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A 10-YEAR CASE STUDY EXAMINING SUCCESSFUL APPROACHES AND CHALLENGES ADDRESSING THE DETERMINANTS OF HOMELESSNESS: THE EXPERIENCES OF ONE CANADIAN CITY

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INTRODUCTION

People living in poverty and/or those who are homeless face many more challenges and obstacles than the average person. This includes their increased vulnerability for poor health, multiple social problems, diminished quality of life, higher morbidity and premature mortality (Guirguis-Young, McNeil & Hwang, 2014; Mills, C., Zavaleta, D. & Samuel, K., 2014; Phipps, 2003). They also face social exclusion and isolation (Mills et al., 2014), inequality, discrimination and stereotyping by landlords, health and support providers and the general public in their communities (Khandor, E., Mason, K., Chambers, C., Rossiter, K., Cowan, L. & Hwang, S. W., 2011). Their experiences walking into public facilities, accessing traditional health and social services, renting and being considered for employment are often negative. In many instances there are discrepancies between what people who are homeless need or want, what service providers can offer and what the provincial or local governments can afford or support as best practices (Shinn, 2007). In this chapter, we refer to these conditions as the ‘determinants of homelessness’¹ – a term that

is deliberately similar to the term, ‘determinants of health.’ The term invokes the multiple and interlocking social and structural factors that impact the capacity and resilience of individuals or families living in poverty and/or homelessness/housing insecurity. There is a direct relationship between the determinants of homelessness and the determinants of health. Both include income status, housing, personal and environmental factors. Both impact on health and well-being of individuals and families. Exploring how best to manage or balance the determinants of health and homelessness is an essential part of preventing or ending homelessness.

By investigating the experiences of individuals and families experiencing homelessness, the complexity of homelessness, the challenges living with it or addressing it and the lack of public policies to support a systems approach to successfully resolve it are revealed (Hulchanski, D. J., Campsie, P., Chau, S., Hwang, S. W. & Paradis, E., 2009). Although different Canadian cities had their own community plans with various housing and support programs (e.g. emergency shelters

1. Homeless was defined as living on the street, living in unsuitable accommodation such as an abandoned home/car/shed, living in emergency shelter or couch-surfing.

as well as supportive, transitional, social and affordable housing), to address the various challenges and needs of people who were at risk of becoming homeless and those who were currently homeless, the Housing First strategy was the first opportunity to pilot the systems approach across multiple cities in Canada with federal, provincial and municipal supports for the goal to end homelessness in 10 years.

Considering the various housing and support programs implemented over the past decade, including the Housing First strategy, we pose some questions worthy of a retrospective investigation within one Canadian city: What have we learned over the past decade about the determinants of homelessness and related experiences of those delivering and receiving the various programs and strategies to manage the determinants and, in turn, manage or prevent homelessness? What has been the impact or outcomes of various programs and strategies implemented over this past decade, including Housing First, on managing or reducing homelessness and, specifically, on the experiences of people at risk of becoming homeless or who were homeless (micro level), service providers and the broader community (meso level) and government decision makers (macro

level)? What further adaptations or changes were or are needed for a strategy like Housing First to be more effective at addressing micro, meso and macro system challenges and staying on course to end and prevent homelessness in 10 years?

These questions are the focus of this chapter. The authors apply a system-wide analytical lens (i.e. examining responses at the micro, meso and macro levels), seeking the experiential knowledge of people who were homeless, service providers and decision makers. We situate our research in a case study of one city, highlighting its experience and outcomes with managing homelessness as various programs and strategies, including Housing First, were implemented over a 10-year time frame between 2005 and 2015. We draw on data from three separate projects as part of the case study. We also explore the successes, challenges and barriers related to managing or ending homelessness. Recommendations are discussed in the context of what we have learned from the three projects in this case study which provide data over the 10 years from 2005 to 2015 regarding specific and system-wide decisions and changes in practices aimed at preventing and ending homelessness.

The Significance of Homelessness for Individuals, Communities and Governments

Homelessness is a community affair, involving individuals, families and community service providers.

Homelessness is a community affair, involving individuals, families and community service providers. Each of these groups come into the relationship dealing with many unknowns but sharing a goal to address the determinants of homelessness (Guirguis-Younger, M., McNeil, R. & Hwang, S.W., 2014; Hwang, 2009; Mills et al., 2014; Oudshoorn, A., Ward-Griffin, C., Poland, B. et al., 2013). The first challenge in addressing the determinants of homelessness is to identify individuals or families as being homeless and in need of housing and other services. However, homeless counts are point-in-time estimates, which often underestimate those who are precariously housed. Further, the affordable housing supply may be limited when demand is high. Community capacity in terms of human and other resources providing health and social supports and services in safe and appropriate spaces are also limited (Oudshoorn et al, 2013). The biggest challenges are associated with policy and funding. Without a national agreement to support an affordable housing

policy, there is always the chance that the federal government can abdicate its housing responsibilities to the provinces and municipalities (Zon, N., Molson, M. & Oschinski, M., 2014). In summary, responses to homelessness at the micro, meso and macro levels have not been proactively planned with consideration for the determinants of homelessness, including adequate affordable housing stock, appropriate health care and support service access and sufficient human and financial resources to sustain all that is needed to end and prevent homelessness. More often than not, the micro and meso levels are dependent on macro level conditions, with governments having the final say on what, when and if homelessness or housing strategies will be funded. We see this approach to solving homelessness as fragmented, inefficient and ineffective.

Alberta, Canada has not historically been proactive at addressing poverty. About 300,000–400,000 people lived in poverty over the past five years, costing between \$7.1–9.5 billion (Vibrant Communities Calgary, 2012). Up until 2015 when Alberta introduced *A Blueprint for Reducing Poverty in Alberta*, it was one of three provinces without a poverty strategy.

Of the 6,663 individuals experiencing homelessness in Alberta in 2014, about 35% were located in Edmonton. Over the past decade, Edmonton experienced an increase in the number of individuals and families who were identified as homeless. In 1999, 1,125 homeless were counted, which more than doubled in 2006 (2,618) (Homeward Trust, 2014). With the introduction of Housing First in 2008, homeless counts and related costs began to decrease. By 2014, 2,307 were identified and costs decreased from around \$100,000 to \$35,000 per person per year (Homeward Trust Edmonton, 2014).

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In Search of the ‘Grail’ to Prevent and End Homelessness – The Edmonton Context

This section provides background information for our study of the implementation of Housing First in Edmonton, Alberta over the past 10 years. Addressing homelessness and its associated costs requires aggressive and proactive approaches (Burt, M., Hedderson, J., Zweig, J., Ortiz, M. J., Aron-Turnham, L. & Johnson, S. M., 2004). Municipalities must shift from the ‘staircase’ approach in which individuals are shuffled through shelters, transitional and social housing and have to prove readiness for independent housing, to a systems approach focusing on collaboration, coordination and integration of housing-led or Housing First approaches along with various supports (De Vet, R., van Lujelaar, M. J. A., Brilleslijper-Kater, S. N. et al., 2013; Neale, K., Buultjens, J. & Evans T., 2012; Stergiopoulos, V., Rouleau, K., & Yoder, S., 2007). However, money must be invested up front to build the necessary infrastructure for affordable housing as well as health and support services and income security (Gaetz, S., Scott, F. & Gulliver, T., 2013; Shinn, 2007).

Housing First as a systems approach had the underlying principle of: “if people are housed, they are more likely to move forward in their lives” (Gaetz et al., 2013) and was viewed as relevant for not only managing and ending homelessness but also preventing it (Burt, 2007; Stroh & McGah, 2014). However, effective prevention initiatives have proven to be challenging to implement. First, because determining if someone is vulnerable to becoming homeless is difficult to do and, second, because in order to effectively prevent homelessness in cases like this the community needs to have a rapid rehousing system in place (Culhane, D., Metraux, S. & Byrne, T., 2011).

In addition, prevention approaches are associated with high uncertainty, in part because they require a framework that examines efficiencies and effectiveness from the outset (Burt et al., 2005). Barriers to homelessness prevention also need to be explored. Research suggests

the following potential barriers: funding and planning with community-based services trying to ensure availability of services for different populations (i.e. youth, women, families, seniors, etc.); housing benefit restrictions, particularly with the supply of affordable safe housing; restrictions in the use of private sector housing; community capacity to monitor impact and outcomes; and challenges associated with culture change (Pawson, H., Davidson, E. & Netto, G., 2007).

To address these challenges, the Alberta Government implemented its *Plan for Alberta: Ending Homelessness in 10 Years* (The Alberta Secretariat for Action on Homelessness, 2008). The plan is based on Housing First principles and philosophy. Similar approaches were used with the youth plan (Government of Alberta, 2014), which engaged youth and parents, communities and government in the planning.

