research questions were as follows:

- What factors—root causes—have contributed to individuals experiencing houselessness in rural contexts?

- What factors affected the mobility/transience of individuals experiencing houselessness in rural contexts?

- What supports and services are available to those experiencing houselessness in rural communities? What gaps and issues can be identified in relation to the supports and services available?

In order to answer these questions, a poster invitation to recruit participants who had experienced houselessness and/or transience was distributed via food banks, food hampers, post offices and municipal offices, and through other community resource centres/hubs (in varying locations and communities in which the researchers had connections from as far north as Gillam, MB to near the US border). Some organizations shared the poster on social media sites as well. Contact and connection was successful with five individuals who agreed to be interviewed, partially due to difficulties recruiting the particular population (we lost contact with 4 individuals) and partly due to the COVID-19 pandemic. Two of the participants were a couple and chose to be interviewed together. All five of the participants had rural roots—were raised on, or came from a farm, a town, or a First Nations community/reserve—but only one resided in a rural context at the time of the study. Participants were interviewed in 2021 by the Principal Investigator for approximately 1 hour using semi-structured questions either on an on-line platform (Zoom) or in person. Interviews were audio-recorded, transcribed by a research assistant, and verified collaboratively by the research team. All research data (audio-recordings and transcripts) were stored in a secure location and in accordance with ethical research practices.

In 2022, following the initial interviews of the first five participants, two service providers who assist individuals experiencing houselessness and mobility/transience in Manitoba communities were also interviewed by a videographer hired for the research project. One of the individuals was a Community Ministries Director with the Salvation Army in a rural Manitoba community, and the other was the Coordinator of the Ask Auntie program—a program providing support for vulnerable and Indigenous individuals—in a small urban centre in Manitoba. The video recordings of their interviews were also transcribed (by the videographer) and analyzed by the research team.

Data analysis took place through a series of steps and employed both coding (Saldãna, 2021) and constant comparative analysis (Glaser, 1965). First, each research team member individually coded the data from the first two interviews before coming together to identify common themes and generate a coding structure together. Once initial codes were identified, the first two transcripts were recoded and the research team came together to listen to the recordings of the third and fourth interviews (one individual and the couple), coding them collaboratively and discussing coding structures (including broad and subcategories). Once all of the first four transcripts were coded, team members analyzed them individually and then

reconvened to discuss and identify common themes and subthemes. Following the completion of the videographer's interviews with community members, the team met again to code and analyze the final two transcripts. The last phase of analysis involved what Miles et al. (2014) refer to as data condensation, data display, and conclusion drawing/verification. It was through this phase that the final themes and subthemes were clarified, shaping and outlining the study's key findings.

4.0 Findings

Findings from the study were divided into two categories: systemic barriers and personal factors and challenges. Systemic barriers included those things that impacted individuals on a systems level—such as education, justice, and healthcare—and societal influences that impacted the well-being of participants. Personal factors and challenges, while often systemically rooted, were unique to individuals, rather than broad barriers experienced by entire populations of people. The graphic created by the authors below (see Figure 1) illustrates the interwoven and intermingled connections between these two broad categories and the subcategories that emerged in the study's findings. The tree is a well-known landform in Manitoba (on the highway between Winnipeg and Brandon) and was adapted to depict the interconnectedness of the roots of rural houselessness and the routes taken within and between rural communities, and through challenges faced.

