

LIVED EXPERIENCE ENGAGEMENT

Interim Summary Report

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Lived Experience Engagement



Researcher's Statement

Research is intended to bring change, but we often forget that *we, ourselves* are changed by the research we conduct. Linda Tuhiwai-Smith (1999) notes that research is not an innocent or distant academic exercise, but rather an activity that is framed by the social conditions, and the researcher's own experience.

Throughout these engagement opportunities, I continued to find myself looking through my younger eyes; during a time that I was living houseless. Sharing that statement, overtly, may discredit my work with some people, but that is the crux of these learnings.

My experience of being houseless created a profound curiosity during this work, more than with other research I have supported. I often wondered, *why me?* How come I made it out? The shiver of curiosity was a gift that allowed me to speak more deeply, and authentically, with people who have lived experience. I was hungry to understand, *what is different today?* By continuing to centre myself in the reality that I am no different than any person speaking with me, I was able to learn from participants in a way that was wholly connected to the realities they were sharing. The truth is, that relationality became a place of empathy. I truly cared about learning each person's story, and I still hold each story with a tremendous amount of care.

Specifically, I learned empathy and good intentions are no longer enough. Many moons ago, Elder Roy Bear Chief of Siksika Nation had given me teachings about *ani to pisi*, the spider web. When I began reflecting on these lived experience dialogues, I thought back to some of his teachings. Socially, we are fairly successful at raising awareness on the issues of houselessness. There are many individuals, advocacy groups, and agencies who dedicate resources to raising awareness and elevating the issues. However, awareness is merely the vibration in the spider web indicating something is wrong. We have a good idea of where the issues of houselessness are coming from. Like the vibrations, we can feel them. Now is our time to follow these vibrations, and repair the part of the web in distress. Approximately three weeks after completing the lived experience dialogues, I came across an obituary. The obituary belonged to the last woman my team and I spoke with while visiting encampments. If just one small thing played out differently, she could have been the one writing this instead of me.

To all the participants who sat with us and shared their story, *wela'lin, nata'n teliula'lin*.

Thank you, I do well by you.

Peyton Meters

Engagement Manager, pipikwan pêhtâkwan

Project Overview

Homeward Trust and the City of Edmonton are collaborating on a new Plan to Prevent and End Homelessness (the Plan). This project requires an evaluation of the previous planning efforts, consideration for key changes since it was last updated in 2017, and significant engagement with several sector partners including:

- Indigenous Peoples, Nations, and Indigenous serving organizations;
- Housing and frontline service providers;
- Neighbourhood and community groups;
- All orders of government;
- Systems partners (health, justice, and education);
- People with lived experience of houselessness and housing insecurity;
- General public; and
- Key economic or social drivers in Edmonton.

Engagement Overview

The summary report below focuses solely on the lived experience component of this project completed between July and September 2023.

Throughout the engagement process, each participant's dialogue was considered with an Indigenous-led and trauma-informed lens. Our guiding methodology is *keeoukaywin - The Visiting Way* (Gaudet, 2019). Centring Indigenous worldview throughout this work ensures that the final product of this report offers *etuaptmumk* - or what is known as two-eyed seeing.

It was important to us that our research axiology was grounded in Indigenous approaches which we enacted through our practice values of:

- Slowing down and not limiting time with participants;
- Sharing honoraria up-front, before asking any research questions;
- Assuring anonymity;
- Not pushing boundaries when someone felt uncomfortable;
- Listening with empathy and without judgment;
- Grounding in Ceremony, providing smudge;
- Bringing an Elder for emotional or spiritual support;
- Being transparent with how their information would be shared; and
- Giving agency through storytelling.

Centering Lived and Living Experience

Lived and living experiences are some of the primary voices that should be heard in the development of a new plan to end houselessness in Edmonton. We acknowledge there has been engagement done with people who have lived experience previous to our work. The input we sought builds upon what has already been gathered, adds an Indigenous approach and fills any gaps of knowledge that can provide holistic considerations for the Plan. One of the driving values behind this work is a “nothing about us

without us” mentality. Centering the perspectives of people with lived experience ensures the work, and solutions proposed in the future, are more subjective than objective.

Indigenous Worldview

There is an over-representation of Indigenous People who are living houseless in Edmonton. We need to incorporate an Indigenous worldview in our process to be ethical and respectful in this work. We had Elders involved in many of the engagement touchpoints to provide psychological and spiritual safety to the participants who offered their stories.

This work was started in ceremony with Elders leading a Pipe Ceremony with the project partners in attendance to bring blessings upon the impact of the work, guide the project team and Elders through the project engagement, and for the safety and wellbeing of participants informing the work directly or indirectly.

Engagement Summary

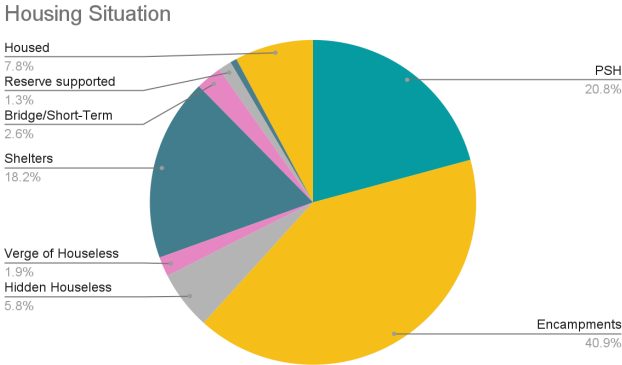
There were 154 participants with lived experience of houselessness who participated in engagement visits between July and September 2023. Our methods included circle process, small group visits, one-to-one dialogues, and roving visits. The youngest person identified in the lived experience engagement recorded was a dependent who was eight years old, and the oldest participant was 62 years old. It should be noted that not all participants disclosed their age.

