Homelessness Vulnerabilities and Potential Mitigating Supports

Report A: Focus Group Findings

August 25th, 2020

WHAT CAN MAKE PEOPLE AT-RISK FOR HOMELESSNESS? WHAT ARE THE SOLUTIONS? PLEASE JOIN US FOR A WORKSHOP EXPLORING SOLUTIONS TO HOMELESSNESS. WE WANT TO HEAR FROM YOU

KELOWNA HOMELESSNESS RESEARCH COLLABORATIVE

Kelowna Homelessness Research Collaborative

ABOUT THE REPORT

The Kelowna Homelessness Research Collaborative (KHRC) is an interdisciplinary team of investigators across UBC, Okanagan College, and Interior Health interested in conducting research in support of those experiencing or at risk of homelessness.

The purpose of this study was twofold. First, to start engaging with individuals with lived experience and service providers to gather community specific information about the factors they felt put people most at risk of homelessness and to understand what could be done locally to affect change. The second was to present this information to local groups (service providers, funders, policy makers and those with an interest in the area) to assist in their work and actions going forward.

The Kelowna Homelessness Research Collaborative (KHRC) would like to thank all those who participated in this study.

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INTRODUCTION

In the early months of 2020, members of the Kelowna Homelessness Research Collaborative (KHRC) and Co-Researchers from the Lived Experience Circle on Homelessness (LECoH) held a series of focus groups in Kelowna to talk about two important questions:

- What events or circumstances put individuals at risk of becoming homeless?

- What could be done to lessen the risk of homelessness?

The research team met with two separate groups of individuals: those who had experienced homelessness in the past or were at risk of being homeless, and service providers working in the homelessness sector. These groups met separately but the insights they shared were strikingly similar. The results of the discussions were reviewed by a separate group of individuals with lived experience to verify the accuracy and completeness of the research findings, and contribute additional clarification where needed. In total approximately 75 voices of lived experience and 50 voices of frontline service providers contributed to this project.

A unique aspect to this research was the involvement of two members of LECoH who helped with the design of the research, supported the facilitation of the focus groups and assisted in analysis of the data. Their insight and perspective contributed immensely to the completion of this project.

WHY DO THIS PROJECT?

Homelessness in Kelowna and the surrounding area has dominated newsfeeds for much of the past few years. Social issues - mainly related to lack or affordability of housing, and poverty/ homelessness have continued to be the number one concern in the city's citizen surveys. In response, the City of Kelowna joined with the local community to create a $47 million dollar strategy to address the issue. In response to the strategy a new organization was formed to lead the implementation of the strategy called the Central Okanagan Journey Home Society (COJHS). In addition to this new resource, Kelowna has also seen additional funds from the provincial and federal governments to provide housing and supports to those who are at risk of, or who are homeless.

In order to make the most of these investments, it is important to ensure that the context of homelessness in Kelowna is more clearly understood. While some is known about the reasons people in other communities are vulnerable to homelessness, little public information related to this was available in Kelowna.

Ultimately, the research was done to start conversations in the local homeless serving system and to provide a starting place for future research. These results could be used to inform:

- Funders as they consider where they may want to target future community investments;

- Social Service Agencies as they consider new and existing programming;

- Community Leaders considering new policies, system design and future actions;

- Educators training those working in social service, health care and related fields;

- Governmental agencies and political bodies engaged in advocacy efforts; and

- Researchers conducting field studies on homelessness locally

The following sections will provide a summary of observations by the focus group participants. Discussed first are the factors identified that put people at risk, followed by a section outlining their recommendations for addressing those risks. In the final section, this report poses questions for readers to consider and suggestions for how this information might be used in the community.

WHAT FACTORS CAN LEAD TO AN INCREASED RISK OF HOMELESSNESS?

During the first round of our focus groups, people shared stories about the circumstances that increased the chances of becoming homeless. The stories and the reasons why were as varied as the individuals in the sessions. This highlighted something that people working in the homeless serving sector have known for some time: homelessness is a situation unique to each individual and no single description can capture all experiences. The following section highlights what participants in this study discussed as important. The interpretation and context were verified by the LECoH Co-Researchers. The authors recognize that readers with their own experiences (lived experience or service providers) may have additional examples that are not included in this report.