Figure 1. Roots and routes of rural houselessness.
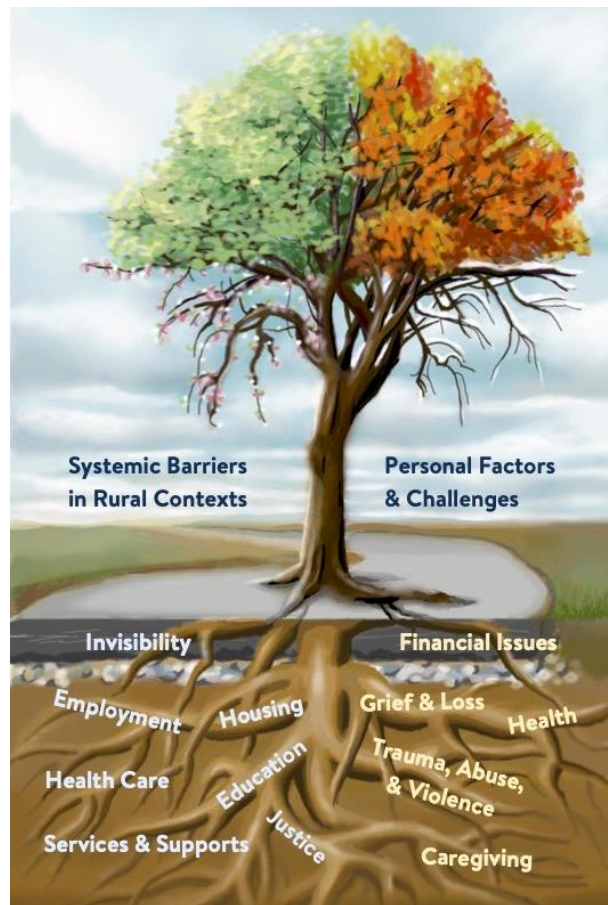
Source: Grace Stone (author).

4.1 Systemic Barriers

Systemic barriers identified in the study included invisibility, housing, services and supports, employment, healthcare, education and justice. These barriers were labeled systemic due to their broad applicability across participant stories and their pervasiveness in society and rural contexts.

4.1.1. Invisibility: Denial of Houselessness. The ubiquitous denial of houselessness in rural communities was evident at all stages of the study. From initial contact with communities in recruitment, through all stages, we heard frequently from organizations that their communities did not have any individuals experiencing houselessness. One of the organizational directors who participated in the study noted that it is difficult to believe there is rural houselessness for a variety of reasons. People without a house in a rural area frequently stay with friends and neighbors so they are not as visible as they are in urban centres where people may be gathered in certain areas. There is also an unwillingness to paint their community in a negative light, so there may be a reluctance to admit there is a problem. Finally, those experiencing houselessness often move to larger communities to access formal support networks and resources, so they tend to disappear. In their interview, the Community Ministries Director stated:

> The systems that we have for people in place make it difficult for anybody who is facing racial barriers. And I think 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 and why can't people just, you know, like we treat everybody so wonderfully, you know, it's we're such a welcoming community. There's no issues here. And you hear it. You hear it softly in the background, like much of Canada.

4.1.2. Housing: Availability, affordability, quality, and safety. Lack of available, affordable housing in rural communities was identified as a significant barrier for participants in the study. Participant 4 noted, "It's hard too, because of what we're allowed on EIA [Employment and Income Assistance is a provincial government program]. 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." This fact was echoed by the Community Ministries Director:

> Definitely, housing prices and shortages are definitely a big issue within the rural aspect of homelessness, and the lack of resources. So, you know, here in [community], there [are] little to no places to rent, which makes it difficult, there's little to no affordable housing. So, you know, a one-bedroom studio suite might cost you $600 plus. So if you are somebody who's on social assistance, you're already over your maximum balance that the province allows for you.

Some participants, particularly those in the most isolated rural settings, described moving to places where they could access affordable housing. Moreover, other housing barriers surfaced in the study such as challenges related to (a) having adequate references, (b) stigma in rural settings, (c) passing credit checks, (d) coming up with deposits, (e) paying utility hookup fees, (f) accessing financial information—for example, bank statements—and (g) having appropriate identification. Participant 2 described how frustrating such barriers could be:

> 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.

In addition to affordability, quality of housing and safety concerns were also evident in the stories of participants. Mold and lack of cleanliness were cited by two participants, one of which was trying to recover from cancer treatment in an environment with pervasive black mold. Safety was discussed by several participants in relation to violence, verbal and sexual assault, theft, and property damage. Physical and emotional safety, as well as safety of belongings were cited by all of the participants in various ways, from having mechanics tools stolen that were used for work, to being violently attacked in and out of their homes—including in shelters and on the street. Participants described unsafe living conditions impacting both their ability to secure housing and their ability to feel safe within it.