Dates of Engagement

- July 24 - 26, 2023
- September 18 - 23, 2023

Engagement Sessions

- Shelter and Drop-Ins
 - Hope Mission (15 participants)
 - Boyle Street Community Services(12 participants)
 - George Spady Society (3 participants)
- Community Settings
 - Royal Alexandra Hospital (1 participant)
 - Alexander First Nation (2 participants)
 - Elizabeth Fry Society (21 participants)
- Supportive Housing
 - Native Counselling Services of Alberta (10 participants)
 - NiGiNan Housing (multiple housing units) (23 participants)
- Encampments
 - Water Warriors (63 participants)
- Houseless, no connections (4 participants)



Approaches to Engagement

The team reached out to agencies and outreach groups via email and asked for support in identifying approaches to centring lived experiences within the engagement. The perspectives of each agency were sought on how to best ensure this work met the needs of their clients. This meant the engagement approach may look different for each of the individual engagement sessions. Some included roaming visiting in or outside of spaces, formal meetings in circle, or one-on-one conversations. The flexibility of these approaches was intentional to ensure broad representation in comfortable and accessible settings as much as possible for people to participate.

To ensure people were compensated for their time, a gift card or cash payment was provided for participation regardless of the level of input shared. This meant people could share freely without feeling pressured to participate to receive support. The upfront payment was designed to remove extractive practices from these conversations.

Staff who supported this engagement were equipped with Naloxone and resource information for accessing Coordinated Access. Elders participated in outreach efforts and facilitations to provide cultural support and safety for the folks participating and the team leading the facilitation.

It was not always possible to identify the demographics of participants, either due to the comfort of the participants or the situation in which people were being engaged. Where possible, our team included information when it was shared.

This approach to engagement should be complemented with the engagement of participants within housing programs and accessing support, through tools like the Annual Housing First Participant Survey.

Individual Engagement Session Summaries

Hope Mission

Key Themes

- Lack of sufficient funding
- Physical and mental illnesses
- Issues with service navigation

Summary

Engagement with Hope Mission occurred on the morning of September 20 while people were lined-up outside of the building. We set up a small coffee station and began speaking with participants in a casual one-to-one or small-group format. Fifteen people shared stories with us. Some participants noted they have severe mental and physical health conditions leaving them reliant on AISH or other funding.

There were common notes that funding was not enough to meet the needs of the housing market, or no one would rent to them with only AISH funding as a source of income. One participant noted that before COVID, they received \$800 in government funding, but since COVID, their payment was reduced to \$400. While most individuals said COVID had little impact on their situation, a few participants did note COVID changed the way landlords and service providers treat them. One person noted since COVID, they felt more judged by service providers or landlords. She shared *“if you aren't the best homeless*

person, you won't get any help". There were also comments about housing workers being burnt out and trying to pass them along to another service, only to find when they go there, they are told to go somewhere else. There were common themes of needing support with system navigation.

More than any other group, those whom we met at the Hope Mission shared stories of unfortunate events leading to injuries which have become both a reason for entering houselessness, and a barrier to getting housed. Some participants had accidents causing physical injuries, inside and outside of the workplace, resulting in losing employment. One participant noted she was housed, but got cancer and while in the hospital was kicked out for not reporting in. She was not given her bed back and is on the waitlist again. Another participant had health issues and lost a foot due to diabetes. He indicated he was considered *"too hard to house"* because of his medical needs and there is a lack of qualified workers who understand medical needs or supports.

Boyle Street Community Services

Key Themes

- Hopelessness
- Chronic houselessness
- Difficulty accessing services

Summary

Engagement with Boyle Street Community Services occurred on the morning of September 19. With support from an outreach staff member, a table was set up and we provided coffee and donuts to participants. Those who were in the area gathered around the table. Two different circles took place. With support from the Elder, 12 participants joined and shared their stories.

More than any other group, most participants had been unhoused for a very long time. The shortest being a year and a half, and the longest being 18 years. There was a common sense of hopelessness among participants, especially noticeable in individuals who shared they experienced houselessness for five or more years. The hopelessness was in two areas: (a) hopelessness in the system, and (b) hopelessness in themselves.

Participants shared stories of service providers losing track of what they were helping with, or even leaving their roles and the individual not knowing where they went. One individual shared, *"She [the worker] was supposed to meet me and never showed up. I never heard from her again"*. Staffing issues seemed to create hopelessness in the system. Some concluded their worker didn't think they were worthy, and just decided to stop helping them. There was agreement amongst all participants, in the first circle, when one person noted, *"You know how there is upper, middle, and poverty class in Canada? Well, even below that there is a hierarchy [of] homelessness. The good homeless people, and the bad homeless people. When you know they think you are the bottom of the bottom, there is no point to even try"*. There was apathy around trying to get housed. Many people described conspiracy and manipulative-type thoughts of the system. For example, one person stated, *"they don't want us to stay housed because they only get money to house new people"*. Another participant added, *"...yeah, they will house you, then find a way to kick you out so they can put someone else there. Then their numbers look better like they are helping a lot of people. It's not about helping us, it's about keeping their jobs"*