What can be generalized from the discussions with participants in the study is that two key factors affected how vulnerable someone is to homelessness. This can be illustrated by the graphic below.
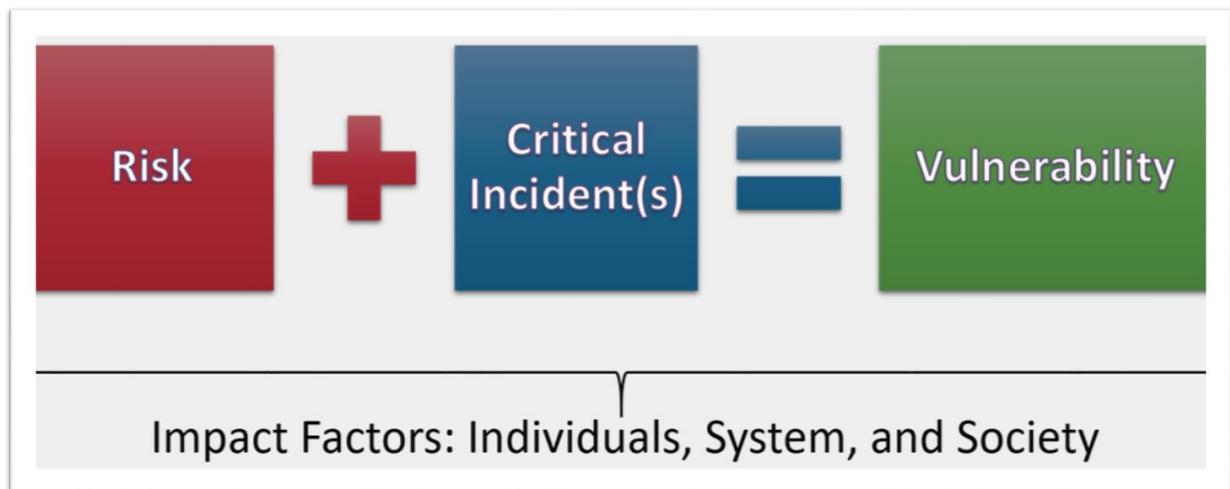
Risk could describe the general situation faced by any individual and in this case referred to the risk of homelessness. Risks could also be described as being constant or longer-term conditions. Factors that affected this risk as described by participants in this study were:

- *Poverty* - the less money you had or could make meant that the risk of homelessness was more or less a concern for people. In all sessions, Kelowna was seen as an unaffordable city.

- *Demographic Factors* - Age (both the youth aging out of care or seniors unable to access affordable housing) and Sexual Orientation (for example, LGBTQ2S+.) were challenges that could make housing difficult to obtain or maintain.

- *Housing* - a lack of available housing was mentioned in all sessions, but simply being housed did not mean that the risk of homelessness was necessarily less. In some cases the housing itself was a risk factor. Participants described having limited affordable options available, and what was available often meant a choice of poor quality housing (mold, infestations), housing with restrictive rules limiting freedoms (no visitors, consumption restrictions around

smoking or alcohol, curfews), or inappropriate housing (mis-match between those seeking recovery and those currently engaging in substance use, location of housing too far from amenities such as transit, food, work, etc.).

- *Social Isolation* - participants discussed that at points in their lives where they had very few or no close relationships or few connections in the community, they were more at risk for homelessness.

- *Employment* - precarious employment or no employment were other risk factors mentioned by participants.

- *Relocation* - moving from one community to another was felt by participants to increase the risk of homelessness as it tied to many of the risks outlined above with the added risk of not knowing what services and assistance were available in the new community.

- *Underlying Health Conditions or Addiction* - some identified underlying physical or mental health conditions that were treated or untreated medically as being a risk factor. Multiple kinds of addictions were identified as risk factors.

- *Experiences of Trauma* - this again was identified as a risk factor that could play a role in increasing risk.

Critical Incidents were described by participants as things that happened at particular points in time that had significant impact on their lives. Often participants described that it was possible to manage a single critical incident, or perhaps a few, but when multiple critical incidents occurred in short time frames, often the effects were so overwhelming that individuals did not have the resources to cope. Examples of critical incidents as described by participants in this study were:

- *Medical Issues* - examples were physical issues caused by an accident, severe illnesses (sometimes linked to inability to work or ongoing medical costs) or injuries due to other activities.