4.1.3. Services and supports: Knowledge, availability, and systems navigation. Knowing where to access supports in rural communities was a barrier cited by participants, particularly for those moving to new communities. This was especially evident in relation to aging out of care and being released from incarceration into rural communities. One of the service providers stated:

> 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)

In addition to lacking knowledge about how to access resources, participants also noted a general lack of resources such as meal programs, food banks, warming shelters, and benefits/governmental offices/personnel. In the smallest communities, even amenities such as groceries and health care were identified as limited or absent. Participant 1, who lived in a rural hamlet while undergoing cancer treatment, noted the following:

> 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. And I was sick.…It was a big barrier.

The result of such barriers was a reliance on other people for support, transportation, and guidance. According to the Community Ministries Director, "Small rural communities are just not equipped to provide the resources that some people need."

Systems navigation, like the availability of resources, was also found to be an issue for participants. Systems that are in place to benefit and assist people who have employment issues, such as EIA, were difficult to navigate and there was little to no support in rural communities. Several participants who lived in an urban area at the time of the study had accessed resources and help from formal organizations. They valued the variety of supports that were provided including food, shelter, laundry facilities, help with completing forms and accessing documents, and health care. Those who remained in rural communities were primarily left to find their own way through systems and to resources. Moreover, the Community Ministries Director noted that:

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

Lack of access and support in relation to navigating complex systems was identified as a challenge for participants in the study, further compounding issues related to finding secure housing.

4.1.4. Employment: Options and challenges. Lack of employment opportunities in local rural contexts led some participants to leave communities and/or the province in search of employment. In addition, lack of affordable childcare, individual health considerations, the COVID-19 pandemic, and lack of access to transportation also impacted participants' ability to secure employment. Participant 1 described their struggle following a COVID-related layoff while navigating cancer treatments and trying to find employment. Participant 3 described the loss of employment as a stucco tradesperson due to a traumatic brain injury. Participant 5 described losing income sources following their spouse's death and the subsequent struggles with mental health and addiction. The Community Ministries Director described the impact of mental health challenges for individuals experiencing houselessness and their ability to maintain employment the following way:

> Probably one of the biggest contributors to homelessness…[is] 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, those sorts of things.

Participants noted that the lack of employment opportunities, which are often more limited in rural areas than in urban centres, was made even more difficult during the pandemic.

4.1.5. Health care: Access to care and treatment. Access to healthcare in rural communities was an issue for participants in several ways. Participant 1, who had cancer, had to travel to an urban centre approximately 70 kilometres away for treatment. This individual relocated to the urban centre as they had neither a means of transportation nor the money to pay someone to get them to their treatments. The participant had found a place to live but needed two roommates in a two-bedroom apartment to afford the rent. At times, Participant 1 described having to choose

between work and cancer treatment, or between medication and groceries. Some participants also described having difficulties finding a family doctor, and treatment for mental health and substance use. The Community Ministries Director reported:

> 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; their caseloads 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 [to] another location.

In addition to access to mental health and addictions supports, stigma was a significant issue in rural contexts, sometimes inhibiting those with such issues from seeking help. Participant 5 noted that family and community members preferred to ignore their struggles with mental health and substance use, choosing instead to "sweep it under the carpet." Participant 2 also indicated that "gossip was your killer" as people in the community labeled them as an alcoholic and drug dealer, rather than helping them seek and access treatment as a youth.

4.1.6. Educational opportunities and attainment. Failure to complete a high school diploma was common amongst participants in the study due to complexities such as teenage pregnancy, Attention Deficit and Hyperactivity Disorder (ADHD), addictions, personal conflicts with teachers/administrators, and lack of stimulation. Participant 2 described the reason they left high school in their small town:

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

Participant 5 also described their reasons for leaving school:

> 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.