Not only was navigation and access a concern, but the long wait times were common barriers to building hope. There was frequent dialogue about attempts to navigate the system and failing, causing self-doubt. The more a person attempted to get out of homelessness without success, the more hopeless they sounded. One participant noted she had tried for 12 years to get housed without success, she noted, *"I'm just waiting to die out here now"*. Some participants indicated their negative self-image aggravates their mental health and addiction issues. With severe mental health or substance-related disorders, it made accessing services difficult, and sometimes even impossible. One participant shared *"You have to check in for all these appointments, but if you are struggling with drugs you don't have the same concept of time. If you don't check in, then you get kicked out. They should have a system where you have to check in 10 times. [For] some people that would be 10 weeks, [for] other people that might be 10 months, but then they can help you as an individual"*. It was common for this group, while expressing significant degrees of hopelessness, to share solutions and ideas that would help support the group. Some talked about having people build their own homes in a little house community, others talked about giving people jobs to be peer mentors on the streets. Regardless of the suggestion, there were common themes of wanting to contribute and have an active role in ending homelessness for themselves.

The lack of self-confidence and self-worth was felt so strongly by this group that even after giving the participants a Walmart Gift Card for sharing their time and ideas with us, one participant asked if we let Walmart know they would be coming because they were afraid they would get kicked out or followed.

George Spady Society

Key Themes

- Difficulty with life skills
- Mental health challenges

Summary

The engagement was conducted in Circle at the George Spady Detox and Safe Consumption Site with three participants on September 21. These participants were now housed through George Spady but indicated they battled mental health diagnoses such as post-traumatic stress disorder, or bipolar disorder. As a result, each had experienced being unhoused for long periods. Two of the three had been in and out of the justice system, which they shared provided some relief from living on the street, but came with their own set of traumatic experiences.

Participants indicated they lacked confidence in life skills they felt were required to maintain housing. One participant shared she didn't believe she could emotionally handle the responsibility associated with keeping housing once she had it, specifically due to a lack of time and money management skills. Another participant felt that he couldn't live up to the expectations of men in trades and would often turn back to drugs to cope.

Participants became emotional and shared about the importance of having a good social worker (or other type of support staff) who cared for and truly believed in them. While these participants did not speak about negative experiences with other staff, they attributed their current housing successes to the positive staff interactions they have at George Spady.

Royal Alexandra Hospital

Key Themes

- Physical illness and medical needs
- Culturally appropriate supports
- Issues with service navigation

Summary

On September 20, we visited a participant who had been living at the Royal Alexandra Hospital for over a year. The participant had experienced a physical health crisis, related to symptoms of an AIDS diagnosis. After ending a long-term relationship and losing housing, the individual returned to drug use and was found unconscious. She was brought to the hospital and was told she had a stroke. She indicated since she's been living at the hospital for over one year, she no longer qualifies for AISH and currently has no source of income. She is hopeful she will get to leave and have her funding reinstated but shared they are having trouble finding accommodations that will take her because of her physical health needs. She shared that because she is unable to turn the door handle or stand without her walker, her social worker said she needed specialized housing and there is none available. She has little confidence her social worker is prioritizing her situation.

Being Indigenous, she indicated she also wants access to culturally appropriate housing supports. She noted, *"They got to find me somewhere that I can smudge and be in Ceremony, or I'm just going to get sicker"*. It was indicated that workers were exploring seniors' living options for her, although she is only 40 years old. However, the participant felt she would end up leaving and living on the streets if appropriate cultural supports weren't accessible.

She shared stories about being houseless in her late teens but said that it was much different today. Her perspective was that too many people bought properties for short-term rentals (like Airbnb), causing a housing shortage and leaving more people on the edge of houselessness. *"People like me can't get any help because the social workers are trying to help people who just need a little extra money, but even then, there isn't enough"*. The participant noted without the support of a service provider, she would not know how to get support. Even further, she feared her own service provider was struggling to navigate the system themselves

Native Counselling Services of Alberta (tâpwêhtamowin wâskahikan)

Key Themes

- Culturally appropriate supports
- Difficulty accessing services
- Issues with service navigation

Summary

On September 21, we spent the day at the Native Counselling Services of Alberta visiting with residents who recently moved into the tâpwêhtamowin wâskahikan unit built in the summer of 2023. We had an Elder join and provide Ceremony before each dialogue. Ten participants shared their stories and ideas

with us across the day. Most participants had lived houseless for multiple years, on and off. It was a common experience for these participants to have couch surfed or lived with family for some of that time before coming to the tâpwê housing program.

It was unanimous that each person felt the cultural supports offered was going to be critical to their long-term success. Although each visit was individual, we began the morning with a smudge, prayer, and a song as a group. During visits, each participant thanked us for bringing the Elder and would naturally direct themselves to her when they began sharing difficult parts of their story. Participants gave a lot of credit to specific staff members at other agencies who had helped them get into tâpwêtamowin wâskahikan, noting the access to culture was more than an opportunity, ***“it is housing from the heart, and that alone is very healing”***.