Four years after the plan to end homelessness was initiated, the Alberta Government (2012) conducted conversations with communities to determine what worked well with the initiation of Housing First and what else needed to happen to ensure the province achieved its goal of ending homelessness by 2019. Participants in these government consultations indicated that improved cooperation, collaboration and communication among service providers worked well during the implementation of Housing First across the province. Ten recommendations for changes to reach the goal of ending homelessness were also identified, including restructuring, streamlining and improving access to programs; providing a range of housing and support service options; changing the funding formula; building the capacity of community-based agencies; focusing more on prevention and long-term planning; and initiating public awareness and education.

Methodology

A single case study design (Yin, 1994) was used to focus on one Canadian city (Edmonton, Alberta, Canada). Specifically, we were interested in understanding the community's approach (whether traditional or systemic) and capacity (i.e. resources, knowledge/experience, policies, other supports) to address or manage the housing, health and support services needs of people who were vulnerable to becoming homeless or who were homeless (i.e. determinants of homelessness). The case study explores the community response to managing homelessness in three different projects conducted in 2005, 2009 and 2009-2015. Our analysis focused on the outcomes for the community.

Researchers, community service providers, decision makers, private or corporate sectors and those individuals living in poverty or who were identified as either homeless or at risk assisted with various aspects of the study from the design to the reporting of findings.

Community-based participatory research methods (Bennett & Rogers, 2004) were used to design and explore this case for the projects in 2005 and 2009. Researchers, community service providers, decision makers, private or corporate sectors and those individuals living in poverty or who were identified as either homeless or at risk assisted with various aspects of the study from the design to the reporting of findings. This approach gave those with the expertise or experience more control over the research questions and process, and more influence over how findings were used and by whom (Bennett & Roberts, 2004; O'Toole, T. P., Aaron, K. F., Chin, M. H., Horowitz, C. & Tyson, F., 2003). In contrast to the two projects conducted with community participants (i.e. people who were homeless, service providers and decision makers in government) in 2005 and 2009, the third project spanning 2009 to 2015 was a document content analysis of community homelessness reports and plans. The document study from 2009 to 2015 not only provided a contrast as a method, with examination of different homelessness reports and plans, but also an analysis of homelessness housing and support practices over the six years.

Participant and Document Access

Participants for the 2005 and 2009 projects were purposive samples of people living in poverty and vulnerable to becoming homeless, those who were homeless, various community health and support service providers, housing developers and landlords, and decision makers in federal, provincial and municipal governments. They were accessed through community contacts and snowball sampling methodologies. For the 2005 project, 12 dialogue or focus groups were set up, each focused on experiences of targeted populations – seniors, youth and a separate group of students, families, singles, Aboriginal people, immigrants, people who are deinstitutionalized (from prison/correctional facilities or mental health institutions), persons with disabilities, persons with mental health issues, persons with addictions and victims of family violence. Each of these groups except the students were mixed or diverse groups consisting of 15 to 20 people of which two to five were individuals/families who were vulnerable or homeless. Other participants in these focus groups included housing providers, community health and support service providers as well as professionals, government decision makers and landlords or guardians. These larger than usual non-homogeneous focus groups were intentionally structured to provide the necessary diversity of stakeholder experiences and perceptions regarding the varied issues and recommendations for targeted populations. Everyone in each group was given an opportunity to provide input on each question. Questions were the same for each focus group to ensure comparability of responses across the 12 groups. Specifically for students, a town hall session was initially held at a post-secondary institution (with over 100 students in attendance). These students were asked to self-identify if they were interested in taking part in a focus group to discuss identified issues, needs and recommendations in more detail. Eleven self-identified students consented to take part in a focus group.

“If people are housed, they are more likely to move forward in their lives.”
-Gaetz et al.

For the 2009 project, participants were purposely selected for interviews and focus groups pursuing the same focus and questions as pursued in the 2005 study. A total of 16 service providers, three decision makers and 10 homeless individuals (representing seniors, youth, single males and females, Aboriginal people, immigrants, women who experienced violence and those with mental health and addictions issues), and three individuals living in poverty (of which one had disabilities and two were families) were interviewed. Three focus groups were set up with some of the same people and others to validate the interview findings – one focus group of 15 service providers and two groups of 10 diverse individuals and families with low income and who were homeless.

To track the system response in Edmonton to the initiation of the provincial strategy to end homelessness in 10 years (2008), a different approach to a third project was conducted to align with findings from the 2005 and 2009 studies. For the 2009 to 2015 study, because the community was reluctant to have further interviews and focus groups with people experiencing homelessness, service providers and decision makers following similar community planning dialogue, a comprehensive document search was conducted. The search was for relevant homelessness annual reports, community plans and other documents describing programs/services, housing and topics related to targeted groups (i.e. seniors, youth including students, families, single women and men, Aboriginal people, immigrants, institutionalized individuals from corrections or other facilities, victims of family violence and persons with mental health issues, disabilities or addictions).

Data Collection and Analysis

Questions focused on the determinants of homelessness and specifically participants' perceptions/ understandings of the experience of living with low income and/or in homelessness...

The 2005 and 2009 projects received ethics approval (University of Alberta Health Research Ethics Board). The dialogues/focus group discussions held in the 2005 study and the semi-structured interviews and focus groups of the 2009 study were conducted with people who were at risk of becoming homeless or who were homeless, service providers and decision makers. Questions focused on the determinants of homelessness and specifically participants' perceptions/ understandings of the experience of living with low income and/or in homelessness as well as the experiences of people providing or accessing health and support services in Edmonton (i.e. what community services were available and working well and where improvements were needed) and what recommendations participants had for changes to services/programs and policies to better accommodate individuals or families who were at risk of becoming homeless or who were homeless. All sessions were audiotaped and transcribed. Qualitative thematic content analysis with flexible open coding (Asbjorn Neergaard et al., 2009) was applied to all transcripts based on the focus of the questions and particularly the determinants of homelessness. Each transcript was coded by two raters, ensuring inter-rater reliability for coding. Codes were clustered into themes as shown in Tables 1 (2005 study), 2 and 3 (2009 study).

TABLE 1 *Themes and Sub-themes Identified by 12 Focus Groups/Dialogues Consisting of People Who are Homeless, Community Service Providers and Decision Makers (Gordon & Kovacs Burns, 2005). Groups Include Seniors, Youth and Students, Women, Singles, Families, Aboriginal People, Immigrants, People Who were Deinstitutionalized, People with Mental Illness and/ or Addictions, People with Disabilities and Victims of Family Violence.*

Themes	Sub-themes
HOUSING	<p>Emergency housing – need for:</p> <ul style="list-style-type: none"> • More shelter spaces for single women, intoxicated people, couples and people with disabilities/special needs. • Housing (from emergency to long-term) for youth ≤18 years of age. • Emergency shelter for families in crisis. • Long-term strategy to address the shortage of winter emergency shelter spaces. • Culturally sensitive policies and staffing at emergency shelters. • More emergency housing for older men and women who have been abused. • Emergency housing for men (some with children) suffering from domestic violence. <p>Transitional housing – need for:</p> <ul style="list-style-type: none"> • Transitional housing for families in crisis, refugees with special needs, youth ≤18, immigrant families and singles. • More affordable aftercare (sober) housing with support. • Transitional tolerant housing with support but no treatment (harm reduction). • More affordable, supportive housing for mental illness/dual diagnosis. • Transitional housing for older men and women who are being abused. • Short-term housing for people waiting for addictions treatment. • Respite care for mental health clients and care-providing families. • More second-stage housing for victims of family violence.



<p>HOUSING</p>	<p>Long-term supportive housing – need for:</p> <ul style="list-style-type: none"> • More supportive (transitional) housing for people leaving institutions. • Long-term supportive housing for seniors with special needs (hard to house). • Long-term tolerant housing with support but no treatment (harm reduction). • More affordable aftercare (sober) housing with support. • More affordable, supportive housing for seniors, immigrant/refugee families, people with disabilities and people with mental illness and dual diagnosis. • More long-term supportive housing for youth 18 years of age and older. • Long-term supportive housing for families in crisis. <p>Affordable housing – need for:</p> <ul style="list-style-type: none"> • More affordable aftercare (sober) housing with support. • More permanent housing for low-income families and singles. • More housing for large Aboriginal and immigrant families. • More affordable and subsidized housing for people with disabilities and mental health issues. • Assistance to help families become homeowners.
<p>PREVENTION</p>	<p>Need for:</p> <ul style="list-style-type: none"> • Support programs for families to help them retain and live in healthy homes. • Communities to stop creating ghettos/gentrifying older neighborhoods. • Private sector to improve practices and understanding.
<p>COMMUNICATION AND AWARENESS</p>	<p>Need for:</p> <ul style="list-style-type: none"> • Strong advocacy and awareness on all housing-, homelessness- and poverty-related issues. • Improved government coordination/collaboration with private/ nonprofit sectors. • Increased awareness of services and supports. • Aboriginal communication strategy.
<p>REGULATION AND POLICY</p>	<p>Need for:</p> <ul style="list-style-type: none"> • Sufficient income and benefits from government support programs. • Adequate standards for housing and support (staff qualifications, procedures, etc.). • Governments to be more flexible in performance expectations. • More accessible and adapted housing (need to define ‘accessible’ and ‘adapted’). • The establishment of a provincial Disabilities Ministry. • Access to surplus government assets (land and housing). • Implementation of the recommendations from the Mayor’s Task Force on Affordable Housing.
<p>CAPACITY BUILDING/ COORDINATION/ PARTNERSHIPS</p>	<p>Need for:</p> <ul style="list-style-type: none"> • Sustainable operational funding for support agencies • Increased funding for ‘capacity building’ for organizations to develop housing. • Ensured continuing funding for the administration of plans. • The enhancement of Aboriginal community cohesiveness and involvement. • A dedicated fund for Aboriginal enhancement and capacity building.