- *Job Loss* - this could occur from expected or unexpected circumstances.

- *Mental Health and / or Addictions* - these could be both formally or self-diagnosed.

- *Conflict* - could take any forms such as within relationships, with landlords or at work. Conflict in this case was an incident that resulted in significant negative consequences for an individual.

- *Driving Under the Influence (DUI) or Interaction with the Justice System* - these incidents could result in fines, loss of mobility, incarceration for a period of time, often with impacts that resulted in a second or third critical incident (i.e. loss of job, conflict in relationships).

What was evident in discussions with participants is that a combination of an individual's current situation, plus any number of critical incidents that occurred, increased what they described as ***vulnerability to homelessness***.

As participants continued to describe what they felt made individuals vulnerable to homelessness, three other key factors emerged. Some factors were linked to the specifics of particular **individuals** (these might or might not be linked to their individual *risk*). In addition, factors related to the **sector** (homeless serving system) impacted the ability for individuals to either receive or continue to receive

services/assistance designed to help them remain housed. Finally, **societal** factors also played a role in creating barriers or challenges. These are factors that relate directly to the community at large in the Kelowna area. Each area is expanded upon in the following section.

Individual Factors

Participants described barriers to accessing service or lack of availability of service as it related to them as individuals, in the following ways:

- *Difficulty in Asking for Help*. In some cases this related to past trauma, in others it was related to self-esteem or how they were raised, making it difficult to ask for support. For some, the effort (due to depression or mental health challenges) was too great.

- *Lack of Trust in the System*. For some participants, experiences related to abuse of power (landlords, RCMP, service providers) had impacted trust, making it less likely to see out available help.

- *The Cost of Accessing Services*. In some cases individuals felt they "lost" something by accessing services. This could be freedoms, choice or other personal things. For others, there was a financial cost to accessing the services or assistance needed. One example was the loss of a job if an individual sought treatment for addiction.

- *Lack of Access*. Individuals expressed that they were unaware of assistance or services that were available. Others discussed lack of choice in service providers, in particular if they had a negative experience with a service provider or were no longer allowed to access services from that organization. Others indicated that services were available, but they didn't qualify or there were no spaces.

- *Literacy.* Some could not access services or did not know they were available because they could not read. Some identified learning disabilities which affected literacy. For others, information was provided in a language that they could not read.

- *Lack of ID or Bank Account*. For some, the barriers were as simple as a lack of ID or a bank account, which would be required to access a variety of different supports and services. This could include limited access to Medical Services Plan (MSP) because no taxes had been filed.

Participants also described challenges they experienced during or after accessing services which made it difficult to maintain housing:

- *Support they received was inadequate.* For example, disability payments, rent supplements, etc. were not enough to cover the basic costs to live in a city like Kelowna. Others expressed that their access to supports such as health care, mental health treatment and addiction services did not meet their needs in terms of type or frequency.

- *Knowledge of Rights*. This applied primarily to tenancy rights. Participants expressed that they did not understand the legal rights they had as tenants or the full rights that landlords had. This could lead to situations where people were forced to live in unsuitable conditions or to pay more than was necessary. It also meant some individuals were forced to leave housing against their legal rights.

Sector Factors

Participants described barriers to accessing service or lack of availability of service as it related to the system(s), in the following ways:

- *Health Care.* Many participants expressed difficulty in accessing medical treatments due to lack of family physicians. For others, stigma at the point of treatment meant that their health concerns were not taken seriously (seen as attempt for opioid prescription or attributed to a drug or alcohol addiction). Information sharing between medical practitioners was also disjointed. Some participants described being told by a pharmacist that doctors had prescribed medications that should not be used together.

- *Lack of Outreach / Navigators.* Participants indicated that a lack of service providers or individuals with lived experience to help in system navigation made connecting to services more difficult. In addition, the lack of outreach workers available in locations outside of the physical location of the agency also contributed to accessibility issues.

- *System is Disconnected.* Participants described difficulty in knowing where to go to access services. They also discussed the difficulty in accessing services from multiple agencies. Participants had to tell their stories multiple times. Service Providers discussed that they were unaware of the services clients were accessing at other agencies.