Outside of culture and chronic houselessness, individuals did not have as many common themes in their experiences. Interestingly, one participant noted this as being a blind spot for most service workers. He shared ***“Wrap around means more than just having the services, it’s helping people break their...habits”***. Coming from being incarcerated to sober living, then to tâpwêtamowin wâskahikan, one participant made note that more programs and knowledge should be shared in institutions. He remarked the housing process isn't common knowledge, adding ***“...normal people don’t need these supports, so they don’t know about them”***. Another participant shared that accessing services has been difficult, especially at times when she does not have identification. She noted ***“I had to wait almost 4 weeks to get my ID before anyone would even talk to me. You can’t do anything without ID and most places won’t even accept the old Treaty card even though it’s [a] valid ID.”***

Many participants noted how they spent multiple years experiencing different forms of houselessness. Each of the 10 participants indicated experiencing at least four different housing situations, from living rough, accessing shelters, couch surfing, bridge housing, incarceration, rehabilitation or treatment centers, private tenancy, to housing in exchange for services. Even with a variety of experiences, a majority of these participants noted they would not have been able to find tâpwêtamowin wâskahikan without the guidance of a dedicated, competent, and knowledgeable system navigator. In the same vein, most participants attributed their residency to ***“pure luck”***. Words and sentiments of luck were around having a worker who had the knowledge and relationships that were able to get them into tâpwêtamowin wâskahikan. However, other individuals could not even describe how they were given residency. In both situations, participants noted they wished the navigation was more clear and that there were opportunities for them to learn the skills to find housing. One participant noted, ***“Homeward Trust requires a worker to get help, but why can’t I advocate for myself? It’s harder to find a worker, and even worse if you want one who can actually help.”***

Each of the visits shared something specific that was missing from their housing journey. One participant shared about medical needs, physical and mental, that could not be met. Another shared about programming that wasn't offered, specifically around trauma support. One shared how services were provided before COVID, but having those services changed or cancelled since. Another shared that their physical realm had no support. Six participants felt services, adjacent to direct housing, were lacking because ***“the system has an agenda, and it’s to make money. If a service won’t get them funding, then agencies close them or change them, and then we never know what is there.”*** Having a holistic approach to services was important to all participants. They noted, either directly or indirectly, aspects of a medicine wheel to end their experience with houselessness indefinitely. Leading to discussions about gaps in services, duplications in services, and refusal of services.

Elizabeth Fry Society

Key Themes

- Increased cost of living
- Lack of sufficient funding
- Safety in housing
- Women's housing issues

Summary

On July 2, 2023, our team attended a Sweatlodge Ceremony with 29 women and staff from the Elizabeth Fry Society. We began in this way as the staff requested we sit in Ceremony with the women before we asked to speak with them about a topic that can be very sensitive and painful. The women were asked if they would be comfortable sharing on another date, and they agreed. On July 24, 2023, we spent the afternoon with 21 women from the Elizabeth Fry Society who shared their stories with us while completing traditional beading projects.

At the time of the session, all of the women were housed, albeit to different degrees. Most of the women were receiving funding or subsidies to support their housing. There were three women housed through a private tenancy and paying market price for housing. Two women were through private tenancy, but sharing a one-bedroom apartment. During the session, many of the women spoke about fears about being houseless again soon, many indicating they are on the verge of houselessness. The women spoke about funding being insufficient to meet the market costs. ***"My landlord is going to raise the rent again, and even if it's \$50 I will have to choose between electricity or an apartment. I already had to get rid of my cell phone."*** There was a consistent concern throughout the session about rising costs of living. One woman shared, ***"I don't think COVID had any impact, but the Government policy to regulate electricity is going to make me homeless again. I have five kids, and my electricity bill was almost \$800 last month. I can only afford \$240 - \$270 a month and there is no help for these higher utilities."*** Some women shared they have chosen between eating and renting over the last few months. All of these participants were quite familiar with resources and had accessed the food bank, but noted the amount given is becoming less and their funding isn't sufficient to cover the rest of their needs. There was a consistent discussion about the fear of becoming houseless again and not knowing what they would do next.

Another concern unique to this group was the importance of safety in housing options. Many women said having kids has helped them stay out of the shelter system for long periods of time, however, noted many of the housing options they have experienced were unsafe for families. One woman shared, ***"I was in bridge housing once with my daughter, but the gangs target the women who live there and date them to take over the building. Someone crawled in my window one night trying to get into his girlfriend's house. I was terrified and left the next morning. I can't risk my child like that."*** There were many concerns about safety and health in different housing formats. Some women described living in Capital Region Housing (now known as Civida) and having constant concerns with bed bugs or cockroaches that were unresolved for long periods of time, eventually leading to the women leaving because it was impacting their children. One woman had described, ***"Just because I am poor doesn't mean I want to live with bugs and infestations. They would eventually spray my unit, but never the neighbours, and everyone just kept getting them. My babies were crying all the time."***

The women were clear safety was a main concern for them, and safety was the main reason so many of them fought to have their funding sources subsidize a rental of their choosing.

Alongside safety, many women described not feeling the system is designed with them in mind. They shared feelings of not being recognized, or counted, as houseless. Women spoke about how they have found themselves living in unhealthy relationships to avoid houselessness. Because of these relationships, they would not qualify for many services, as their household income was higher than the poverty line even if they were living in poverty. Women felt there was support in transitioning out of a relationship, and only when left with nothing did they qualify for support. A participant described, ***“I tried to access programs, but because the lease was in both his and my name, I had to claim his income and then I couldn’t get help. But I was trying to get enough money to leave him safely. I had to leave my kids with my mom for 4 months while I couch-surfed until I could actually get funded.”*** Having a system that supports the unique needs of women was an important dialogue

NiGiNan Housing Ventures

Key Themes

- Difficulty accessing services
- Culturally appropriate supports
- Community and mentorship

Summary

Between July 24 and July 31, we met with residents at three of NiGiNan Housing Ventures housing units - Ambrose Place, Omamoo Wango Gamik, and McArthur Place. There were 23 participants total, broken into groups of eight individuals, 11 individuals, and four individuals. During these sessions, we sat in Circle with an Elder and participants shared their stories.

