

*High-level Governance  
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## **SYSTEM PLANNING: A CASE STUDY OF THE CALGARY HOMELESS FOUNDATION'S SYSTEM PLANNING FRAMEWORK**

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### **INTRODUCTION**

System planning in Canada has been understood and contextualized within a number of disciplines and frameworks. For example, within the province of Ontario's Health Planner's Toolkit, system planning is a "functioning system of health services... like the connectivity of the human body... and requires command centers, a supportive contextual infrastructure and a series of linked and inter-supporting activities" (Ardel, Butler, Edwards & Lawrie, L. 2006: 5). Some human service organizations in Canada have taken up system planning to look for and fill gaps in their current model, as well as "identify opportunities for better integration, streamlining and coordination between service providers, agencies and resources" (Ontario Municipal Social Services Association, 2014: 4).

Programs and services for people experiencing or at risk of homelessness have been in existence in Canada for several years; however, conceptualizing and implementing a "systems response" or coordinated system planning within the homeless-serving sector is a contemporary approach. In other countries, system planning to address homelessness emerged much

earlier. For example, in Australia there was a shift in the 1970s towards the coordination of services to support people to end their experience of homelessness (Neale, Buultjens & Evans, 2012). In the U.S., system planning has evolved over the last three decades following legislative changes in the 1980s that led to several 10-year plans to end homelessness (plans) in jurisdictions across the U.S. These plans prioritized community-based support programs like low-barrier harm reduction housing for chronically homeless adult singles (e.g. Housing First) and included data collection on client, program and homeless system-level outcomes. This helped generate research and evaluative studies that showed the economic and social value of coordinated and intentional systems of care (Leginski, 2007). In Canada, system level coordination of homelessness practice and policy has really only emerged within the last decade. Much of this shift can be attributed to research and data from other jurisdictions like Australia and the U.S. that showed improved stability, health and well-being for people and reduced costs and strain on public systems. This work influenced community leaders in several Alberta cities and helped initiate government support

and funding for plans to end homelessness. Seven cities in Alberta created and implemented 10-year plans, including Calgary, which was among the first in Canada. The Calgary Homeless Foundation (CHF) emerged as the leading community-based organization to implement, monitor and adapt Calgary's 10 Year Plan to End Homelessness. Many of the goals and strategies in this plan are modelled on plans from the U.S. that prioritize Housing First, standardized practices, consistent data collection and measurable outcomes for continued improvement.

Regardless of the jurisdiction, discipline or discourse, system planning is arguably necessary to better understand and improve the coordination, integration and intersection between and amongst specific service components. Turner in 2014 described system planning within a Housing First context as "a method of organizing and delivering service, housing and programs that coordinates diverse resources to ensure that efforts align with homelessness-reduction goals" (p. 7). In this chapter I take up this understanding of system planning and apply it to a case study of CHF's System Planning Framework (CHF, 2014), a tool created as one component of the overall system's

approach to ending homelessness in Calgary. The intention is to share learnings which may be helpful to community leaders and service providers as more and more cities across the country make commitments to end or reduce homelessness.

A case study approach was used to examine Calgary's approach and framework in particular, as a case study allows an analysis of an individual case, person, organization or community that focuses on the developmental aspects of the unit or the process of its development (Yin, 2009). Advantages of case studies include a deep understanding of context and process and a high conceptual validity (Flyvbjerg, 2011). A case study is particularly appropriate here because it allows for a detailed examination of the process towards system planning and the development of the framework itself. The intent is not to say that the approach taken by the CHF was the "best," but rather to present the process and share learnings, strengths, issues and opportunities. The chapter concludes with suggestions to ensure the system can be further strengthened towards expansion and sustainability and to meet the complex and diverse needs of those experiencing homelessness in Calgary.