- *System is Designed for Service Providers.* Participants and Service Providers both described the social servicing system as being designed primarily from the perspective of the provider, not the client. This is not to say that providers did not have the best interests of clients at heart, but programs were often created to fit funding streams, many with little flexibility. Clients were required to "fit into a box" in order to receive support or service.

- *Rules have Unintended Effects.* Participants provided many examples where rules were created with the intention to help, but which put clients into situations where gaining or maintaining housing would be difficult. Examples included single fathers needing accommodations with two bedrooms in order to have a child come to visit or a three bedroom house if they lived with a male and female child, or a mother who could not have her 19 year old child stay with her in her housing unit because the child was no longer a minor, even though they were still a dependent.

- *Competition between Service Providers.* Due to funding constraints, there were examples of organizations going after similar clients to fill programming numbers. This resulted in those clients who were easiest to serve, receiving service first, whether they are most in need or not.

Participants also described challenges relating to the system(s) they experienced during or after accessing services which made it difficult to maintain housing:

- *Healthcare.* Consistently participants shared that their past history impacted their ongoing care. In particular, a health record that included indicators of addition or drug use impacted diagnosis and prescriptions. It could also negatively impact wait times and treatment at the hospital.

- *Inconsistent Application of Rules.* Participants described an inconsistency in how and when rules were applied. This occurred both within agencies (different workers applying rules differently) and between agencies. This could mean that some individuals were allowed to stay beyond 'maximum' stay rules, while others could not. How standardized tools were applied also differed enabling people to be assessed at different agencies and given different placements.

- *Silos and Repetition*. Participants described that it could be difficult to refer clients to other service agencies due to siloing among providers. Participants also discussed that there was repetition in the services offered and that it could be difficult to know which organization would be the best agency to refer to for each client.

Societal Factors

Participants described barriers to accessing service or lack of availability of service as it related to society, in the following ways:

- *Isolation*. Having no connection to community (faith, cultural, friendships) was discussed as a critical piece in the failure to find or access services. Participants described not knowing where to start when moving to a new community. Physical isolation due to issues around transportation, disability or mental/health concerns often left individuals feeling separate or apart from the community and less able to reach out for support.

- *Lack of Mentors*. This was related to isolation; a lack of credible mentors to provide guidance on how and when to access service was considered to have an impact on the willingness or ability of individuals to get support.

- *NIMBY (Not In My Backyard)*. Service providers in particular discussed the difficulties in locating specific services within communities. This meant that what might be an ideal location from the perspective of serving a client group, may not be ideal in the eyes of the local residents and businesses. Services provided at specific sites could be asked to be adjusted and changed to meet the demands of the public, which would then effectively limit the amount, location, and accessibility of services.

Participants also described societal challenges they experienced during or after accessing services which made it difficult to maintain housing:

- *General Community Planning*. Transportation corridors, placement of services such as grocery stores, pharmacies, and other services can make the placement of affordable housing impractical.

- *Shifting Government and Funder Priorities*. Participants described situations where services were intact under one funding program, but were discontinued when government or funder priorities were changed. This impacts the ability of service users to maintain supports that they rely upon.

- *Landlords*. Participants described situations where landlords were either supportive or not. Not all landlords are fully informed about government programs and/or the benefits of renting to individuals receiving government funding. Stigma around government funded rental programs was actually cited as problematic for both gaining and maintaining housing. Participants shared stories where they were rejected as renters once they disclosed that their housing would be subsidized by government payments. Others described situations where landlords would not continue to rent to individuals who were going into treatment programs despite rent being covered through support programs.

- *Racism, Stigma, and Ageism*. While not the only 'isms' described by participants, these were the most common. All affected the ability of individuals to remain in programs because of the impact on the ability for individuals to find work and housing.

A key take-away from participant feedback to the question "What events or circumstances put individuals at risk of becoming homeless?" was that there are things that put people at risk of homelessness. Those risks combined with one or more critical incidents can cause an individual to be at risk of losing their housing. If there is no intervention at this point in their situation, an individual can begin a downward spiral that is impacted by their own circumstances, complexities in the sector and societal factors, until ultimately the loss of housing becomes episodic or chronic.

WHAT COULD BE DONE TO LESSEN THE RISK OF HOMELESSNESS?