One consistent concern from participants was difficulty accessing services. Many indicated since coordinated access began, they had been on very long waitlists. There was at least one individual, in each development unit, who described getting access to the housing unit because of personal relationships. One resident noted, ***“I wouldn’t even be here if [my worker] hadn’t called [housing employee] and got me in the next bed. It’s like the coordinated access system they have now doesn’t know how to treat people like a human.”*** There were conversations at all units about their experience using coordinated access. One woman noted, ***“I had to call five days in a row before I even got an answering machine. My relatives still living out there don’t have access to a phone to call every day. And we don’t have phones to wait around for a callback.”*** There was a dialogue about having more in-person services, but many didn’t feel like a centralized service would be the most effective. In reality, most participants felt the system needed to create flexible approaches that could meet individuals where they were. Many felt there was simply not enough housing for their needs. A woman shared, ***“There just [aren’t] enough places like this. I never saw one before. We need more.”***

There was commonality about the importance of not only Indigenous support but Indigenous-run and designed housing. Participants at Omamoo Wango Gamik spoke about having accessed services that provided cultural support before, but when those supports weren’t run and grounded by Indigenous People, the offerings were less impactful. One woman shared, ***“When I came here, it wasn’t just ‘here is the smudge’, it was like, ‘come up, we smudge together, and we pray together’. We are a***

community. For the first time being housed, I don't feel alone anymore." There was dialogue about the value of community, ingrained in Indigenous culture. There was sharing about how different residents have played a role in supporting newer residents throughout the program journey. One woman said, **"Like when I first showed up, I am not used to good things and I almost left, but [another resident] kept helping me with stuff for my worker. One day, I stopped feeling scared."** The dialogue around internal mentorship and support was something participants indicated wasn't part of all housing services. Many shared it was only when they moved into an Indigenous housing community that they had these values become more overt. Many individuals shared that when they were living rough or in shelters, people still looked out for one another, but that **"someone who's succeeding and getting themselves on track, helping you, just shows you that it's possible and gives you hope to keep going."**

Residents at Ambrose and McArthur shared about the importance of collective community in sobriety. Individuals shared that harm reduction was important for the collective to move forward in addressing their mental health and substance-related issues. One man shared, **"The staff are helpful but it's when my buddy, who's also an alcoholic, [when] we started checking in with each other and one day sober turned into one week sober, then one full weekend, then a month, and now it's been 3 months and I got a goal to get my own place eventually."** The role community values play in housing is important in helping with transitions and life changes.

One specific area in community and culture intersect for these participants was family. At all three locations, residents talked about the importance of being allowed to have their family either live or visit with them. Many noted they could not permanently live with family for a variety of reasons. However, they shared many housing services would not allow them to have family or overnight visits. Many attributed their success of staying housed to being able to reintegrate with family and heal relationships. One woman said, **"I had my kids come and they were allowed to stay here for Mother's Day. It really felt like this was my home."** A participant at another housing unit said, **"I was staying at a pretty nasty bridge housing and my worker was threatening to take my kid until I got in here. Now she has everything she needs and I'm not involved with Children's Services anymore."** The inclusion of family in housing services has offered stability and supported the normalizing of housing support.

Encampment (Water Warriors)

Key Themes

- Difficulty accessing services
- Community and mentorship
- Hopelessness
- Physical and mental illnesses

Summary

On the evening of September 21, we joined the team at Water Warriors to visit community members living in the Chinatown area encampments. There were two Elders present, along with approximately 18 volunteers. Water Warriors handed out food, water, hygiene, and harm reduction supplies while we spent time dialoguing. There were over 400 community members served, and we spoke with 63 who deeply shared their stories with us. Many of the participants thanked us for coming and **"treating us like humans."** There were frequent comments that participants felt service providers spoke down to

them and they were extremely grateful for the opportunity to have their true stories heard. One couple started by stating, ***"I dunno what you can do with this information, but I hope you can get more people just [to] come here and listen to us."*** The other partner noted, ***"Yeah, we need more people to realize we are the same as them, we've just had hard lives."***

One notable consistency from this demographic was their willingness to share; both with us and with one another. There was a strong sense of community and care for one another; evident by the sharing of the food and supplies offered. Individuals were also open to sharing their stories and experiences with us. After being given gift cards or cash, everyone stayed well beyond the few minutes we asked of them, and continued to dialogue with us. The most common comments were about how individuals were treated by society, services, and systems. Many shared that COVID hadn't changed their housing situation, but it changed how people treat them. One man shared, ***"Before, people would give you some change or let you use a bathroom, now they cross the street and don't even want to breathe the same air as you."*** When speaking about the treatment they received, many people referenced negative police actions as a barrier to getting housing. Explained by one woman, ***"How can I go and line up to get on a waitlist? If the police come they are going to take everything I own. I need that to live."*** Another individual shared, ***"If I go into someone's house and take something, it's theft. The police will come here, cut tents open, take everything, burn it, and it's not a problem because we are just garbage to them. We aren't even people."***