## BACKGROUND AND PURPOSE

*Information for this case study comes from several years of professional experience in reviewing and generating research and data and incorporating them into recommendations for strategic decision making and planning.*

According to Cresswell (2009), the purpose of a case study is to engage in an in-depth examination of a "bounded" activity, event, person or organization within its contextual environment and it should therefore occur over a sustained period of time. In a case study, context is important as, according to Merriam (1998), to understand the development and process of a particular case it is impossible to separate the phenomenon from that context. Information for this case study comes from several years of professional experience in reviewing and generating research and data and incorporating them into recommendations for strategic decision making and planning. I spent four years as a strategy lead for a community coalition to understand and reduce poverty and then five years in research and strategic planning at the CHF. My discussion of system planning and the System Planning Framework is from an insider's perspective in that I supported and then led strategic and evidence-based decision making and system planning from 2009–2014. Because of my close involvement with the subject matter, it is important to highlight my

own process for researcher reflection throughout this case study (Cresswell & Miller, 2000). While my experience created certain advantages in terms of understanding and articulating process and context, it also required continuously reflecting on my own biases (Finlay, 2002). To mitigate those biases, this case study is presented for information sharing only, and not necessarily as an example of a best practice. In addition to my learnings and observations over five years, this case study included a review of several documents: the three iterations of Calgary's 10 Year Plan, two iterations of the System Planning Framework and five years of the CHF's annual Strategy Review report.

When Calgary's 10 Year Plan was launched in 2008 and updated in 2011, three phases were described as necessary to achieve the Plan's goals. Phase one was to "create rapid, meaningful and visible change." Phase two was "building a homeless-serving system to end homelessness" and the final phase was "fine tuning the Plan for sustainability" (Calgary Homeless Foundation, 2012: 6-7).

The foundation of Calgary's system was created in phase one with the addition of several new housing and case management programs and was enhanced in phase two with the addition of several initiatives and strategies to assess the effectiveness of the Plan's goals and to better coordinate service delivery. As Calgary is moving into phase three, the CHF and its partners have an opportunity to ensure system planning is sustainable towards and beyond 2018.

I was hired as a Research and Policy Analyst at the CHF in 2009 and worked in that role until 2012 when I was promoted to Vice President of Strategy. When I was hired, Calgary's 10 Year Plan was in phase one, and so

our focus was generating new funding and creating a number of housing and support programs for people experiencing homelessness, e.g. harm reduction for chronically homeless men, programs for women and families fleeing exploitation and violence and youth being discharged from correctional facilities. During this time we also built a research and public policy agenda to begin to generate local data and evaluation protocols to measure the impact of our efforts. The strategy portfolio included research and policy, the Homeless Management Information System (HMIS), data collection, program performance and evaluation and system planning. In addition to evaluative qualitative and quantitative

information, community consultation was a key strategy towards developing organizational and community priorities, identifying environmental stressors/factors and developing solutions. This was formalized through the creation of the System Planning committee which included more than 30 people from service agencies, the public sector, academia and government. This committee met quarterly to determine the critical components necessary for

effective system planning. This committee was a driving force behind phase two of the Plan: "building a homeless serving system to end homelessness" (Calgary Homeless Foundation, 2012: 7). This committee identified the need for cross-sector collaboration with provincial Health and Justice Ministries to reduce discharging from public systems into homelessness and the need to better coordinate intakes and assessments to reduce barriers for people entering housing and support programs. An outcome in 2011–2012 was the first iteration of a System Planning Framework that included definitions and processes to assess the effectiveness of the system of care.

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## SYSTEM PLANNING AT THE CHF

The CHF has been committed to ongoing learning and development since it began funding housing programs in 1998. This commitment led to its shift to lead implementer of Calgary's 10 Year Plan in 2008. In its first iteration, Calgary's Plan articulated a commitment to being a "living document" – one that would be revisited and updated on a regular basis to reflect new and emergent learnings. System planning was identified as the priority approach because it was known that more than 130 agencies in Calgary were providing supports to people experiencing or at risk of homelessness. This system was difficult to navigate for service providers, let alone someone trying to access supports on their own. The intention behind strategic and evidence-based system planning was to build capacity and improve services for people by ensuring that programs follow certain standardized practices, that budgets match the level and intensity of the program model and that people are accepted into support programs that match their level of need.