The next phase of the research process looked to reflect on the summary of findings from the initial focus groups, and then to identify where the downward spiral into homelessness could have been halted. Again, the information below is a summary of the feedback that was received and is a collection of the most common responses, verified by Co-Researchers from LECoH. Readers with their own experiences of homelessness may have additional insights.

The participants identified 3 distinct phases where intervention could have changed the outcome for an individual. These included:

- **Prevention**. This phase was described by participants as being the earliest phase. It was felt that small changes in their situations could have had significant impact at this phase, potentially preventing the loss of housing in the long run. Interventions at this phase were supports or services that addressed an underlying risk or helped to deal with one or more critical incidents.

- **System Entry**. This represented the phase where individuals first enter the homeless serving system. At this point individuals may have identified that they are at significant risk of losing housing or are experiencing their first encounter of homelessness. Interventions at this phase are focused on rapid re-housing, diversion from the shelter system and active supports or case management if possible.

- **During or Following Service**. Following the previous phases, this stage is focused on points in time where individuals are actively receiving supports or when they are moving into more independent situations or perhaps exiting the system.

Each of these phases can be looked at from the perspective of interventions at the level of the individual, the sector, and the community, and are elaborated on below.

Individual Level Interventions

Interventions at this level are aimed at supporting individuals directly through programing or service provision. The suggestions are general and may apply to some groups of individuals more than others.

Prevention:
- *Increase Affordability*. Any measures that can reduce the gap between income and expenses related to basic needs was mentioned throughout the focus groups.

- *Increase Opportunities for Employment*. Working with employers and social service agencies to increase the number of lower barrier jobs (i.e. willing to hire individuals with more complex employment needs) was highlighted. Increased access to affordable childcare (including in non-

business hours to support those working night or split shifts) and ensuring access to work readiness programs and employable skills programming was also discussed.

- *Increase Prevention Supports.* Participants readily spoke about ensuring measures are in place to stop the slide into homelessness. It was felt that an increased attention spent on prevention would be more effective than trying to resolve issues that became more complex.

System Entry:

- *Provide Supports*. Many participants indicated that it was difficult to take advantage of supports even when they were available. Ensuring that individuals have access to supports that enable them to attend programming was important. Specifically, participants mentioned childcare, transportation, and access to medications.

- *System Navigators*. Providing knowledgeable individuals who had the time to dedicate to individuals to assist them in navigating the system was highlighted as important. Participants recognized that case workers often had heavy workloads and might only be familiar with the services of just a few agencies. It was felt that navigators who were not necessarily tied to one specific organization may be better suited to assisting individuals to understand the homeless serving system, and to also consider using people with lived experience of homelessness in these roles.

- *Provision of ID*. Because identification plays such a critical role in accessing service, being able to assist individuals in securing ID was seen to be a critical service.

- *Greater Choice*. Duplication of services and a wider variety of housing options was seen as very important to ensure that participants can find the right fit between agency, program and person. Many participants expressed that the housing options available to them were not an ideal match (housed in situations where people were actively using on site was a common example).

During or Following Service:

- *Mentorship Opportunities*. Participants emphasized mentorship during and following the completion of programs was very important. Opportunities for individuals to benefit from mentors was seen as key to moving forward. In addition, providing opportunities for individuals to act as mentors when ready was also seen as critical both for their own well-being, but also to support others travelling the same path.

Sector Level Interventions

Interventions at this level are aimed at creating a stronger social serving or health serving sector. The suggestions are general and may apply to some specific organizations more than others or may serve to inform future homelessness system design.

Prevention:

- *Early Intervention.* Increasing access to and awareness of programs aimed at early interventions would work to reduce the risk of a downward spiral as discussed by the participants in this research.

- *Involvement of Lived or Living Experience in System Design*. Participants at every focus group asked that lived/living experience not only be consulted in design, but actively included in that work. Including this voice will help to ensure that the system is designed to serve

individuals, not just maintain the system as it is. It was also felt that the insight provided by lived/living experience could increase the effectiveness and efficiency of the system.

System Entry:

- *Identify Stigma and Accessibility Issues.* Providing training to service providers on barriers that impact access to services would create a shared awareness. Agencies and organizations should conduct periodic reviews of their programs and eligibility requirements to identify systemic stigma and accessibility issues. For example, if an expansion of eligibility should occur. It is understood that not every organization will be able to expand because of agency mandates, however, participants discussed how overly narrow eligibility might mean that a wife (or child or spouse) could get service, but their family members might not and identified that these barriers may not be in the best interest of the individuals being served?