RESEARCH AND ADVOCACY	<p>Need for:</p> <ul style="list-style-type: none"> • Sufficient income and benefits from government support programs. • Strong advocacy and awareness on all housing-, homelessness-, and poverty-related issues. • Accurate statistical data on the needs of Aboriginal peoples. • A national social housing strategy/program.
SUPPORT SERVICES	<p>Need for:</p> <ul style="list-style-type: none"> • A central point of entry/exit for subsidized housing and related support services. • Adoption of a case management/coordination of housing and support services. • Reliable, affordable and accessible transportation. • More affordable childcare and after-school care. • Funding for home care services. • More funding for life skills, anger management and other programs. • Funding to reintegrate people back into community. • More funding for training and education. • Identification of sustainable funding for onsite staff requirements. • Joint work between homelessness committees, the City, Capital Health and the Alberta government.

TABLE 2 *Summarized Results of Transcribed Interviews of Individuals Living in Poverty or Who Were Homeless, Community Service Providers and Government Decision Makers in Edmonton, 2008–2009*

THEMES	DESCRIPTORS
The issue – living in poverty	"Being poor is a full-time job" (quote from person living in poverty) requiring support from different sources.
Identifying with the process and outcomes, not the label of 'case management'	<ul style="list-style-type: none"> • Supported referrals and adequate sources of appropriate services in the community • Guidance and assistance to access and use services • Case management used by social workers and nurses • Sensitivity with being identified as a 'case' • Case management – too formal as a term and process • Preferences for navigation, problem solving, holistic care, mutual support, community strategies or for those in crises or crises intervention or crises-oriented care; outcome assessment; and harm reduction
Service providers coordinate efforts – 'unspoken agreements'	<ul style="list-style-type: none"> • Service providers coordinate with other agencies without formal agreements – unspoken coordination • Issues exist with sharing client information



<p>Services more often respond to client-driven or team-driven needs, not client consent</p>	<ul style="list-style-type: none"> • Agencies, teams and client need to be plugged into existing community services closest to where client resides or frequents • Needs of clients are not like a cookie cutter; many clients have specific service needs • No one agency or service provider can provide for all needs – collaboration needed amongst service providers
<p>Gaps in the system</p>	<ul style="list-style-type: none"> • For users and service providers • Sense of community and 100% buy in • Evaluation of services effectiveness in meeting outcomes of clients • If services cannot do effective integration, the whole community is challenged • No formal partner agreements between or amongst • Leadership to set the stage for events • Resources to train staff • Bridging services from micro to macro levels for support • FOIPP issues and sharing of client needs and information • Discharge planning processes
<p>Common and specific goals for service providers, clients and community</p>	<ul style="list-style-type: none"> • Social inclusion • People receive care and support in their own community or neighborhoods • Individuals take initiative to connect with other community services and resources • Advocacy through coordinated case management, supported referral or other • Transitional care • Community capacity building; community mobilization • Micro to macro level coordination and support • System makes referrals to community services • Prevention of homelessness • Supports in housing complexes • Availability of professional care to clients on 24/7 basis • Native counseling and services available in community • Immigrants, refugees and others needing language or cultural considerations
<p>Specifically for people with low income or those who have experienced homelessness, there are daily challenges for survival</p>	<ul style="list-style-type: none"> • Basic needs must be met daily • Places to stay in winter – biggest challenge • If people are sick or have a tooth ache, urgent care needed • Do not trust many people in their immediate community • Constant fear of losing personal possessions

TABLE 3 *Summarized Results from the Dialogue Sessions with Individuals Living in Poverty or Who are Homeless in Edmonton, 2008–2009*

- Ill individuals or families with children went to nearest emergency department as last resort.
- Daily challenges and issues to survive; focus on one day at a time acquiring the basic survival needs.
- Some individuals need their friends – many look out for each other.
- Some preferred to be left alone.
- Some enemies were within their own group – did not trust each other.
- Their own worst enemy with alcohol and drug abuse and other physical problems.
- Those on the streets for years know how to get by.
- Get help when they get really cold, hungry, desperate or sick – go Boyle McCauley Health Centre or Northeast Community Health Centre.
- Shelters are good places for many – know the people and the place well.
- For assistance or services, they go to the same place – they feel comfortable there.
- Do not like going to the hospital – not treated well in most hospitals.
- Some individuals kicked out of too many places for being difficult.
- No follow up with most of them – they choose not to be followed.
- Some hope they can get off the street, find a place to live and work; others would probably die on the streets.
- Few people focused on family and kids; most individuals had not seen their families for a long while.
- Some avoided their families – had been abused by them; reason for why they are on the street and homeless.

Of 27 documents identified as being relevant between 2009 and early 2015, 16 were screened using the identified criteria (authenticity, credibility, representative and relevant) (Mogalakwe, 2006) and selected for their specific focus on the determinants of homelessness, including housing and support practices, their alignment with the two previous studies and their public release between 2009 and 2015. The documents included community plans, annual and other reports on homelessness programs and strategies. The remaining 11 documents were excluded as they were homeless counts, bulletins, newsletters or specific organization promotion materials. A priori (with predetermined themes) document content analysis, both quantitative and qualitative (Bowen, 2009), was conducted on the 16 selected documents. Analysis focused on content related to the targeted populations previously mentioned and on specific programs and strategies to manage homelessness such as Housing First or related initiatives. Documents were specifically explored for details regarding identified practices,

services or programs for people who are homeless or at risk of becoming homeless, housing, support services, outcomes or results related to programs or strategies, experiences of persons who were homeless, service providers and decision makers, and related aspects. A document data collection and analysis table (Table 4) was used to track the following data: title of report, date, authors/organizations, target or type of population/s in report or involved in study, determinants of homelessness identified (i.e. housing and non-housing as in health, support services, income/funding, identified issues/needs, other), approaches or programs applied to address needs and gaps, and outcomes as well as key recommendations. In addition, the document content analysis included searching for challenges, successes, changes in practice, evaluation of effectiveness of programs and strategies, and related findings that would suggest that either progress had been made in managing homelessness, or additional challenges/barriers were identified which needed to be addressed if ending homelessness and preventing it could possibly happen by 2019.

TABLE 4 *Summarized Relevant Housing/Housing First and Services Documents from 2009 to 2015, Edmonton, Alberta, Canada*

TABLE 4.1
A PLACE TO CALL HOME: EDMONTON'S 10-YEAR PLAN TO END HOMELESSNESS,
EDMONTON COMMITTEE TO END HOMELESSNESS, 2009

POPULATIONS IDENTIFIED/TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
All people who homeless but chronically homeless for Housing First	Permanent housing options; adequate supply of permanent, affordable housing; emergency accommodation; rapid transitioning	Appropriate supports that are accessible; support with housing to transition people into permanent housing; prevention of homelessness	Housing First; prevention; governance structure; implementation process; develops community capacity; promotes collaboration, innovation & cost-effectiveness; measures progress; Streets to Homes program
OUTCOMES OR RECOMMENDATIONS	Homeless Commission will produce an annual progress report – five goals identified in plan		

TABLE 4.2
THE WAY WE LIVE — EDMONTON'S PEOPLE PLAN — THE QUALITY OF LIFE NEEDS & PRIORITIES OF EDMONTONIANS FACING SOCIAL & ECONOMIC BARRIERS,
EDMONTON SOCIAL PLANNING COUNCIL FOR THE CITY OF EDMONTON, 2009

POPULATIONS IDENTIFIED/TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
Disadvantaged Edmontonians – those facing social, economic cultural barriers to a good quality of life	Housing – dominant issue in this book with primary concerns focused on physical condition and quality of housing, availability and affordability of housing and issues regarding emergency housing; affordable units in new housing developments	Transportation, services and roads; efficiency of transit service; affordability of public transit; DATS service and its affordability Affordable educational opportunities, child care and after-school care could be improved. Safety of neighborhoods	Seven focused discussion groups in partnership with community agencies that serve disadvantaged Edmontonians, including seniors, youths, mental health clients, immigrants and homeless or low-income Edmontonians. The ESPC also conducted a quality of life survey, which asked people to rate the importance of, and their satisfaction with, a variety of components of quality of life
OUTCOMES OR RECOMMENDATIONS	Key solutions identified for housing, transportation, affordability and safety		