This approach is important because ending homelessness long term is complex and does not exist in isolation of other social issues, or of broader structural forces like culture, economics and politics. There is research to show that the pathways into the child welfare, justice and emergency shelter systems are similar (Covington & Bloom, 2003; Kohl, Edleson, English & Barth, 2005; Tutty et al, 2013) and that many people experiencing homelessness are also experiencing or have also experienced family violence, mental health issues, substance use, poverty, under or unemployment and/or a lack of social supports. While homelessness occurs across the lifespan and within several cultural groups, in Canada Aboriginal people are over-represented amongst homeless groups and women (Patrick, 2014), children and youth have particular vulnerabilities related to age and risk for violence and exploitation (Worthington, et al, 2010; Homes for Women, 2013). Broad socio-political factors that create and often exacerbate the issues include a lack of affordable and appropriate housing options, stigma, racism and exclusionary public policy that creates barriers for those on the margins of society (Bassuk & Rosenburg, 1988; Shlay, 1994; Bassuk et al., 1997; Paradis, Novac, Sarty, & Hulchanski, 2008;

Barrow & Laborde, 2008; Broussard et al., 2012). While each individual or family's experience is different, the level of vulnerability and complexity of support needs is usually the result of the combination and cumulative effects of these factors (Frankish, Hwang, & Quantz, 2005). Therefore, by shining a light on the experience of homelessness and creating a coordinated system of care to respond, we have the potential to positively impact other social, political and economic phenomenon.

Incorporating several components or processes into system planning was intended to create an adaptable, nimble and responsive system of care that could be adjusted based on changes to broad social, economic and political shifts, but also to the individual and diverse needs of people experiencing homelessness. This was done in a number of ways: the creation of an annual research and public policy agenda, an annual strategy review (of key indicators, emergent research and program outcomes), initiation of consistent methods of data collection (annual point-in-time count and HMIS), and through active participation in a number of committees and community initiatives.

## Research and Public Policy Agenda

The annual research and policy agenda was created so that we could propose evidence-based alternatives to service delivery and public policy. For example, in the U.S., a low income housing tax credit provides incentives to private sector developers to build and sustain affordable housing units, particularly relevant in a city like Calgary where approximately 6,000–14,000 new units of housing are built annually (Canada Mortgage and Housing, 2014). The CHF did a feasibility study including the implications of implementing this tax credit and duly recommended its creation to the federal government.

## Annual Strategy Review

The annual Strategy Review report included analysis of environmental factors like vacancy rates, average rents and employment and migration rates, as well as local, provincial, national and international emergent research, and a review of each CHF-funded program. The intention was to assess strengths, identify areas to build capacity and then implement needed changes to program models and budgets based on established best practices. The information in the Strategy Review was used to develop recommendations which were presented to community partners. This information supported 10 Year Plan strategies but also further informed investment decisions, policy and advocacy strategies and government relations.

## Data

We coordinated annual point-in-time counts to assess changes in the overall numbers and basic demographics of people experiencing homelessness and included HMIS analysis at the agency and program level to assess more detailed patterns in demographics, presenting issues and movement through programs.

## Committees and Community Initiatives

Involving community partners and soliciting feedback is integral to system planning. CHF staff have participated in a number of committees and initiatives including the Calgary Action Committee on Housing and Homelessness, Aboriginal Standing Committee on Housing and Homelessness, Calgary Youth Sector, System Planning and Discharge Planning committee, and the Client Action Committee. These groups have contributed substantially to ending homelessness initiatives in Calgary, including the development and implementation of plans to end Aboriginal and youth homelessness and the creation of the System Planning Framework.

The intention behind the CHF's approach to system planning is to use the information collected from a variety of sources and their feedback loops to create purposeful and strategic processes for decision making in order to strengthen our capacity to build and coordinate a system of care that was responsive to the complexities of Calgary's services and client needs. The original intention was to observe and assess the full continuum of options with the ultimate goal of improving the client experience. It was understood that although the basic principle underlying our 10 Year Plan was simple, i.e. everyone deserves and can be successfully housed and supported, the implementation of a system of care that is responsive to the diverse and complex experiences of people is difficult and requires a fully integrated system that is well resourced, collaborative and assessed and improved along the way.