Several participants expressed an interest in or had tried to continue their schooling. Participant 4 had graduated from high school and was able to access post-secondary education through funding from their home Indigenous community; however, they were not able to complete the program due to substance use and relationship issues. Similarly, Participant 2 was unable to complete an accounting program at a community college due to incarceration related to probation violations. Finally, Participant 1, who wanted to improve their education qualifications as an adult said the following:

> Yeah, and I don't have any schooling. Like I said, I was a young, young
> parent. I was very, very stupid. I started my kids when I was young and I
> had them like boom, boom, boom. So I have Grade 10. I believe I even tried
> to just do night, evening classes, like to come out here and do evening
> classes to try and go for my GED. But I can't do that because of COVID.

Education, for a variety of reasons, became a limiting factor for employment and for security for all of the participants in the study, and in some cases, even a source of trauma.

4.1.7. Justice system. Three of the participants in the study discussed issues related to incarceration, primarily due to theft and violence or assault stemming from substance use. While Participant 2 described some positive aspects of the justice system/incarceration in relation to securing housing, food, and work, they also described difficulties with release from incarceration and a lack of support in the transition back into society:

> 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)

Release from incarceration was also raised as an issue by the Ask Auntie Coordinator:

> People coming out of incarceration and not knowing 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 her feet or they don't know where
> there's resources to walk them through.

4.2 Personal Factors and Challenges

The other category of roots of rural houselessness identified in the study had to do with personal factors and challenges. Interwoven and intermingled with systemic barriers, these challenges were personal or individual in nature, but should not be viewed as personal failings or deficiencies. Rather, they refer to circumstances unique to the stories of individuals as opposed to broader systemic issues.

4.2.1. Financial issues. Financial issues such as personal debt and poor credit ratings posed challenges for individuals in the study, particularly in relation to being able to find a place to rent. Several participants noted that credit card debt and debt owing made it difficult to raise the money needed to get into an apartment as they needed to have the first month's rent, damage deposits, utility hookups, and more. For example, Participant 2 shared that they had been:

> always able to work. I've always welded, I've built houses, I pumped gas,
>
> worked at a restaurant. But 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.

'Paying for the past' included high fees ($5,000 to $7,400 CAD) for a driver's license which is usually a necessity for employment in a rural setting.

4.2.2. Trauma, abuse, and violence. The participants in the study had all experienced trauma, abuse, or violence. Two of the participants were apprehended as children and lived in foster homes. Participant 4's own children were apprehended when they were toddlers. Participant 1 described the intergenerational trauma and abuse they had experienced the following way:

> I was like a victim of my mother's family. I was sexually 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 described further abuse from intimate partners, the sexual abuse of their own daughter by one of Participant 1's partners, and a violent situation in which the participant was held at knifepoint in front of their children. Participant 3 described an extremely violent relationship where their partner tried to run them over with a car. Both Participants 2 and 3 described being involved in several physical altercations with other individuals. Participant 5 also described public abuse recently experienced on an urban street:

> 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.

The trauma, abuse and violence experienced by individuals served to "create obstacles and barriers for them to navigate the system" (Community Ministries Director). Moreover, such experiences and the lack of resources in rural communities often led individuals to leave the community in order to find a safe environment, or to access supports.

4.2.3. Grief and loss. According to the Ask Auntie Coordinator, "Grief and addiction are major reasons why people are homeless because they don't know where to reach out for resources, for psychiatrists, counselors, the resources that they would normally have in a family setting." Most of the participants in the study suffered grief and loss that impacted their lives in profound ways. Participant 1 had a 3-year-old twin boy die; Participant 2 shared that when they were 13, their grandmother, who had been a major support in their life died; and Participant 5's partner passed away, leading to their downward spiral into houselessness. Participant 5 shared:

> And so then [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 a half years. I just didn't care.
> I didn't go anywhere, I didn't do anything. (Participant 5)

In addition to the death of loved ones, participants also experienced other forms of loss such as children being apprehended by Child and Family Services, the theft of belongings, loss of homes/housing, and the loss of education or job opportunities due to incarceration, depression and/or substance use.