- *Mobile Services.* An increase in services that can be provided 'outside' of agencies and outside of 'business' hours were seen to be a critical shift for the system. Due to the need for many people trying to access services who also work, it can be difficult to access services that are provided only at the site of the agency or during business hours. Examples provided were education/training programs for women that were inaccessible due to childcare issues or limited access to food security programs because pickups occurred during business hours and at one location only.

- *Creation of a Service Hub and Coordinated Entry / Connections.* Perhaps one of the most common conclusions from our focus groups was that due to the disconnect between service providers and a general lack of awareness of what was available for services, a centralized hub for information was recommended. This hub would ideally be independent of any one agency/service provider, or would involve a mutually supporting partnership(s). The service hub would also incorporate lived/living experience individuals as mentors or navigators. The goal of the hub would be to provide information to assist individuals with decisions and to connect them to relevant agencies or programs from a centralized location. Finally, this service hub would assist or feed into a coordinated entry system where appropriate.

During or Following Service:

- *Safe Spaces for Service Reception.* Many participants described needing to find safe spaces to receive service. A safe space looked different to each individual, but the central idea was that participants felt that the 'space' was judgement free and welcoming to any/all.

- *Increase Support for Transition Services.* Participants identified that there were gaps between services that could be better addressed. By increasing support for transition services that help individuals as they move from shelters, hospitals, treatment facilities and the justice system to the next stage of living, the risk of homelessness would decrease significantly.

- *Early Mitigation with Landlords.* When organizations are supporting clients with housing insecurity, regular check-ins with both the client and the landlord may help to address issues early and identify solutions before significant damage to the relationship occurs.

- *Review / Change Policies.* While not all agencies will have complete control over policies related to rent supplements, where possible it is recommended that they be reviewed. Also, where possible, agencies are asked to advocate for changes with their funders to address barriers or issues with policies as they exist. For example when a policy meant to increase

access to vulnerable populations has the opposite effect to what is intended, agencies would have a way to provide feedback to the ministries responsible.

- *Expand Supports Available in Supportive Housing.* The range of supports provided to individuals living in supportive housing are addressing concerns for some of the most critical needs, however there is a great diversity of individuals in supportive housing. Due to insufficient transitional and low-income housing, there is a lack of places for individuals to move to along the continuum of housing options. If supportive housing providers could partner more expansively with other organizations, the unmet needs of residents may be addressed by other providers with space in their programs.

- *Additions Needed in the Sector.* Several additional services were identified as necessary to support individuals who are receiving or transitioning services:

  - Safe injection site

  - Gender specific services

  - Fetal Alcohol Syndrome Disorder (FASD) identification and supports

  - Increased Addictions/Mental Health Treatments

Community Level Interventions

Interventions at this level are aimed at creating a stronger community that is inclusive and supportive to all members. The suggestions may be valuable for non-traditional homeless serving organizations looking to make a difference for future community planning.

Prevention:
- *Education and Community Dialogue.* To support the community to more fully understand the issues and complexity of homelessness and stigma, further education and opportunities for discussion are important. It was noted that the burden for education should not lie solely on the homeless serving sector or lived experience representatives.

System Entry:
- *Increase Awareness of Entry Points.* Many community members only become aware of supports available in the community when they suddenly need to access them for themselves or someone else. Increasing public visibility for key entry points (such as a service hub or key organizations) can help eliminate barriers to entering service early.

- *Advocacy.* Finding opportunities for the community at large to lobby for additional or different services for the community was emphasized as ways to include the broader voice and those wanting to help.

During or Following Service:
- *Safe Spaces for All.* Participants described needing to find safe spaces they could go to, for example, to recreate or spend time with others. Many had stories of being 'moved along' from public spaces. Identifying safe spaces to be, and encouraging connection were felt to be key aspects to supporting people accessing or leaving service. Simple examples included public BBQs, connecting community to lived/living experience individuals, communal art or cleanup

projects where a variety of skills and abilities would be needed to achieve a community outcome.