TABLE 4.3
 STRATEGIC PLAN FOR SERVICES TO EDMONTON'S SENIORS: TOWARDS 2015
 EDMONTON SENIORS COORDINATING COUNCIL, 2009

POPULATIONS IDENTIFIED/TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
Seniors in Edmonton	Housing – recommendations to address issues: affordable housing options are available for older people; essential services (electricity, gas and water) are available to seniors; homes are designed with older persons in mind; home modification options are available; maintenance services are affordable and workers are qualified to do the maintenance; home services are accessible and affordable; community and family connections are made (older persons can stay in their familiar neighborhood); the living environment has sufficient space and privacy	Community health & support services issues and recommendations: a system for screening service providers; providing more funding for services; co-locating social and health services in communities & providing more funding for services; shelter and protection for homeless and destitute older adults and seniors who have been abused; meal services and programs, discounts on utilities for people with low incomes, registers of older people living alone, assistance in obtaining pensions and spiritual support; availability of residential facilities for people unable to live at home; sufficient volunteers to assist seniors with support services, such as driving, shopping, home care, yard help, pet walking, etc.; consideration of older persons in planning for emergencies; health services and transportation need to be more senior focused.	Stakeholder consultation is conducted with the intent to develop discussion paper and strategic plan towards 2015
OUTCOMES OR RECOMMENDATIONS	Recommendations are stated as goals suggested to issues identified for both housing and services for health, support and transportation		

TABLE 4.4
 EDMONTON'S HOUSING FIRST PLAN,
 HOMEWARD TRUST EDMONTON, 2009/2010

POPULATIONS IDENTIFIED/TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
All people who are homeless	Housing options; clients housed in existing market housing; rental assistance; landlord relations management; housing for those with special needs – Pathways Edmonton for those with mental health issues; safe communities pilot – helps people live safely and successfully in community; Supports for Aboriginal Community to access permanent homes; capital projects	Agency advisory committee; mainstream service access; support services for one year or on-going dependent on needs or circumstances; outreach support, landlord relations, centralized administration; training & technical assistance; intensive case management; furniture bank	Housing First Model and principles; “ending homelessness one person at a time”; aligned with A Plan for Alberta – Ending Homelessness in 10 Years; client-centred/client focused; community consultation & engagement
OUTCOMES OR RECOMMENDATIONS	Data collection & analysis; research and evaluation; 2009/10 Housing First program to house and support 500 homeless individuals – budget for administration, furniture bank and outreach/ support team		



TABLE 4.5
HOUSING FIRST — ANNUAL SERVICE PLAN,
HOMEWARD TRUST EDMONTON, 2010/2011

POPULATIONS IDENTIFIED/TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
All individuals/families who are homeless in Edmonton and meet the criteria of Housing First	<p>Since start of Housing First in Edmonton in 2009, almost 900 people were housed in safe, permanent and affordable housing.</p> <p>Housing assistance – landlords and property managers in agreement with Housing First; rental A assistance program successfully launched; furniture bank effectively met needs of clients</p> <p>Youth Housing First team – interim housing for youth and young men in high risk activities was funded but project did not proceed in 2009/10</p>	<p>First year was a learning experience – change management and learning Housing First priorities; flexibility of support workers to respond quickly to situations was critical; critical intervention outreach teams; Housing First workers need the tools and orientation to the program – ongoing training and technical support will be provided to the Housing First teams to enable effective case management; interaction and collaboration amongst the team leads is critical; access at intake stage was a bottleneck as demand is greater than supply of services. Homeward Trust will initiate a coordinated intake process to address potential clients</p>	Housing First model
OUTCOMES OR RECOMMENDATIONS	<p>Model has proven to be effective and efficient. Commitment to meet targets and outcomes:</p> <ol style="list-style-type: none"> 1. Improved intake processes for outreach and program access 2. Focus on sub-populations with unique service needs 3. Continued improvement in service delivery and evaluating client progress 4. Services to support transition to greater independence 5. Implementation of strategies in support of provincial and municipal 10-year plans 		

TABLE 4.6
PERSPECTIVES ON THE HOUSING FIRST PROGRAM WITH INDIGENOUS PARTICIPANTS,
BODOR, CHEWKA, SMITH-WINDSOR, CONLEY & PEREIRA,
BLUE QUILLS FIRST NATIONS COLLEGE, 2011

POPULATIONS IDENTIFIED/TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
Aboriginal homeless people	<p>Indigenous Housing First program and program staff learnings</p>	<p>Relational and therapeutic supports; trauma resources; indigenous staffing issues; staff training</p>	Housing First program model and principles; circle process; storytelling
OUTCOMES OR RECOMMENDATIONS	<p>Indigenous Housing First program learnings: formalizing structures, staffing and processes to assist participants, including staff and clients, with Indigenous identity development; Homeward Trust organizational learnings; broader policy and research</p>		



TABLE 4.7
 BOYLE MCCAULEY HEALTH CENTRE —PATHWAYS TO HOUSING EDMONTON,
 ANNUAL PROGRAM REPORT, 2011-2012

POPULATIONS IDENTIFIED/ TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
People who have severe mental illness and who are both chronically and currently homeless	Market housing rental rates are increasing which places a pressure on new admissions and lease renewals – this is a larger community issue	Assertive Community Treatment (ACT) team delivers recovery services; ACT teams are multidisciplinary, available 24/7 and provide outreach to clients in the community	Housing First model – Pathways to Housing is committed to harm reduction, client-centered care, housing as a basic human right and a recovery orientation; ACT is most effective and cost-effective treatment approach for persons with severe mental illnesses
OUTCOMES OR RECOMMENDATIONS	Model highly effective at improving outcomes for clients and decreasing the use of local institutions such as hospitals and jails. Pathways to Housing program has served 70 clients, 87% of its 80 client capacity. It has been recognized that some individuals do not have the cognitive capacity to live independently. In partnership with Homeward Trust Edmonton, the Homeless Commission, The City of Edmonton and Alberta Health Services will be used in developing a systemic plan.		

TABLE 4.8
 PATHWAYS TO HOUSING – EDMONTON: A HOMELESSNESS HOUSING INITIATIVE,
 PHASE II – FINAL REPORT,
 SUROOD, MCNEIL, CRISTALL, GOBOUT AT ALBERTA HEALTH SERVICES, 2012

POPULATIONS IDENTIFIED/ TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
Individuals with very serious, severe, persistent and multiple problems in their health and living situations; individuals with physical and mental illnesses, ongoing comorbid health conditions, psychosocial problems, drug and alcohol problems, have been hospitalized or incarcerated within the last year, have experienced chronic and absolute homelessness for an average of six years, have lower levels of education, are unemployed, and on income assistance	Continuum of housing is discussed but with the emphasis on getting people to prepare for moving into permanent affordable housing wherever possible	Treatment for mental and physical health problems and/or addiction issues; provide comprehensive services through Boyle McCauley Health Centre in Edmonton	Based on Housing First Model
OUTCOMES OR RECOMMENDATIONS	At 12 months, provision of a home provided improvement in living conditions, work and leisure activities and overall total health outcomes		



TABLE 4.9
 UNDERSTANDING TENANCY FAILURES AND SUCCESSES,
 EDMONTON SOCIAL PLANNING COUNCIL AND EDMONTON COALITION
 ON HOUSING AND HOMELESSNESS, 2012

POPULATIONS IDENTIFIED/TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
All people who are homeless	Examining reasons for tenancy failures, including inability to afford rent or accommodation; housing requires references which may be a challenge for some with a criminal history; housing is unsafe or unfit to live in; losing housing due to health conditions or conflicts with landlords/tenants or inability to manage finances or other aspects of daily living	Recognition that some tenants will need various supports on an indefinite basis	Housing First approach; working with landlords who wish to support their tenants; involved in study: eight focus groups of 105 homeless, formerly homeless and vulnerably housed persons; 87 online survey responses from providers, policy makers and landlords
OUTCOMES OR RECOMMENDATIONS	Person with high life challenges as addictions or mental illness are more likely to experience tenancy failure; 95% tenancy success rate with non-Housing First but an 80% tenancy success rate for Housing First clients		