4.2.4. Caregiving. A variety of caregiving roles impacted participants in the study. Participant 1, who had become a mother very young, had multiple caregiving responsibilities including parents with a variety of health issues. Participant 2, in addition to having a wife and new baby at home, also had a biological mother with bipolar disorder. Participant 4 spent a good deal of time caring for Participant 3, who experienced seizures due to a traumatic brain injury and had addiction issues. Participant 5 spent much of their adult life caring for a partner who also had bipolar disorder. When their partner passed away and the caregiving role disappeared, they struggled with mental health and substance use issues, eventually losing their income source and home. The caregiving responsibilities of participants impacted where they lived and their capacity to engage in work. Moreover, they taxed the energy of participants and influenced the trajectories of their lives.

4.2.5. Health: Physical/mental health and substance use. Physical health was a significant challenge for several participants. Participant 3 experienced seizures from a traumatic brain injury and substance use, as well as having Hepatitis C. Formerly employed in stucco application, this individual was unable to work due to ongoing dizziness—and the requirement to be on scaffolding in the trade. Participant 1 as well was engaged in an ongoing battle with cancer:

> I found out last year, actually last year, March, 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 [doctors] because I just can't
> afford to be off work.

As is evident in the comment, Participant 1 struggled to maintain work while undergoing cancer treatment, as it "sucks the life right out of you" (Participant 1).

In addition to physical health, several participants also struggled with mental health. Finding support in rural communities was difficult as was the stigma individuals felt was associated with mental health concerns. Linked to trauma and grief, several participants struggled with depression. Participant 5's hopelessness and despair led them to attempt suicide.

> The psychiatric hospital, as 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 discussed their own struggles with mental health, as well as the alienation from their family due to the associated stigma. The devastating impacts of grief, depression, and alienation destroyed their livelihood and led to suicidality.

Finally, substance use, although clearly linked to both physical and mental health, was identified as a key issue by all of the participants in the study. While alcohol was the primary substance used by three of the participants, other illicit drug use (cocaine and methamphetamine) was described by Participants 2 and 3. Participants 1, 2, and 5 all described recovering from substance use in their interviews. Participant 2 had achieved sobriety after a nearly 20-year off-and-on addiction to methamphetamine. For Participant 3, however, recovery was illusive. Participant 4 (Participant 3's partner) described the situation:

> Well obviously, he's dependent on it. Because they 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. But that's from his
> drinking all that's the only thing like all his drinking and [seizures]…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. He always needs a drink. a King can, something
> every day. So that's what I always have to worry about every day. That's
> frustrating sometimes.

For Participant 3 and 4, both of whom lived in an urban environment at the time of the study, family and friends served to trigger and enable substance use, despite the fact that it led to many issues for the couple. The Community Ministries Director noted that this is also often the case in rural environments:

> And 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?

Overall, findings from the study outlined significant challenges that were both systemic and personal in nature. It is important to note that the challenges expressed through the stories of the participants were complex in nature, frequently impacting

and triggering one another (Craft-Rosenberg et al., 2000). They did not occur in neat categories and subcategories, but rather in messy and complex ways as they do in the lives of all human beings.