- *Increased Opportunities for Volunteering or Employment.* Identifying opportunities for community volunteering where individuals with lived/living experience could showcase and utilize their skills or act as mentors were identified as potential ways to support transition. In addition, having the community involved in identifying flexible employment opportunities would provide not only a source of income to those currently receiving assistance, but also provide opportunities to grow and develop their skills.

- *Training and Education.* By far the biggest category of feedback from participants in this section was to provide training and education to the community on a wide variety of topics. Some examples were:

  - Presentations on Research and Experience from other communities to engage the community to discuss fears and NIMBY.

  - Sessions to Government representatives and other Funders on current state of homelessness and the homelessness sector to assist in policy and funding development

  - Sessions to Health Care Providers, Service Providers, and Employers to help bring forward the views and experiences of lived/living experience

  - Additional Sessions for Landlords and Renters to assist in clearly outlining rights and responsibilities and to address common questions between groups.

  - Education for Media, Police, Schools, and the Faith Community to help more fully outline the complexities involved in addressing homelessness, and also to explore myths, concerns and questions from these groups in order to create a common understanding and language for future discussions

HOW CAN WE USE THIS INFORMATION?

This study does not represent the full scope of feedback that individuals with lived and living experience can offer with respect to addressing the shortfalls, and building on the successes of what Kelowna is currently doing. It can, however, start reflections and conversations between people reading our results. Indeed, we hope it will.

Below are ways to think about, discuss and act upon some of the observations discovered through this research project:

Community Members:
- In what ways can you take these recommendations forward?

- How can you work with your community connections to have more conversations related to these topics?

- Where can these recommendations guide the work of community organizations you are involved with?

Members of Government, Policy Makers or Funders:

- In what ways might your current policies be creating barriers for individuals trying to access services?

- In what ways might those same policies restrict agencies or communities from addressing issues around homelessness?

- How can you invite a lived/living experience lens to the work you are doing?

Service Providers and Boards of Directors:

- Are there hidden biases or explicit prejudices in your programs or eligibility criteria that could be reduced or eliminated?

- What barriers are hindering an ability to provide specialized care (i.e. for youth or seniors, for gendered services, for First Nations specific services)? How might you reduce their impact?

- How can you invite a lived/living experience lens to the work you are doing in ways that are safe and appropriate?

- In what ways can you join your voices with others to address policy, advocacy and funding concerns?

- Where could changes to the homeless serving system be made? What could your role be in that change?

Researchers:

- How can you add to the knowledge in the sector?

- How can research projects support service provision or provide new/additional data?

- How can your work assist in changing mindsets or understanding community perceptions and views on those experiencing or at risk to homelessness?

- What other research voices or disciplines can you bring into this work to support the collaborative and interconnectedness required to do analysis and evaluation?

CONCLUSION

The research team is grateful to all the participants who shared their viewpoints and stories during the focus group sessions. Your honesty and desire to help paint a picture was much appreciated.

First, we set out to gather feedback from service providers and individuals with lived experience to understand what factors they felt put people most at risk of homelessness and to understand what could be done locally to affect change. We also wanted to understand if the Kelowna context was different from other communities. What we found is that this city shares much in common with other cities of similar size, but local voices provide a better understanding of unique culture and context that may exist, as well as greater specificity on how shared trends materialize in the local setting.

Second, we wanted to find ways to present this information to local groups (service providers, funders, policy makers and those with an interest in the area) to assist in their work and actions going forward. We plan to provide additional opportunities for more discussions between researchers, practitioners and those with lived experience to continue these conversations.

Finally, what we did discover was that the process that we undertook to gather information was unique and could provide valuable insight on ways to include voices who may not normally be included in these conversations.

NEXT STEPS

This project grant consisted of three components. This report will be followed by Report B: *Allyship in Research: What it is and why it matters.* This paper describes the process undertaken during this research project to engage with those with lived/living experience of homelessness. Specifically, what are some research design recommendations, what are the benefits of using this approach and how was the experience for the members from LECoH who participated on the research team.

As a conclusion to our preliminary research on homelessness vulnerabilities, we will be hosting an online event with both researchers and potential sector partners to present out research findings and to collaboratively identify future research projects that are relevant and responsive to the local community needs.

If you have questions or would like more information about this research project, or for other KHRC research initiatives and events, please contact:

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