In understanding more about the experience of accessing services, people shared they have similar feelings of judgment when trying to get housing support. The majority of individuals indicated they were not actively seeking housing support. There were many reasons for this: lack of ID, hopelessness, lack of eligibility, and inability to navigate the services. However, those who had sought support noted feeling inadequate and even being directly told they would not receive housing. One participant shared that after speaking with an outreach worker at the Edmonton Public Library about getting housed, they were told, ***"Don't hold your breath. There are over 3000 people ahead of you, and someone like you will probably stay on the bottom for years."*** It was common for people in encampments to communicate a low sense of self-worth and even label themselves as undesirable or undeserving. Many shared there were ***"levels of homelessness"*** and they were closest to the bottom. Community members noted they felt a lack of effort from service providers because of mental health or substance-related issues. One participant shared, ***"There is too much judgment to get sober, and we aren't at the stage yet. You don't just run a marathon. You have to jog first. But no one will help us unless we are already running. If you don't try, you can't fail."*** The stigma of living houseless is a painful reality that crosses many people living in encampments. From daily interactions in society to service access and system decisions, individuals shared their physical and mental health problems were aggravated by the lack of access to services.

Another common dialogue was the difficulty with system navigation. Most participants indicated they did not have ID and that was a main barrier for accessing services. None of the 63 participants knew what 'coordinated access' was, or where they would start if they were seeking housing. Some individuals had heard there was a phone number to call, but indicated they would be unlikely to use phone or email to connect with someone because that method of communication was difficult for them. Some participants shared that when they had previous successes being housed, it was due to having a more relational interaction with their workers. One community member shared, ***"Follow-up from staff is the most important. Keep your promises. Know what you're saying. The last time I had a place, my worker found me down here and brought me herself. Don't just wait for people to come to you if you really want to help them."***

There was a clear desire for services to address a community mentality. Many participants shared they experienced housing on and off, but were evicted due to trying to support other community members. One man shared, *“It’s no good to give a person a house and have all these rules, expecting them not to let other people stay with them.”* Later, we heard another community member say, *“There [aren’t] enough workers to help everyone. We need more navigators. Not like people who are fully housed, just someone who’s one step ahead, helping you figure out the next step.”* Being involved in the community was something many people commented gave them hope. Continuously, people referenced Camp Pekiwewin as a place that improved their physical and mental health.

Alexander First Nation

Key Themes

- Increased cost of living
- Landlord and tenant concerns
- Lack of sufficient funding

Summary

On September 19, we spoke with the Alexander First Nation, Urban Liaison. They shared that there were over 60 urban members currently experiencing houselessness in Edmonton. There were two specific cases the Urban Liaison representative felt were stories that needed to be heard. There was a mother and adult daughter who were days away from being houseless, and there was a mother and her two children living in an encampment. The Alexander First Nation, Urban Liaison, called the family and asked if she could share some of the details of their story, and they agreed. The worker shared information with us on behalf of the family. On two different occasions, we met with the mother and adult daughter, who were set to be evicted on September 22.

Throughout our dialogue with the Urban Liaison, she noted a lot of the members she works with are experiencing houselessness due to rising costs of living. She noted her caseload is full of people with employment, however they are struggling to afford the rental increases since COVID. She noted, *“We will help people with a damage deposit and first month’s rent, but a lot of my clients can’t find a rental they will be able to afford after that.”* She even shared there is a [government] employee on her caseload, currently living in their car until they can find a rental. Another barrier she noted was seeing racism and discrimination during the application process for tenancy. She spoke about having multiple cases where applications were suddenly revoked or tenants were ignored after disclosing they needed a rental agreement to give to the Nation. She acknowledged their process of needing a rental agreement before issuing the damage deposit and the first month’s rent could be improved. However, she shared the reason it was put in place was that during COVID, landlords were taking multiple damage deposits from applicants and not returning them to those who were not offered the lease. Since COVID, she also shared many Facebook rental frauds were happening and a rental agreement was a way to protect the member, who can only access the service once in a set period of time.

During the first dialogue with the mother and adult daughter, it was learned the women were staying at a location referred to as the Jockey Hotel. The women shared there was a serious domestic issue requiring them to leave immediately. They noted they were living in the Jockey on their own accord and do not currently have any workers supporting them. The mother said, *“I knew the owner here, so I asked him to rent us a room for the month. but no, we don’t have a social worker and I don’t even*

know how to get one." The women were not receiving any funding and were in the process of getting identification. The mother indicated she was on AISH until February 2023, but AISH began an audit. She provided the information for the audit, however, her support payments were never reinstated and no one advised her of the status. The women noted they tried to call in March, but up to that point in September, they received no response other than hearing about an audit happening.

The daughter has a severe blood disorder and cannot work. She noted that she will apply for AISH, but is waiting for her ID. The second time we visited with the mother and daughter, they were at the University of Alberta Hospital. The daughter needed to get a blood transfusion as her levels had dropped significantly over the day. She noted, **"I can't even try to help us keep the hotel when I'm close to going unconscious. Even if I wanted to get help, I wouldn't have time or energy to do anything before we are evicted."** The women expressed fear, anxiety, and stress from being in the process of losing housing. They discussed all of the efforts they had made, up to that point, and felt their next steps were too far in the future to avoid experiencing houselessness on the coming Friday. The women shared they hadn't returned to Alexander to live because it was too far from hospital care, and without a car, they would have no way to get to a hospital in time to help the daughter. The mother noted, **"It's not an option for us where we can live, sometimes we need to get to the hospital in 30 minutes or she is unresponsive."** Even with the housing and physical health concerns, it was clear the women wanted to stay together and take care of one another.