5.0 Recommendations and Discussion

Findings from the study support much of what has been described in previous literature about rural houselessness across Canada while adding depth of insight through the lived experiences of the participants in the study. In terms of root causes of houselessness, the institutional barriers outlined in the study matched what other researchers have identified in relation to rural houselessness, including its invisibility (Cloke et al., 2003; Cloke et al., 2007); a general lack of affordable, accessible, attractive, and/or safe housing (Cloke et al., 2003; Karabanow et al., 2014; Schiff & Turner, n.d.); a lack of employment opportunities and governmental services in rural contexts (Christensen, 2012); and issues related to larger systems, including the education system (Christensen, 2012; Sumner, 2005), justice system (Naeem, 2020; Paradis, 2016), and healthcare system (Craft-Rosenberg et al., 2000; Gray et al., 2011; Sumner, 2005). Moreover, many of the more personalized issues faced by participants also mirrored and strengthened previous literature, including domestic problems, conflict, abuse, trauma, and violence (Baker Collins, 2013; Brott et al., 2019; Craft-Rosenberg et al., 2000; Gray et al., 2011; Griggs, 2016; Naeem, 2020; Waegemakers Schiff et al., 2016, Skott-Myhre et al., 2008; Sumner, 2005); mental health and substance use issues (Baker Collins, 2013; Brott et al., 2019; Christensen, 2012; Gray et al., 2011; Waegemakers Schiff et al., 2016; Sumner, 2005); and the impact of caregiving responsibilities (Brott et al., 2019). These roots of houselessness, in many cases, led to the participants moving to larger, more urban, centres in search of services and amenities to meet their needs (Naeem, 2020; Skott-Myhre et al., 2008). Except for Participant 2, who had moved to another rural community to access housing, the remaining participants had moved to urban locations in order to access healthcare (Participant 1), employment (Participant 1), and housing, government, and social services (Participant 1, 3, 4, and 5). Both the challenges faced by individuals and their movement to access supports led the research team to compose a series of recommendations for governmental bodies, healthcare, education, justice, municipalities, businesses, organizations, and community members in Manitoba and in rural contexts, specifically (see Table 1).

While limited in terms of the number of participants and communities explored, the research study described in this article also offers insight into rural Manitoba's unique context(s) difficult to find elsewhere in the literature on rural houselessness. Because Manitoba has only two urban centres with more than 30,000 people (one of which has just over 50,000 people), it is almost entirely rural, geographically. It is different than other rural contexts in its geographic sparsity and in its unique makeup of very small communities. With a population of 1,342,153 (Statistics Canada, 2021), Manitoba is made up of almost 650,000 square kilometres or 250,000 square miles (Province of Manitoba, n.d.); this works out to two people per square kilometre. The geographic sparsity that results from such a make-up creates a situation in which service provision is extremely challenging and in which significant travel is required to move from place to place.

Table 1. *Recommendations From the Study*

Category	Recommendations
Government Programs	
Housing/Home-lessness Programs	▪ Extend services to rural communities including housing initiatives, food programs, and donation programs (e.g., beds, furniture, clothing, etc.) ▪ 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
Children/CFS	▪ Provide more supports for adults aging out of care ▪ Provide supports for parents seeking to regain custody of their children ▪ Provide supports to single mothers transitioning to empty nesters ▪ Provide more affordable childcare
Employment and Benefits (EIA, EI, CERB, Disability, etc.)	▪ Index EIA and minimum wage to allow individuals to afford a place to live ▪ 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
Healthcare	▪ Provide free medications for low-income earners ▪ Provide more accessible supports for mental health and addictions counseling 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
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, etc.

___

Table 1 continued

___

Justice	▪ Work with other organizations (education, healthcare, local organizations, etc.) to support individuals experiencing homelessness and mobility/transience
	▪ Improve the transition out of incarceration for individuals, including helping them access supports such as housing and government benefits prior to leaving
Municipalities, 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
Community members	▪ 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

___

The participants in the study identified living in a variety of communities of varying sizes over a period of years. The smallest hamlet mentioned by one of the participants (who actually even lived outside of it) had a population of under 100 people, while other rural communities of residence mentioned by participants had populations of 2,500 or 4,000 people—as examples. The unique context of rural Manitoba, with its very small communities and great distances between them, impacted the lives of participants in significant ways. In addition to struggling to access groceries, doctor appointments, support or required meetings/appointments, employment, and/or a place to rent in very small community contexts, denial/invisibility of houselessness and stigma were also identified as issues by participants. According to Cloke et al. (2003), such issues are common in rural contexts:

> By rendering homelessness invisible by various means, the cultural politics
>
> of rurality makes visible a key aspect of the social space of the countryside.
>
> The (albeit contested) social construction of the rural as an idyllic, problem-

> free living space becomes variously self-fulfilled as issues such as homelessness are ignored, thought to be impossible, or argued away. (p. 34)

When denied by rural inhabitants or made invisible through strategies like couch-surfing or staying with family and friends, rural houselessness becomes difficult to address. When visible, individuals "stick out like a sore thumb" (Cloke et al, 2003, p. 27), and open themselves up to stigma and moral degradation. This was the experience of the participants who had lived in small rural communities at varying points. Participant 2, in particular, spoke about this, relaying how coffee shop talk about their struggles inhibited their ability to meet their housing and employment needs, and made it difficult to manage socially in a small community. Interestingly, Participant 2 also noted that during times of transience, they sought out "small town hospitality," choosing to seek out churches, organizations and helpful individuals (e.g., cutting grass for lunch) for support in times of need.