It is important to note that the system and the components within it are not finished. There is still much to learn; hence the intention of creating a system with measurable outputs and outcomes and embedding them within a culture of learning – continuous learning for continual improvement. Gaps and barriers that are identified through system planning, e.g. a lack of appropriate and affordable housing options for people with very complex safety and mental health needs, can

be seen as an opportunity for improvement through evidence-based advocacy and strategies to fill those gaps.

It should also be noted that taking up one of the strategies described above to make decisions may not be sufficient. Instead, each component tells a part of the story and, viewed together, these evidence points give a more fulsome and comprehensive picture of the system as a whole. For example, in 2012–2013, Calgary's economy was returning to a "boom" cycle. Having recently recovered from the global recession, unemployment rates were dropping, migration rates to Calgary were increasing and, subsequently, rental stock was both decreasing in availability and increasing in cost. Calgary's flood in 2013 exacerbated an already

tight rental market and service agencies within the homeless-serving sector were reporting increased numbers in emergency shelters and increased demand for basic needs services. In addition to learnings from the HMIS, several community-based committees that included service providers and people with lived experience suggested that the lack of affordable housing stock and limited diversity of housing options was an issue that the CHF should take up in order to find solutions. Consequently the CHF led a collaborative project to formalize relationships between private sector landlords and community service agencies to bridge communication gaps and ultimately increase agency access to rental units specifically for people experiencing homelessness.

## **CASE STUDY: CALGARY'S SYSTEM PLANNING FRAMEWORK**

The first CHF System Planning Framework was created in 2011 to align the 10 Year Plan's vision to end homelessness with achievable and measurable goals. The Framework emphasized the use of evidence for decision making, including data, research, program learnings and community feedback and advice. Although the CHF was the lead organization, it was noted that expertise from the community, whether agency staff or people with lived experience, was key to successful implementation. The primary components of the Framework were descriptions of program models, tools and indicators to measure and evaluate the system of care and methods to assess success, including quality assurance. These are important to help ensure that people are referred to the program that can best meet their needs. In other words, the right people can be matched with the right program. For example, women or families fleeing violence can be referred to a program that offers place-based housing with intensive case management created specifically for the safety and trauma support needs of women and children. It also facilitates efficiencies as program staff have shared understandings and can use common language. The framework was reviewed and updated in 2013 to ensure that the definitions and key concepts were reflective of new learnings emerging in local, provincial and national best practice research. The description below is from the 2013 version of the Framework.

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## THE KEY COMPONENTS OF THE SYSTEM PLANNING FRAMEWORK

### Program definitions:

Calgary's system of care includes eight distinct but complementary program types that are consistent with those used by Alberta Human Services (the primary funder in Alberta of housing and support programs) to allow a comparative analysis across the province. They include: Prevention, Outreach, Triage, Assessment and Diversion (which has been operationalized through Coordinated Access and Assessment [CAA]), Emergency Shelters, Rapid Rehousing, Supportive Housing (which includes short-, mid- and long-term supportive housing), Permanent Supportive Housing, Graduate Rental Assistance and Affordable Housing. While each is tailored for a particular group and/or level of support needs, together they are intended to provide diverse and varied options to support diverse and varied needs.

**Prevention:** A homelessness-prevention program is designed to target and provide short-term financial and case managed supports to individuals and families at imminent risk of homelessness before an experience of homelessness. This is typically understood as having extremely low income and a housing crisis such as an eviction notice. Because the intervention is meant to be short-term (three to six months) there is an expectation that the person or family in need can demonstrate long-term financial stability post-intervention. Typical interventions in a prevention program include counselling and advocacy including referrals to community resources and short-term assistance for rental or utility arrears, often to offset a temporary gap in employment. Understanding the effectiveness of prevention programs is critical in order to determine if the program has an impact on reducing

the incidence and prevalence of homelessness. The CHF's HMIS system is one way to do this as it can show if after receiving an intervention in a prevention program, that individual or family enters an emergency shelter in the future.