TABLE 4.10
 EDMONTON, ALBERTA: NIKIHK HOUSING FIRST/HOMEWARD TRUST
 FIONA SCOTT, HOMELESS HUB, 2013

POPULATIONS IDENTIFIED/TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
Focuses on Aboriginal people in Edmonton	Housing is one part of program; housing availability; cost of repairing units; rent supplements	Access to support location; coordinated access and intake; assessment and acuity matching; address complexity of client needs; addressing other housing-related needs – furniture; all agencies integrate culture into Housing First program; create an inclusive governance structure to address needs of sub-populations; collaboration, partnerships	Housing First in Canada model; ongoing review and evaluation; sustainability; education and training on Aboriginal issues
OUTCOMES OR RECOMMENDATIONS	Aboriginal team is one part of solution to end Aboriginal homelessness; context matters in governance; transformative role of education and teachings; targets set to assess reduction of a sub-population's homelessness		

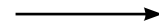


TABLE 4.11
2013 ANNUAL REPORT
HOMEWARD TRUST EDMONTON, 2013

POPULATIONS IDENTIFIED/TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
All people who are homeless; focus on Aboriginal people	>2800 people in safe shelter; opening of Hope Mission's Green Manor (52 new housing units); NOVA provides transitional housing for 19 at-risk youth (through John Howard Society); Homeward Trust created 24/7 permanent supportive housing referral review placement committee to route most vulnerable and those with many barriers; funded 18 new permanent supportive housing units; interim housing; Boyle Street Community Services Winter Warming Bus; renovations to E4C WEAC, Hope Mission Place & Salvation Army Cornerstone	Foyer program implemented for at-risk youth – access to resources for employment, education & life skills; MAP 24/7 Project – expand coordinated access; increased spectrum of services, as training, employment and education for youth; rental assistance and graduate rental assistance initiative; NOVA targets landlord relations, persons with developmental disabilities and property management	Systems planning; “everyone deserves a home” – Homeward Trust's Housing First philosophy; project review committee – provides advice on funding; Aboriginal Advisory Committee; community plan committee with >20 stakeholder groups – recommending and monitoring community plan on housing & supports
OUTCOMES OR RECOMMENDATIONS	Funds raised for Raising the Roof – 1,268 toques sold - \$16,350 raised; First Annual Homeward Walk Run; research on the intergenerational impact of colonialism and Aboriginal Homelessness in Edmonton; homeless management information system		

TABLE 4.12
INTENSIVE CASE MANAGEMENT CONSIDERATIONS TO IMPROVE HOUSING STABILITY AMONGST WOMEN INVOLVED IN HIGH RISK AND/OR EXPLOITIVE SITUATIONS,
ORG CODE CONSULTING, INC. & E4C. EDMONTON, 2013

POPULATIONS IDENTIFIED/TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
Women who are homeless and involved with sex work, substance use and trauma; chronically homeless women with multiple barriers, including mental illness, trauma, high-risk behaviors	E4C housing program supporting women experiencing chronic homelessness and sexual exploitation	Supports targeted to this population of women; intensive case management approach	Housing First approach
OUTCOMES OR RECOMMENDATIONS	Significant findings: study participants have high needs and experienced chronic homelessness; substance use identified as trigger for homelessness; intensive case management service delivery approach is effective; harm reduction philosophy helps women remain housed; being housed had positive impacts on women's quality of life and well-being and on service utilization; women desire to offer and/or receive support with other women with similar experiences; women need subsidy for rent; E4C clients continue to face discrimination from service providers		

TABLE 4.13
WINTER EMERGENCY RESPONSE,
HOMEWARD TRUST, 2013-2014

POPULATIONS IDENTIFIED/TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
All people who are homeless; service providers for referrals	This is an inventory of all locations in Edmonton prepared to provide emergency shelter during extreme winter conditions		Shelter response program for city



TABLE 4.14
A PLACE TO CALL HOME – EDMONTON'S 10 YEAR PLAN TO END HOMELESSNESS: UPDATE YEAR 5
HOMELESS COMMISSION, 2014

POPULATIONS IDENTIFIED/TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
All people who are homeless; chronically homeless in Edmonton	Permanent homes; scattered housing approach in neighborhoods outside of inner city; permanent supportive housing; rapid re-housing	Intensive case management; assertive community treatment; specialized referral outreach services – 24/7 outreach services; Government of Alberta funding for support services	Housing First; Housing First teams
OUTCOMES OR RECOMMENDATIONS	<p>Challenges: capacity to accommodate in-migration; permanent supportive housing to accommodate those who will never live independently; graduating Housing First reasonable for some but not all – some qualify for the Graduation Rental Assistance Initiative Program; shortage of affordable housing and high rents; lack of prevention; NIMBYs.</p> <p>Successes: Housing First teams do intensive case management; other supports and outreach; develop Aboriginal capacity; create a housing link to connect people to crises housing 24/7; rental supplement program is being enhanced; provincial income supports; progress continually measured</p>		

TABLE 4.15
EDMONTON AREA COMMUNITY PLAN ON HOUSING AND SUPPORTS:
EDMONTON COMMUNITY PLAN COMMITTEE; 2011–2015

POPULATIONS IDENTIFIED/TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
All people living in homelessness or who are vulnerable; broad community consultation and involvement in plan development	Housing supply; short-term and permanent supportive housing; home-ownership and equity building; supply of market and non-market rental units; existing stock of housing; future developments; interim and permanent supportive housing; address access issues	Support services – information, resources and access points; coordinated approach; access to treatment, continuing care and managed transition from institutional care; culturally appropriate support services for Aboriginal population; prevention and early intervention – coordinate outreach services, remove barriers, promote knowledge sharing	Plan supports and complements many of the regional, provincial and federal plans (i.e. linkages between community plan and 10-year plans to end homelessness, Alberta's Addiction, and Mental Health Strategy and Homelessness Partnering Strategy Edmonton Priorities); move from continuum to framework

TABLE 4.16
WELCOME HOME PROGRAM, CATHOLIC SOCIAL SERVICES (2015),
*LOCATED ON HOMELESS COMMISSION WEBSITE**

POPULATIONS IDENTIFIED/TARGETED	ISSUES OR IDENTIFIED RESULTS FOR DETERMINANTS OF HOMELESSNESS		APPROACHES DESCRIBED TO ADDRESS NEEDS & GAPS
	HOUSING	NON-HOUSING	
All people who are homeless	This program matches community volunteers with newly housed Edmontonians with the intent of welcoming them into their new communities, showing them around and ensuring that they have the companionship they need to feel at home; some clients require re-housing; rental assistance was not available; rental market was getting difficult with no flexibility	Volunteers are matched to newly housed Edmontonians to provide companionship and assistance, as per case management. It must be anticipated that some clients need support services longer than anticipated and some do not graduate from support services	Various programs are mentioned.
OUTCOMES OR RECOMMENDATIONS	Program has matched 33 newly housed individuals with community volunteers; barriers identified – keeping up with demand, sustainability of Housing First graduates, tightening of the rental market, providing permanent supportive housing and prevention		

* <http://homelesscommission.org/index.php/newsevents/9-updates/89-welcome-home-program-sees-results>

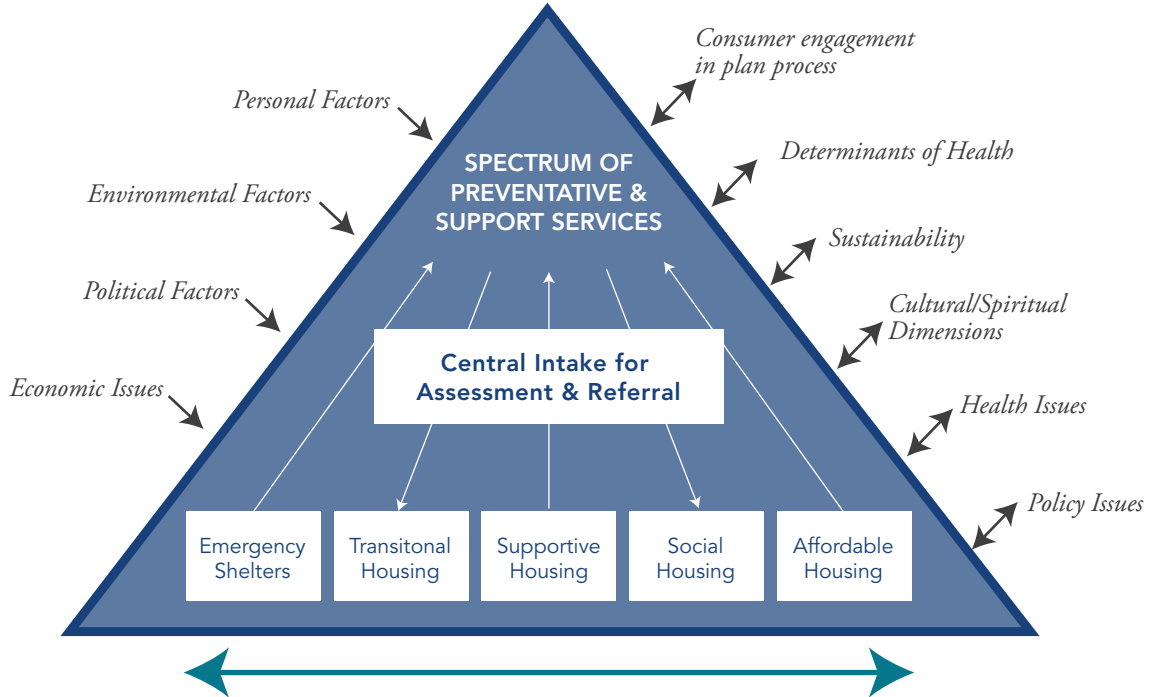
RESULTS

2005 Study Results

The 12 diverse focus groups identified a number of common issues or concerns, challenges, gaps and needs related to services.