Elizabeth Fry Street Outreach

Key Themes

- Severe issues with mental health
- Loneliness

Summary

On September 23, we travelled downtown near Jasper Avenue with the Elizabeth Fry outreach team. The team provided snacks, water, coffee, and hygiene items to community members. We made contact with 18 different community members, but only four individuals were able to dialogue with us. The majority of the community members were highly intoxicated or experiencing severe mental health issues and unable to communicate with us. There were cases of individuals who were speaking incoherently, and even some who were mostly unresponsive. The four individuals who were able to dialogue with us did so, still with some difficulty. Of the 18 individuals, one was female, and all four who spoke with us were male.

When sharing about his diagnosis of a psychotic disorder, one male shared, **"Even the encampment people kicked me out because I'm too sick."** There was a feeling of being invisible described. One man commented, **"I'm invisible to everyone here. Not because I want to be. No, I want to be seen. But people are so uncomfortable looking at me, they just look past me instead."** The four individuals noted they felt that their houselessness was due to mental health issues. They described needing more significant resources for people who lived with chronic and severe mental health issues. Two of the men noted being hospitalized for periods of time, and being released to houselessness. Another noted intentionally being hospitalized to avoid loneliness.

Comparing this visit to the one in encampments, each participant during the outreach day was individually isolated although some may have been close in proximity. For example, three different people at Beaver Hills House Park sat alone and didn't speak to each other. There was a strong sense that individuals had a lack of community unless they were accessing a service location such as Boyle Street, or the Mustard Seed. One man explained, *"I go there for a meal sometimes and people say hi, but then I leave alone because people get easily frustrated at me."* While this group did not communicate a need for community, when asked what is needed to help people get housed, they discussed doctors, support teams, people with similar issues to them, and safe people to be around.

Lived Experience Key Themes

Hierarchy of Houselessness

Across an assortment of organizations, and through meeting people with a variety of lived experiences, there was a consistent feeling of a hierarchy. Regardless of their current housing situation, people in all areas spoke about perceptions of order that created a ranking of them deserving services. There were overt descriptions of people being refused services because of their physical appearance, substance use, medical needs, and previous history with housing services. There were also indirect actions described that caused feelings of low worth, such as long wait times, service abandonment, dismissive communication, and observations of attitudes toward them. As an illustration, individuals described having been asked to wait outside for service because of COVID protocols, only to have someone with a more appealing aesthetic to be invited in ahead of them. During intake appointments, service users described scenarios where an employee openly discussed a matrix system that would be used to assign them a place on the waitlist. The perception of hierarchy was not exclusive to service users, versus service providers. There was dialogue between those living in encampments, shelters, and others sleeping rough who described segregation amongst themselves. Many described communal standards for living. Notably, people who had sexually offended or were severely mentally ill were often isolated and banned from collective living situations.

There was significant system apathy. Some participants communicated strong perceptions of malfeasance and conspiracy of organizations attempting to cycle people through to receive more funding. There were notes from all levels of engagements that indicated houseless individuals felt being used for professional and organizational gains. In these cases, participants described the hierarchy as more dichotomous, either deserving or undeserving. Often, individuals would describe attempts to access a service and have been directed somewhere else, only to be met with another redirect upon arrival. The individuals felt those with higher value were given less run-around for information and support.

Community members described the feeling of hopelessness, created by perceived hierarchy, as one reason for long-term houselessness. It was consistent that the longer a community member described living houseless, and the more attempts they have made to access services with minimal successes, the less likely they were to feel confident their situation could improve. Community members described soft handovers between service providers as a gap in current services that would support a more equitable and consistent experience in accessing services.

Service Navigation & Access

There were common themes of difficulty with service navigation that went beyond the barrier of hierarchy. Across many engagements, individuals described a lack of common language related to program and service access. There were cases where individuals shared a program name changed to make itself more marketable for funding. However, the change also made communicating with workers difficult. This barrier was elevated when the worker was new and did not recognize the old program name. Participants felt service organizations made adaptations to programs too frequently. They articulated it was common to not have intimate details of what program they were accessing, and everything offered under each program. Verbalizing, this lack of common language was a barrier to successful navigation and made trying to meet their needs more complex. In another vein, individuals shared a lack of common language across the sector has been a barrier to navigation and has led to eligibility issues, delays in service, and run-around. One broad example was the understanding of 'intake' for service users. It was described at some agencies, that intake is a full assessment of suitability, eligibility, and assignment to programs. In other cases, intake is a short dialogue and a waiting list. While this may sound like an implementation decision, the impact on service users is their requirements for preparation, expectations of receiving support, and feelings of hope.

Going further, many individuals attributed success with navigating as being correlated to the relationship they have with the worker. In times when it was felt they had a dedicated, empathetic, and flexible support staff, they indicated longer and more appropriate housing successes. Conversely, when they felt a worker was dismissive, avoidant, or too rigid in their approach they indicated short and ill-fitting placements. It is a common sentiment that effective workers would slow down and spend more time with the individuals they are helping.

Individuals with a variety of lived experiences observed agency staff often had short careers and there was an influx of new employees at agencies. They shared that high turnover makes it difficult to build trust and there have been situations where they have been reassigned a worker without knowing.