**Coordinated Access and Assessment (CAA):** The intent of CAA is to streamline access into housing and support programs regardless of where the person or family enters the system. Each participating program uses the same assessment tool at intake and case managers meet weekly to determine who is in the greatest need and which program is the appropriate fit to match the person's or family's level of complexity. It has two primary components: place-based or a specific location where people can come in and do an intake assessment, and through several agencies who use the same tools and processes when people access through that particular agency, and a mobile component whereby CAA staff can go onsite to emergency shelters and conduct assessments with people staying there. In this way, a person or family only has to do one intake and then the referrals are done on their behalf by agency staff and those with the greatest needs are prioritized.

**Emergency Shelter:** An emergency shelter provides temporary accommodation and crisis supports. Shelters play a key role in the system of care often because they are the first point of entry into the homeless-serving system for individuals and families. Emergency shelters can participate in CAA in order to facilitate referrals to housing and support programs.

**Rapid Rehousing (RR):** RR programs are designed for people who are unable to end their experience of homelessness without support. Rapid rehousing is meant to be time limited and provide low- to moderate-intensity support. Typically people referred to RR programs have financial barriers but less complex issues than someone who would be referred to a permanent supportive housing program. Often people who are appropriate for RR have demonstrated success in housing stability in their past but are facing a particular issue like sudden job loss or family breakdown. The program elements include short-term rental assistance and light touch case management like referrals to community resources.

**Supportive Housing (SH):** SH programs are designed for people with moderate- to high-complexity needs. In addition to financial barriers there may be issues with substance use and/or mental or physical health. While there is no mandated length of stay for the program, case managed supports are designed to reduce dependency, improve health and increase stability. People in supportive housing programs will likely be able to sustain their housing without case managed supports after a period of time. In Calgary, supportive housing programs can be place-based, in a dedicated multi-unit building used exclusively by the program, scattered site, or private rental units across the city. They can also be harm reduction or abstinence-based (depending on the wants and wishes of the individual or family) and the case management model typically follows either Intensive Case Management or Assertive Community Treatment guidelines.

**Permanent Supportive Housing (PSH):** PSH is a long-term supportive housing program with no maximum length of stay. People referred to a PSH program are considered to be amongst those with the most complex support needs. In addition to financial barriers people may have severe and/or chronic mental and physical health issues or disabilities. Although it is possible for some people to improve their health and well-being enough to move on to more independent living, it is assumed that the majority of people in PSH programs will always require some type of support to sustain their housing and prevent a return to homelessness.

**Graduate Rental Assistance Initiative (GRAI):** GRAI is a rent supplement program designed for people who have been through and finished a housing and support program but who may still need extra financial supports. People in scattered-site units are able to stay in their housing and continue to receive a rent supplement until they have enough income to sustain it on their own. The intent of the program is to reduce the risk that a person or family will lose their housing and return to homelessness once case management supports are over.

**Affordable Housing (AH):** AH are housing units with rents considered to be below the average market rent for that unit size. Affordable housing is primarily income based and often provides no or minimal support interventions. While there is often no time limit, people are likely assessed annually to ensure they still require AH.