It was ultimately the unique rural contexts evident in the stories of participants that led the research team to consider both the limitations and potential of rural communities in addressing challenges related to houselessness and mobility/transience. While several limitations related to distance, sparsity, and available supports were evident in the study, so too was a sense of hope related to what Participant 2 had noticed about the willingness of organizations and individuals to help solve problems in rural contexts. Imagine if non-profit organizations, governmental programs, businesses, community resources, and institutions such as education, justice, and healthcare worked together in rural communities to raise awareness about—and the visibility of—rural houselessness. Imagine if they worked together to develop responsive, needs-based, relational approaches to mitigating houselessness locally. As researchers, we believe this is possible and worthy of future funding and research.

References

Aykanian, A. (2018). Service and policy considerations when working with highly mobile homeless youth: Perspectives from the frontlines. *Children and Youth Services Review, 84*, 9–16. https://doi.org/10.1016/j.childyouth.2017.11.014

Baker Collins, S. (2013). Childhood stress and mobility among rural homeless youth. In S. Gaetz, B. O'Grady, K. Buccieri, J. Karabanow, & A. Marsolais (Eds.), *Youth homelessness in Canada: Implications for policy and practice* (pp. 53–74). Canadian Homelessness Research Network Press.

Brott, H., Kornbluh, M., Incaudo, G., Banks, L., & Reece, J. (2019). Placing a spotlight on rural homelessness: Identifying the barriers and facilitators to successfully supporting homeless families within rural communities. *Journal of Poverty, 23*(3), 179–201. https://doi.org/10.1080/10875549.2018.1549184

Christensen, J. (2012). "They want a different life": Rural northern settlement dynamics and pathways to homelessness in Yellowknife and Inuvik, Northwest Territories. *The Canadian Geographer, 56*(4), 419–438. https://doi.org/10.1111/j.1541-0064.2012.00439.x

Cloke, P., Johnsen, S., & May, J. (2007). The periphery of care: Emergency services for homeless people in rural areas. *Journal of Rural Studies, 23*(4), 387–401. https://doi.org/10.1016/j.jrurstud.2007.05.006

Cloke, P., Milbourne, P., & Widdowfield, R. (2003). The complex mobilities of homeless people in rural England. *Geoforum, 34*(1), 21–35. https://doi.org/10.1016/S0016-7185(02)00041-6

Craft-Rosenberg, M., Powell, S. R., Culp, K., & Iowa Homeless Research Team. (2000). Health status and resources of rural homeless women and children. *Western Journal of Nursing Research, 22*(8), 863–878. https://doi.org/10.1177/01939450022044845

Edwards, M. E., Torgerson, M., & Sattem, J. (2009). Paradoxes of providing rural social services: The case of homeless youth. *Rural Sociology, 74*(3), 330–355. https://doi.org/10.1526/003601109789037204

Gewirtz O'Brien, J. R., Gower, A. L., & McRee, A.-L. (2021). Variation in health among unstably housed youth from cities, suburbs, towns, and rural areas. *Journal of Adolescent Health, 69*(1), 134–139. https://doi.org/10.1016/j.jadohealth.2020.11.013

Glaser, B. G. (1965). The constant comparative method of qualitative analysis. *Social Problems, 12*(4), 436–445. https://doi.org/10.2307/798843

Gray, D., Chau, S., Huerta, T., & Frankish, J. (2011). Urban–rural migration and health and quality of life in homeless people. *Journal of Social Distress and Homelessness, 20*(1–2), 75–93. https://doi.org/10.1179/105307811805365007

Griggs, E. D. (2016). *Nicole's story: One family's experience of homelessness in a rural district* (Publication No. 10146510) [Master's thesis, Eastern Oregon University]. ProQuest Dissertations & Theses Global.