The 12 diverse focus groups identified a number of common issues or concerns, challenges, gaps and needs related to services, including housing and improvements needed in housing and support services. Across the 12 focus groups, thematic analysis revealed seven themes: housing (emergency, transitional, long-term supportive, social, affordable), prevention, communication and awareness, regulation and policy, capacity building/coordination/partnerships, support services and research and advocacy. Details of subthemes, specifically the needs identified by the groups for each theme, are provided in Table 1. A total of 70 recommendations were also identified – 10 general ones, 21 housing related and the remainder for non-housing considerations, including five recommendations for capacity building/coordination/partnerships and six for support services (Gordon & Kovacs Burns, 2005).

FIGURE 1 *Continuum of Housing and Spectrum of Preventative and Support Services with Central Intake and Consideration of One- and Two-way Influencing Factors*



Housing Themes

Based on the dialogue with all groups, there was general agreement regarding a number of identified issues related to the needs of targeted populations and recommendations. One general agreement was that “there can never be one package of housing and support services that will meet the needs of all low-income or homeless people” (Community Service Provider). Although there were common housing and supports identified as being needed for all targeted populations, each diverse focus group also identified some specific or unique needs for targeted populations that had to be considered. For example, seniors with complex health needs and some experiencing abuse as well as with fixed or very low income, would have different housing, support and health needs compared with youth or Aboriginal people or immigrant families. Specific discussion of focus groups regarding different needs for different populations centered on the need for a “continuum of housing and support services,” (focus group Participants) such as depicted in Figure 1, so individuals and families who were vulnerable to becoming homeless or those who were homeless would have their specific needs identified and management would be tailored to address their needs. This included the perspectives of the majority of homeless people participating in the focus groups who had a goal to get out of homelessness and become independent.

Participants, whether those who were homeless or service providers, described their experiences with one or all of the housing types in Edmonton – emergency shelters, transitional, supportive, social and affordable housing. There was agreement amongst the 12 focus group participants that services need to be appropriate to the needs of individuals and sensitive to their language and cultural backgrounds. Generally, participants from the 12 groups also agreed that this included the need for sustainable funding for housing and community health and support services, and that service providers should be appropriately trained around homelessness and its determinants as well as be aware of what community services for both managing homelessness and preventing it existed other than

their own programs. Services within the community were viewed by all participants as being fragmented and difficult to navigate. Participants preferred to have a coordinated centralized system of housing and support services access and follow up. They wanted case management to help each individual or family to access appropriate services more easily, to transition as appropriate and to be assisted as needed towards gaining independence. Safe and non-threatening supports, transportation, respite services, health and home care services were identified as desirable by all groups in order to enable easier follow up and transitioning for anyone experiencing homelessness for any length of time. Visually, these needs and coordination are depicted in Figure 1.

There was general agreement among the 12 focus groups that governments needed to be more coordinated with community planning, particularly if these plans were linked to funding. More specifically, they supported a national housing program or strategy, including sustainable funding. Speaking out in the various focus groups were service providers who agreed with a new model approach to managing individuals/families in need, case by case, but felt that they had neither the capacity nor funding to support this transformation. As well, decision makers said that they wanted more evidence about service utilization rates across housing and support services and cost effectiveness measures through which to assess whether an integrated service model would be more cost effective and sustainable to fund. Service providers and decision makers recommended more focused research or evaluation of housing programs and services and their effectiveness in meeting the needs of specific population groups. In addition they also suggested more policy research to determine outcomes value related to costs and cost-effectiveness of programs in existence.

Looking specifically at housing issues or needs or recommendations related to the targeted populations, additional experiences and perspectives of the 12

focus groups were captured. In the youth focus group, participants between the ages of 16 to 25 who were at risk or homeless identified issues they faced. They spoke of the many youth who came to Alberta for work who were high school dropouts, some with addiction issues, all of which complicated their situation for finding work, accommodation and obtaining other living essentials. Once on the street, these youth did not know where to go or who to trust for help or support. Rules, regulations and expectations became barriers for youth to access shelters or housing and support services, but support services and counselling were required in order for them to qualify for social assistance. The solution identified by youth participants in the focus group was the implementation of a continuum of housing and various support services, including case management and a semi-independent living program to assist youth in finishing school or finding work. In the families focus group, homeless participants who were either from small Aboriginal or large extended immigrant families identified complex issues, starting with being put up in hotels rather than appropriate family-oriented accommodations by provincial and municipal social assistance and family support systems. No shelter facility existed for families in need. Cultural and language sensitivity were two major issues identified by one family participant in the focus group discussions. “Families with different issues and needs will require different types of housing and supports for varying lengths of time” (Family Group Participant). For example, accessing food banks was seen as a necessity when most of a family’s income would have to be used to pay for housing.

People with addictions also identified their issues being homeless or at risk of homelessness. Some were waiting for treatment and others wanted housing but not the treatment. Many shelters in the community did not accept individuals who were drinking or using drugs at the time of entry. This inflexible structure was viewed as prohibitive for some people to access shelters, treatment programs or other supports. Harm reduction programs were available but having safe flexible shelters

or housing to assist people with addictions to stay sober were also needed. As well, people experiencing mental illness or a dual diagnosis of mental illness and addictions identified additional discrimination issues with regard to getting employment or renting. If they had rental accommodation, they ran the risk of losing their place if they were institutionalized (e.g. in hospitals or prisons). People with disabilities and seniors revealed some similar issues with regard to having low income and trying to find affordable housing. People with disabilities, living on minimum income or social supports felt they were always at risk of becoming homeless. The programs that provided their disability funding did not allow individuals to share accommodation, which added to the frustration for these individuals. Seniors with fixed or no income said that the costs associated with private supportive living facilities in communities were prohibitive for them. Subsidized facilities had long waiting lists. If seniors had behavioral problems or had been abused by family, they experienced more difficulty finding shelters or accommodation with the support services they needed. Victims of family violence, particularly women with or without children, were another group experiencing challenges to get into safe shelters which were always overbooked. Many needed subsidized housing when they were ready to leave shelters or transitional housing. Aboriginal people, singles and families identified many issues, including insufficient income support, lack of subsidized housing and discrimination related to employment, renting and accessing services they needed. Cultural sensitivity, as in service providers and programs/services incorporating the Aboriginal culture and respect for Aboriginal traditions and language, was noted as being absent in most services except those provided by Aboriginal organizations such as Native Friendship Centres. The group also felt that the Aboriginal people and organizations needed to work together better in supporting their own people. It would also help if more service providers had Aboriginal staff.

Non-housing Themes

A number of key priority non-housing or support issues and gaps were identified during the 12 focus groups and contributed to some key recommendations. Regarding preventive initiatives, participants suggested that changes were needed in housing and support programs and strategies to prevent people from either being at risk of homelessness or assist people to exit and stay out of homelessness. Changes identified included in-house and community support services and improved practices within communities (i.e. preventing ghettoization and gentrification) and within the private sector (i.e. improved understanding and decreased discrimination). However, the challenge they identified was that governments needed to be convinced that preventive measures would result in reduced expenses.

Participants also indicated a need for more communication and awareness about homelessness and its costs to individuals and society. The whole community needed to be part of the solution to end homelessness by addressing issues pertaining to ghettoization, gentrification, Not-in-my-back-yard attitude (NIMBYism) and poor collaboration among private or nonprofit sectors and the levels of government. In addition, focus group participants felt that all levels of government needed to focus more on relevant policies or strategies to support initiatives to prevent and end homelessness. A national housing policy was viewed as critical to resolving homelessness. More relevant research and advocacy would provide the evidence to support or inform such policies and push governments to make changes in existing policies regarding housing and support strategies. The different participants in focus groups (people who were homeless, service providers and decision makers) recommended capacity building initiatives (ensuring sustained funding for housing and supports, having trained community staff in services/programs and specific resources for Aboriginal programs), the development of a practical housing and support continuum such as illustrated in Figure 1, and an effort to coordinate various stakeholders and partnerships for funding.

2009 Project Results

This follow-up project reflected on the themes and findings of the 2005 study report. From the analysis of the 29 diverse interviews with people who were homeless, service providers and decision makers and the three focus groups which validated the interview findings, seven themes were identified:

- Primary issue: living in poverty;
- Client service process and outcomes: case management;
- Unspoken agreements;
- Client-driven services and team-driven needs;
- System gaps and impacts;
- Common goals and
- Daily challenges for survival.