## Measuring and Evaluating the System of Care

**HMIS:** The HMIS is a web-based information technology system that is managed by the CHF and was modelled after similar systems in the U.S. It is designed to collect client-level data in order to assess indicators like who is being housed and who is successful or unsuccessful in sustaining that housing. At the individual level, HMIS can help us understand the support needs of people entering the system. These needs can also be reassessed several times while the person is in the program and can therefore help the CHF and service providers to understand whether or not the program is a good fit. At the program level, HMIS shows how many people are being housed each month and how many are leaving the program. It can also indicate if the program exit or discharge was because a person has successfully moved on or if they were evicted and why. This is an important tool as it can identify red flags or opportunities to discuss with the program staff what the issues may be, e.g. perhaps the program is understaffed and needs additional resources. At the system level, all programs of the same type (e.g. PSH) can be compared to see if their clients have similar characteristics and outcomes, as well, if there is a subgroup (e.g. youth) that is more or less successful in the program. The data can be compared because each program asks the same 10-12 questions or universal data elements (UDE's), e.g. name, age, gender, cultural background, last known address and housing needs. Further questions are tailored to the specific program type, e.g. all prevention programs ask about housing history whereas supportive housing programs ask about homelessness history. Because a number of emergency shelters in addition to housing programs are utilizing the HMIS system a person or family's flow into and out of homelessness can be followed. For example, we can understand how many people accessing homelessness prevention programs were unsuccessful, or ended up in an emergency shelter post-intervention.

These are important sources of information for system planning, not because HMIS data tells us what the problem is, but because it can facilitate further discussion to understand the context of the issue and, more importantly, potential solutions. Finally, service providers (and the CHF) can submit the data from the HMIS system to their funders to satisfy requirements for client and program level outcomes.

## Quality Assurance

Data collection and analysis is one aspect of evaluating the effectiveness of the system of care; however, applying multiple methods broadens and deepens the evidence and decision making process. The CHF has created a system-wide annual program review whereby they interview frontline staff, case managers and management staff in each funded program. In addition, a survey is sent out to all clients currently in housing programs. The intent is to capture perspectives and experiences as well as provide an opportunity to give feedback directly to the CHF.

The CHF also undergoes its own annual review with its funders through quarterly and annual reports to the federal government and an in-person on-site review. This review typically occurs over the course of two days whereby representatives from Alberta Human Services review policies and financial documents, meet with staff and visit a few funded agencies to collect further feedback. A report with recommendations for improvement is submitted and follow-up is expected.

## DISCUSSION

The analysis of documents, experience and observations leads to a discussion of opportunities and issues, as well as suggestions to ensure the hard work of the first six years of Calgary's system planning approach can be enhanced. The system of care just described creates a foundation of language, tools and indicators to measure and evaluate success, collect learnings and propose improvements within the system as a whole; however, there are broader learnings that must inform the future development of system planning and the Framework itself:

*1. There is no such thing as perfection in system planning.*

Current program models and definitions were largely developed based on literature and evaluative studies from other jurisdictions. Their effectiveness in terms of being able to adequately, appropriately and safely support people is consistently monitored and improvements are made. Having clearly defined program types is meant to provide clarity to program staff, to facilitate referrals as appropriately as possible and to satisfy the needs of funders in terms of providing an assessment of outcomes. The intent is to ensure that if an individual or family is referred to a program and is not successful in that program agency staff and/or case managers can then facilitate a referral to a more or less intensive program model. Unfortunately, assessments, triage and referral processes and quality assurance processes are not perfect, but we can do better by having structured processes in place that are meant to reduce gaps and barriers, particularly if they are consistently evaluated and improved.

*2. Client choice must be prioritized.*

Individual and family needs and wishes must be at the forefront of decision making. HMIS, CAA, and the System Planning Framework are tools to improve efficiency and effectiveness but the people accessing the programs must be supported to decide their own futures. Calgary's intent was to build a system of care that included a variety of program models and system navigation tools so that regardless of individual needs and wants there was a program to match; however, there are still gaps that need to be filled. The System Planning Framework and associated tools give us details at the person, program, agency and system level that help us to learn about these gaps and to try and fill them, but ultimately there is no true success if we can't be cognizant, responsive and respectful of peoples' wishes and wants in addition to their assessed needs. Ensuring that there are consistent and meaningful opportunities to listen to and learn from people accessing programs should be prioritized.