Jadidzadeh, A., & Kneebone, R. (2020). Homeless shelter flows in Calgary and the potential impact of COVID-19. *Canadian Public Policy, 46*(S2), S160–S165. https://doi.org/10.3138/cpp.2020-059

Karabanow, J., Naylor, T., & Aube, C. (2014). From place to space: Exploring youth migration and homelessness in rural Nova Scotia. *Journal of Rural and Community Development, 9*(2), 112–127. https://journals.brandonu.ca/jrcd/article/view/905/204

Krahn, H., Derwing, T. M., & Abu-Laban, B. (2005). The retention of newcomers in second- and third- tier Canadian Cities. *International Migration Review, 39*(4), 872–894. https://doi.org/10.1111/j.1747-7379.2005.tb00292.x

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Sage.

Naeem, R. (2020). *A study of homelessness and migration in northern rural and urban centres in the near north, Ontario, Canada, using GIS techniques* (Publication No. 28052584) [Doctoral dissertation, Kingston University]. ProQuest Dissertations & Theses Global.

Paradis, E. (2016). Outsiders within: Claiming discursive space at national homelessness conferences in Canada. *Social Inclusion, 4*(4), 97–107. https://doi.org/10.17645/si.v4i4.670

Piat, M., Polvere, L., Kirst, M., Voronka, J., Zabkiewicz, D., Plante, M.-C., Isaak, C., Nolin, D., Nelson, G., & Goering, P. (2015). Pathways into homelessness: Understanding how both individual and structural factors contribute to and sustain homelessness in Canada. *Urban Studies, 52*(13), 2366–2382. https://doi.org/10.1177/0042098014548138

Province of Manitoba. (n.d.). *Manitoba's strategic advantages: The land*. Retrieved October 15, 2021, from https://www.gov.mb.ca/jec/mbadvantage/theland.html

Saldaña, J. (2021). *The coding manual for qualitative researchers* (4th ed.). Sage.

Schiff, J. W., & Turner, A. (n.d.). Housing First in rural Canada: Rural homelessness & Housing First feasibility across 22 Canadian communities. University of Calgary. https://www.homelesshub.ca/sites/default/files/attachments/Rural_Homelessness_in_Canada_2014.pdf

Shanafelt, A., Hearst, M. O., Wang, Q., & Nanney, M. S. (2016). Food insecurity and rural adolescent personal health, home, and academic environments. *Journal of School Health, 86*(6), 472–480. https://doi.org/10.1111/josh.12397

Skott-Myhre, H. A., Raby, R., & Nikolau, J. (2008). Towards a delivery system of services for rural homeless youth: A literature review and case study. *Child & Youth Care Forum, 37*, 87–102. https://doi.org/10.1007/s10566-008-9052-8

Slayton, N. (2021, May 21). Time to retire the word 'homeless' and opt for 'houseless' or 'unhoused' instead? *Architectural Digest.* https://www.architecturaldigest.com/story/homeless-unhoused

Statistics Canada. (2017). *Population centre and rural area classification 2016.* https://www.statcan.gc.ca/en/subjects/standard/pcrac/2016/introduction

Statistics Canada. (2021). Census of population. https://www12.statcan.gc.ca/census-recensement/index-eng.cfm

Sumner, K. W. (2005). *Determining housing need in rural Manitoba: Designing a needs assessment tool* (Publication No. MR12368) [Master's thesis, University of Manitoba]. ProQuest Dissertations & Theses Global.

Waegemakers Schiff, J., Schiff, R., & Turner, A. (2016). Rural homelessness in western Canada: Lessons learned from diverse communities. *Social Inclusion, 4*(4), 73–86. https://doi.org/10.17645/si.v4i4.633

Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). Sage.