These themes are described in more detail in Table 2.

These themes and differences of opinion were validated in the focus group/dialogue sessions which revealed challenges people faced accessing various services, including health care facilities (other than the inner city health care centre) and social services. The summarized highlights of the focus group/dialogue sessions are provided in Table 3.

In answer to the question of what low income and homeless people wanted from the services they accessed, the majority of participants indicated that they wanted a place to go where they were not judged or insulted and where they could get what they needed to survive. Some looked for friendship as well. They liked going to the same places where there were people they could trust. The sense of community was important.

People we interviewed acknowledged that the process of locating and accessing services was complex. In addition, some service providers were not willing to help low income or homeless individuals beyond their own service mandates. Participants connected this limited scope of service provision to community service providers having issues with integrated services. Many service providers interpreted integration as the merging of services and agencies to provide broader more encompassing services and included possible elimination of one or more community service agencies from receiving government funding (Kovacs Burns, 2007). Participants discussed the term 'case management' and preferred 'navigation through the system.' Service providers provided people with directions to all types of services but most interviewed participants explained that they just wanted somewhere safe to go for food or shelter, or talking with friends or people they trusted. Often people would get their advice from other low income or homeless people who had gone through similar experiences.

For case management to be effective as a delivery model, participants generally felt that care and services need to be integrated, providing and coordinating care and support across a service continuum, such as illustrated in Figure 1. Sustainable funding is needed for this, separate from agency-specific funding.

2009 to 2015 Document Study

Sixteen documents were screened for their focus on housing and support practices as follow-up from the 2009 study and in alignment with findings from both the 2005 and 2009 studies. Table 4 captures the key points from the document content analysis focusing on the population proposed to benefit from the programs, the issues and results for housing and non-housing determinants of homelessness, approaches or strategies implemented to address issues and needs, and outcomes (including benefits, successes and challenges) as well as recommendations.

All 16 reports identified and numbered chronologically in Table 4 included housing and non-housing determinants of homelessness issues, approaches and outcomes. Following the initiation of *Edmonton's 10-year Plan to End Homelessness* (Edmonton Committee to End Homelessness, 2009), which is Document 1 in Table 4, followed by the development and implementation of *Edmonton's Housing First Plan, 2009/10* (Document 3 in Table 4), it is not surprising that the majority of documents (11 of 16) made specific mention to the Housing First approach, model, plan and principles. Of these 11, six focused on all people who were homeless and specifically chronically homeless (Documents 1, 4, 5, 9, 11 and 14). The other five focused on specific groups – Aboriginal people, people who had severe mental illness and/or other multiple health or drug and alcohol addiction issues, incarcerated individuals, and women involved with sex work, substance use, trauma and other high-risk behaviors. Of the five documents that did not mention Housing First, three described specific plans or approaches for addressing or managing homelessness – a community plan (Document 15 – 2011–2015) , a ‘people plan’ (Document 2 – 2009) and a systems plan (Document 11 – 2013) . All three provided a broad look at community agencies serving disadvantaged Edmontonians regardless of age, health or other status. Stakeholder consultations were conducted and described as part of their planning approaches, providing perspectives of various individuals/families who were homeless as well as service providers within the community. Of the other documents, one (Document 3 – 2009) described a strategic service plan for seniors, including stakeholder responses to access, issues, challenges/barriers and

needs, as well as suggestions. Unlike other documents, Document 16 described a very specific approach to matching community volunteers with newly housed Edmontonians with the intent of providing companionship and case management related to issues or needs (Welcome Home Program). This program report contained stories from individuals and families with positive outcomes resulting from the housing and supports they received. Challenges were also identified.

Each of the 16 documents described housing-related issues for the time frame in which the document was written, or housing and support approaches provided to either general homeless or specific targeted populations. For example, for the 11 reports discussing or referencing Housing First, the housing component was developed around permanent affordable housing. Some alluded to having a choice of housing, as not all individuals selected for a Housing First opportunity were able to sustain their independence and needed more assistance. In addition to the availability of affordable housing stock, there was mention of rental assistance programs (Document 5 – 2010/2011) or the need for them as well as home and maintenance services.

Regarding non-housing services and supports, reports on Housing First approaches included services and supports as part of the program or model. Keywords like integration, collaboration and cooperation were used in their descriptions of successful housing and support interventions for people who were homeless (Document 5). Some reports mentioned case management, including intensive case management. Staff and outreach teams were identified as having

deficiencies in understanding Housing First or applying its practices and principles, particularly with Aboriginal people (Document 6 – 2011). Ongoing training and technical support was seen as critical for outreach teams and frontline service providers.

As the Housing First strategy focused on chronically homeless individuals and families, most reports were about managing homelessness through housing and supports. Prevention was not mentioned after it was introduced in the 2009 *A Place to Call Home: Edmonton's 10-year Plan to End Homelessness* (Document 1). Nothing more about prevention appeared in reports until the 2011 – 2015 community plan on housing and supports (Document 15), and specifically with the provision of preventative and early interventions through coordinated outreach services, removal of barriers and promotion of knowledge sharing. More focus on prevention to complement ending homelessness was found in the 2014 documents.

Within the first two years (between 2009 and 2011) of the implementation of the Housing First strategy as part of the 10-year plan to end homelessness, early successes were mentioned such as those individuals who were successful transitioning from being homeless to being housed and were ready for their independent-living journey. Other documents from 2009 to 2012 reflected on the implementation of Housing First or related programs and the identification of gaps or needs regarding housing, different types of support, health services, transportation and income to help sustain the independence of those who transitioned into housing during these early years of Housing First. Documents in 2011 indicated commitment to meet targets and outcomes based on some successes with improved intake processes for outreach and program access as well as with follow-through regarding service delivery and supports for those in transition. Also at this time, Aboriginal Housing First programs were proposed with the changes in approach needed, including the 'circle process' and storytelling as part of cultural consideration, as well as more formalized structured

support to assist individuals and families in their transition into permanent affordable housing. Further evaluation of Aboriginal Housing First was documented in 2013 (Document 10) – this report discussed the value of Aboriginal teams but emphasized the need to focus on the complexity of Aboriginal individuals and families and the need to integrate traditional Aboriginal culture into all Housing First programs.

By 2013, documents clearly identified the challenges experienced with the rapid implementation of Housing First (Document 14), including sustaining tenancy within the program. The 80% tenancy failure rate was acknowledged and explained (e.g. inability to afford rent, health conditions and conflicts between tenant and landlord), as the plan was to use these findings to guide changes in the program and improve tenancy experiences and rates. In the *2013 Annual Report* (Document 11), mention was made of changes needed and made, including targeted assistance with 24/7 permanent supportive housing, a spectrum of other support services and levels of case management to meet various needs, including for youth, people with disabilities, women involved in sex work, people experiencing violence and/or Aboriginal people. By 2014, which was year five of the 10-year plan to end homelessness, permanent housing was scattered in neighborhoods outside of the inner city, and some were set up to be permanent supportive housing. Supports were offered 24/7 and rental supplement programs were being enhanced to address some tenancy failures. Even still, challenges were identified in terms of housing shortages, high rents, NIMBYism and lack of prevention. Successful outcomes cited by the report include building Aboriginal community capacity and providing income supports.

Discussion and Conclusion

In this case study of one Canadian city, Edmonton, Alberta, a systems lens was applied in the description and analysis of three projects spanning 10 years from 2005 to 2015 and focusing on the determinants of homelessness and the outcomes (i.e. successes, benefits, challenges and barriers, as well as failures) related to various programs and strategies implemented to manage and/or prevent homelessness. The three projects in this case study provide the experiences of individuals and families who were at risk of becoming homeless or were homeless (micro level), community housing and service providers (macro level) and government decision makers (macro level) over the 10-year span. The case study, based on the findings of the three projects, provides answers to our study questions.

The three projects in this case study provide the experiences of individuals and families who were at risk of becoming homeless or were homeless.

A chronological description of the micro, meso and macro system experiences acquired in projects conducted in 2005, 2009 and from 2009 to 2015 confirmed that gaps identified in 2005 and 2009, as in understanding the determinants of homelessness, in integrating and coordinating a continuum of housing and support services as a community or city response and in implementing case management and navigation approaches (Figure 1), went unheeded until a plan to end homelessness in 10 years was implemented in 2009. Through this plan, the documented changes from 2009 to 2015 involving programs, services and strategies such as Housing First illustrate the favourable outcomes for people who were chronically homeless and the advantages of a structured systems approach to managing homelessness. Limitations and challenges at micro, meso and macro levels concerning Housing First and related strategies are acknowledged for the system to address. There has been a change in attitude and practices concerning the intent to end and prevent homelessness over the past decade.