### *3. Challenges are opportunities for learning.*

Many tools and processes have been created in the last six or seven years in Calgary, and all of them came with challenges. For example, CAA is a practice used pervasively in ending homelessness plans in the US. Its intentions are good: reduce barriers, streamline access and fill gaps; however, there aren't currently enough financial resources or stock of affordable housing to support everyone who needs it. The result is a number of people being assessed with no program space to refer them to. This should not be seen as a failure of CAA. The CHF and service providers in Calgary's homelessness sector now have a deep and broad understanding of the support and housing needs of some of Calgary's most vulnerable people. CAA has also helped articulate the capacity that needs to be added. This issue, although difficult to deal with, is an opportunity for the CHF and its community partners to advocate based on sound evidence and to build government and private sector relations to fill these gaps.

### *4. The success of system planning is dependent on community support and continued leadership.*

The first two phases of Calgary's plan were fast moving. System planning, while intended to create efficiencies and improve the client experience, created many demands on agencies delivering housing and support programs. Implementing new definitions and discourse, HMIS reporting, CAA and annual program reviews has created a continuous learning and feedback loop, but also created an administrative burden for homeless-serving sector partners. The overall growth of homelessness has stabilized in Calgary since 2008; however, there are still more than 3500 men, women and children experiencing homelessness in Calgary on any given day (Calgary Homeless Foundation, 2014), thousands more who will access an emergency shelter each year and more still who are at imminent risk of becoming homeless. Meaningful engagement and community support are necessary to sustain and build upon the work to date. While Calgary's 2015 updated plan articulates the need for "community ownership and collective leadership" (Calgary Homeless Foundation, 2015: 4), it is critically important to clearly define roles. The CHF has been mandated to lead the implementation of the Plan since its inception in 2008 and should balance this role with authentic and respectful community collaboration or risk losing momentum.

## CONCLUDING THOUGHTS

*Examining the approach to system planning and the particular framework developed in Calgary is an opportunity to add to the dialogue and shared knowledge as ending homelessness initiatives expand across the country; however, this is just one example.*

System planning to end homelessness is a fairly new phenomenon in Canada and there is still much to learn; however, implementing strategies to improve service coordination and measure and evaluate impact is important as it creates opportunities to improve outcomes at the person, program and sector level. Examining the approach to system planning and the particular framework developed in Calgary is an opportunity to add to the dialogue and shared knowledge as ending homelessness initiatives expand across the country; however, this is just one example. This examination is an opportunity for other jurisdictions and community leaders to foresee challenges and potentially develop strategies to mitigate. Key learnings from this case study include knowing that perfection is not possible in system planning, client choice must be prioritized in order to ensure responses are relevant and meaningful, challenges should be viewed as opportunities for learning and community support and strong leadership are essential to sustaining an effective system response.

To enhance and sustain the system of care into and beyond Calgary's 10-year timeline, the CHF must continue to lead but build and strengthen partnerships in an authentic way. Phase three of Calgary's plan, "fine tuning the Plan for sustainability" (Calgary Homeless Foundation, 2012: 7), is underway. The lessons learned in phases one and two of the plan have revealed the need to adapt interventions and program types to reflect diverse personal experiences. Issues related to health, disability and poverty, vulnerability due to marginalization and social exclusion are not isolated to those experiencing homelessness. The impact of creating a system of care that can respond to diverse personal and structural marginalization has the potential for far

reaching impact, including reducing costs and strain on public systems and, more importantly, better addressing and supporting people with complex needs.

Arguably the biggest barrier to effective system planning to end homelessness is the lack of affordable and safe housing options. It is imperative that the CHF lead a community-based movement to engage all levels of government and the private sector into policy change that incentivizes the development of non-market housing. Without an influx of new units, the program dollars to resource them and authentic community involvement, the impact of Calgary's 10-Year Plan and its system planning approach will be weakened.

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Dr. Katrina Milaney has an interdisciplinary academic background that includes sociological and gender-disability theory frames and has several years' experience in community-based research. Dr. Milaney is a qualitative researcher with a particular interest in participatory action designs and uses critical theory frameworks to study social determinants of health including disability, homelessness, gender, culture, domestic violence, and mental health. Part of her critical theory driven study of social determinants revolves around her interest in political and economic ideology and their impact on public systems and service delivery.