Regarding accessing services, a common concern was a lack of identification. Throughout our engagements, individuals discussed how not having an ID has created limitations and delays in accessing services. It was one of the most common challenges discussed during visits to shelters and encampments, but it was also a previous barrier for many individuals who currently were housed. Issues related to getting ID were lack of birth certificates, no address, and long wait times. Many individuals could articulate where they would go to get support with ID but expressed hesitancy due to limited staffing.

Culturally Appropriate Support

The difference between being 'housed' and finding a 'home' was described by many of the residents living in Indigenous-designed and operated housing developments. It went beyond having access to cultural support, it was an integration of supports in all aspects of the service. There were clear differences for individuals when housing support provided culture, and when culture was reflected in the design of the program and supports. Participants shared they felt healing in the latter. One place residents saw this the most was in values and policies around community, family, and Ceremony. Often, female residents spoke about feeling they have a stronger voice in Indigenous-run developments because the value of matriarchy is communicated overtly.

Dialogue about family needs was discussed across many Indigenous participants, specifically at Elizabeth Fry, NiGiNan Housing, Alexander First Nation and Native Counselling Services. In all situations, participants discussed the desire to connect with their loved ones, regardless of the status of those relationships before being housed. Many individuals spoke about policies that opened the door to family overnight visits, and short-term and long-term stays. Looking at a person, not independently, but rather as part of a community, was felt to have impacted agency decision-making; ultimately creating deeper connection and hope. Commonly, participants shared Indigenous organizations felt more adaptable to their needs and customized support more easily.

Individuals who had experience living in an Indigenous-developed and run agency noted that reconnecting to culture was healing. There was a sense of belonging described by examples of the residents coming together in Ceremony. Having an Elder present during engagements made a significant difference for individuals opening the dialogue about culture without any prompting. It was described there was increased confidence and trust among residents when they prioritized the collective Ceremony. There were examples at each agency of many different Indigenous cultures coming together. They did not need a pan-Indigenous approach or a similar Indigenous culture to experience collective harmony. In the case of the Native Counselling Centre of Alberta, the smudge and prayer were done by a Cree resident, but the song sung was by an Inuk resident.

Illnesses

It's commonly discussed that mental and physical illnesses are risks for experiencing houselessness. Across engagements, individuals shared stories about a lack of support for illness which made obtaining, and retaining, housing more difficult. Specifically regarding physical health issues, there were stories of emergencies that subsequently made an impact on an individual's living situation. There were cases where participants had long-term housing and employment, but after an accident, they were left without resources to sustain housing. There were physical health and medical needs that limited where individuals could live. In the case of high medical needs, individuals felt there were limited supports available and shared sentiments of feeling too expensive to house. Some individuals with physical injuries described coming to Edmonton to access better medical care and then returning home only to struggle with housing availability.

Some participants indicated having mental health or substance-related issues. When the concerns were long-term and severe, individuals felt that in most cases, general support staff were not adequately trained to intervene. There was a strong desire, specifically in encampments, to have service providers come, listen, and provide more space for trauma-informed, therapeutic interventions. Some participants shared they felt long-term success would come from a flexible service designed around each individual, rather than finding a service that was the closest fit. Residents at NiGiNan Housing Ventures expressed successes in these areas, especially with harm reduction processes.

Economic Changes

Since COVID, there have been rises in experiences of houselessness in Edmonton. In exploration, participants in all sessions were asked to describe the impact COVID-19 has made on their housing situation. It was rare that a participant indicated COVID as a main factor for experiencing houselessness. Most participants across engagements indicated that COVID had little to no impact on their direct living situations. Where COVID impacts were heard, they were often with individuals who currently had

housing and feared housing instability. Some individuals noted having to move after the COVID-19 pandemic due to significant landlord-initiated rental increases. Participants, predominantly women, shared stories of difficulty finding new rentals that would accept their application due to children and income levels. Many participants attributed the rising costs to government policies to deregulate the cost of utilities in Alberta. Some shared landlords either increased the rent significantly or no longer offered utilities included. Where rental costs were higher than expected, individuals shared fears of not being able to meet other required expenses such as food, gas, insurance, phone, or internet. With multiple costs of living increasing, community members noted they were experiencing fear of becoming houseless again in the near future.

There were a few situations where individuals had described extortion and fraudulent landlord transactions. These interactions were most common in 2022, but some noted they were still happening today. In one case an individual was shown property, provided a damage deposit, and was later unable to move in due to it being an Airbnb rental. In another case, a prospective tenant provided a damage deposit and the first month's rent, but the owner sold the unit before a rental agreement could be signed. In both cases, the women were under time pressure to move and put significant trust in the landlord.

Another economic change is the availability of affordable units. Many participants discussed being declined for a rental only for it to stay empty for a long period of time until the landlord sought the highest bidder. Those who are funded by shared funding do not meet the average market rate and they are required to find incompatible accommodations. In some situations, this means multiple people sharing inadequate bedrooms. In other situations, some people found resourceful options to maximize their funding.. Participants shared how they rented storage units to sleep in during the day and store their belongings at night.

One specific group impacted by economic changes is women. In dialogue about their specific barriers, many women indicated they felt services were not designed to elevate them in the same way they are for males. Some women noted having a current spouse or male support has limited their access to programs and services needed to gain independence and financial freedom from unsafe living situations. Under the current economic environment, many women cannot leave a main provider until those services are already in place. Supports that recognize the unique experience of women who are living in poverty, in households above the poverty line is a significant service gap.