Based on the rising homeless counts and associated direct and indirect costs of poverty and homelessness identified in Edmonton before 2009 (Homeward Trust, 2014), community service providers and decision makers could see that the approaches they had implemented and funded up to that point in time had not worked to address the determinants of homelessness and move people out of homelessness. Prevention did not exist. The community and decision makers recognized that they had to become more proactive in their approaches and more aggressive in implementing structured or coordinated housing and supports (Burt et al., 2004), including case management and making it easier for people experiencing homelessness to access needed services, as illustrated in Figure 1.

Housing First as a strategy was viewed as this structured systems approach to manage the determinants of homelessness and end homelessness. The first two studies explored in this chapter (conducted in 2005 and 2009) also indicated the need for something very similar to the Housing First approach but focused generally on all individuals and families in need as opposed to only those who were chronically homeless. The community participants identified the key components of solving some of the homelessness issues and addressing the determinants of homelessness and needs of homeless people in Edmonton, as seen in the summary of themes in Tables 1, 2 and 3. These summaries reflected the majority of the Housing First principles and philosophies. Participants in the 12 diverse dialogue/focus groups in the 2005 project had the broad-based experience to be able to describe what the community needed in the way of a structured systems approach to housing and support services access (deVet et al., 2013; Neale et al., 2012; Stergiopoulos et al, 2007), delivery/implementation and follow-up. Among the many things they identified in Table 1, Housing First was favoured but they also suggested some choice in a continuum of housing and support services to better meet the needs of the diverse homeless population. Visually, this continuum, as confirmed by participating stakeholders, was depicted as shown in Figure 1. They suggested having a central intake to coordinate the access and pathway of care and support for individuals and families, and case management appropriate for the needs of families and individuals who were seniors, youth and students, singles, Aboriginal people, immigrants, people who were deinstitutionalized, persons with disabilities, persons with mental health issues and/or addictions and victims of family violence (Lloyd & Wait, 2005).

With the Government of Alberta's introduction of its 10-year plan to end homelessness, there needed to be a rapid shift in thinking and planning around the Housing First principles which fit with what was needed, particularly for those who were chronically homeless (The Alberta Secretariat for Action on Homelessness, 2008). It was a systems approach

aimed at coordinating and integrating services in the community and connecting the micro (individuals/families who were chronically homeless), meso (service providers) and macro (decision makers) levels to be part of the process and outcomes.

To deliver this kind of program, the community service providers identified the need for a total systems change with processes (Burt & Spellman, 20007), including stable funding and decision makers needing to develop appropriate housing programs or policies, perhaps a national housing strategy and preventive components. They also wanted to see prevention approaches (Burt et al., 2005; Culhane et al., 2011). But none of these suggestions were implemented in Edmonton prior to 2009 by any of the decision makers, although the ongoing community recommendations were focused on these changes.

The 2009 project clearly still showed the lack of uptake of Housing First approaches as community service providers and decision makers were still at odds about integrated collaborative services, central intake or case management (Kovacs Burns, 2007). The community was not prepared for a systems approach such as Housing First. Services were still operating with fragmented approaches as their funding by decision makers was based on annual funding proposals with stipulations for each service provider. Integrated service delivery was not funded. People who were homeless were still frustrated with finding and accessing the services they needed. A systems approach was not recognized although governments had plans. There were many challenges and barriers to overcome (Pawson et al., 2007).

Documents between 2009 and 2015 confirmed many of the experiences and perceptions gathered in the 2005 and 2009 studies. There were clear issues and challenges in managing the determinants of homelessness for chronically homeless people, particularly if they also were from targeted populations facing other priorities and challenges – e.g. Aboriginal people, seniors, youth, immigrants and women. The document content analysis provided an overview of further progress

made with Housing First implementation. Housing First took a few years to become established and results also took a while to indicate if the process was effective and efficient. Although it was shown to be an effective and efficient model for some individuals and families, it was also found to not be a solution for everyone as tenancy failure was identified (Edmonton Social Planning Council, 2012; Homeless Commission, 2014). By 2014, those delivering Housing First learned from the early challenges identified and were able to make changes. Eventual successes included enhanced housing and support initiatives with rental supplements, income supports, intensive case management teams and Aboriginal capacity development. Other challenges emerged that needed to be addressed, including the shortage of affordable housing, ongoing discrimination and NIMBYism, higher migration numbers and high rents.

Since the completion of the document content analysis, Homeward Trust Edmonton released its 2014 annual report entitled *Moving*. It is not included in the document content analysis but mentioned here specifically because it highlights some key changes in the management of homelessness. Highlights of this report include a 27% reduction in Edmonton's homeless numbers; an increase in specialized staff on the Housing First team to focus on the complex needs of homeless families; the opening of a permanent supportive housing program for First Nations; increased capacity for high-risk youth; re-opening of a facility to accommodate immigrant women and children escaping domestic violence and human trafficking; expansion of rapid rehousing and intensive case management teams; and opening of permanent supportive housing units for individuals with severe or persistent mental illness who are at risk of homelessness.

In conclusion, the case study illustrates the challenges Edmonton's community members experienced in managing homelessness and its adaptation to managing homelessness with the onset of the Housing First strategy. Prior to and at the start of Housing First, there was far more uncertainty about managing the homelessness situation in the community as counts continued to rise and ad hoc approaches delivering fragmented care and services were proving ineffective. The community identified the need for system-wide changes to address the determinants of homelessness and health. This included what they described as a continuum of housing and supports with centralized follow-up as in navigation assistance or case management. Figure 1 depicts the authors' interpretation of the community members' feedback. Housing First is a good fit with Figure 1 as it has provided the much needed structure and follow-through for individuals/families who were chronically homeless and for whom the determinants of homelessness signaled the need for the type of intervention provided by Housing First. The question remains as to what housing and supports will need to be sustained as part of the ongoing continuum to manage the determinants of homelessness of those who are not chronically homeless and to thus completely manage and/or prevent homelessness. To achieve the goal to end homelessness by 2019, the ongoing evaluation and learnings from Housing First initiatives (Homeward Trust Edmonton, 2015) will enable a better understanding of the determinants of homelessness and better management options for individuals and families who are homeless and more preventive interventions for those at risk.

Recommendations

Housing First as implemented in Edmonton starting in 2009 demonstrates a systems response, with both successes and challenges. It unfortunately took a decade for one city to make changes similar to Housing First that the community identified as needed in 2005. As hindsight would suggest, following a ‘people first’ or ‘community first’ approach and listening to the people affected by homelessness in the community as they identified their needs and gaps, might have resulted in earlier system-wide implementation of Housing First and immense cost savings.

One key challenge remains for the system approach to be more comprehensive in ending homelessness, and that is to expand the strategy for all people who are homeless or at risk, which includes incorporating or integrating the prevention component into Housing First. As long as the door into homelessness is not blocked and people are not prevented from becoming homeless, ending homelessness will not become a reality.

Although progress has been shown in building Aboriginal capacity regarding Housing First, this systems model needs to be reflective of a dual-systems approach with consideration of not only the City of Edmonton but also Indigenous people (Bodor et al., 2011). Special adaptations in programs and services to include more coordinated assessments and a continuum of supportive and mainstream housing also needs to be extended to other vulnerable populations (youth ages 13 to 24, women and families, persons with disabilities and immigrants, refugees and migrants) (CSH, 2015).

Further monitoring and evaluation of all aspects of Housing First in Edmonton is needed to measure the successes and challenges of Housing First and the 10-year plan to end homelessness, at least for those who have been chronically homeless. Indicators have been identified (Pauly et al., 2012) which could be piloted in evaluation strategies with Homeless First initiatives. These could serve as benchmark indicators and provide a baseline of data from which to establish grounds for support or change.

Not only is a housing and homelessness evaluation strategy necessary, but so is a research strategy (Felix-Mah et al., 2014), both to inform housing policies

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and poverty strategies in Alberta. This case study presents several other lessons for research with urban and rural communities. For example, the community-based participatory research approach is preferred and includes the direct involvement of key stakeholders in the design, development and implementation of the research study within the community – by the community, for the community (Bennett & Roberts, 2004). The participation of low income and homeless individuals and families is inclusionary and has resulted in findings confirmed by Housing First principles. The dialogue sessions stimulated discussion about the real world challenges faced by people who are homeless and service providers, and about why communities need to be engaged in system-wide decisions. Further studies are needed to explore changes in community experiences with Housing First and for those not eligible for this initiative.

Just as the Canadian Housing First Toolkit (Polvere et al., 2014) will be useful for communities to develop their systems approach for their community, a mapping of the city’s progress over 10 or 20 years can provide evidence of what has or has not worked, of challenges and success benchmarks, all of which could be used to inform what policies or strategies as well as what funding should be considered when aiming for community transformation. This mapping would also be useful for presenting the value of a systems approach with a continuum of housing and supports as well as case management for not only addressing homelessness but also other social, health and education issues which are the determinants of homelessness and health.

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