

# Homelessness Vulnerability Study:

## What We Heard

In early 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:

1. What puts people at risk of becoming homeless?
2. What can be done to lower the risk of becoming homeless?

We talked to people with lived experience of homelessness as well as local service providers to find out what they felt put people most at risk of homelessness and to understand what could be done locally to help support people at risk. Since those meetings we have sent this information to local groups to assist in their planning and actions going forward.

### ***What puts people at risk of becoming homeless?***

Those in our meetings said there were many situations that made people vulnerable to homelessness. They talked of struggles with poverty and how hard it was to afford both suitable housing and pay for basic needs. Finding full time work or work that pays enough was difficult. Many described being isolated and cut off from their communities, families or friends, living without support. Others felt life was harder just because of who they were and described the impacts of racism. What was clear was that no two people ended up at risk the same way. Most people described a series of events that led to one final “**critical incident**”. An injury, sickness, mental health challenge, addiction, job loss, or conflict with the law or at home could push someone into homelessness.

**The people said there were personal challenges in getting help.** Some had past trauma that made it difficult to ask for help, some didn’t know what to ask for or what was available. For some the mental health challenges were too great. Some people did not feel help was available (ineligible), or they couldn’t access it (e.g. no ID), or it wasn’t the right help. Even when connected to supports, gaps still occurred because there were basic needs related to physical and mental health that not all programs could address.



**People pointed out challenges with services or organizations themselves.** They described a disconnected system of services that seemed to support programs and not individual people. In some cases information wasn’t or couldn’t be shared between organizations supporting the same person. This meant people had to explain their situation multiple times and could make it difficult to coordinate support. People felt rules weren’t applied the same way to everyone, giving some advantages over others. Staff didn’t always have the training to meet client’s needs and more outreach workers were needed.



Organizations did not always seem to be working together and people felt bounced from one service provider to another. Some expressed that programs and funding priorities shifted quickly and meant loss of access to a program that was working.

**People highlighted the importance of community and acceptance.** Many felt unwelcome by local residents when moving into a new neighbourhood. Some felt that a lack of acceptance made it more difficult to find a doctor to treat them, a landlord willing to rent to them, or an employer to hire them. Many described lacking close community connections as a source of stress that could make many things more difficult.



### ***What can be done to lower the risk of becoming homeless?***

**Adding supports, but the right supports.** The right supports can keep people from losing housing as well as help them recover if they are homeless. In particular, prevention supports that help with gaining and maintaining stable employment and accessing appropriate affordable housing are needed. Many people spoke of the need to have help to navigate the system so less time is spent searching for the “right” help. Opportunities to mentor others experiencing similar situations was also discussed. Help accessing transportation and childcare is needed. Specific services to support safe drug use, gender-specific services, physical and mental healthcare, and addictions treatment were requested. Having an opportunity for choice in the services and programs available was important. Ensuring after care/program support was available would assist individuals transitioning from support to unsupported situations.



**Address perceived barriers and disconnects in the sector.** A review of eligibility requirements for prevention supports and housing options could ensure that those that need support can access it. Including Lived Experience voices in the design and process of programs and spaces would remove unnecessary barriers. Opportunities for organizations and individuals to learn about the supports available in the local community would be helpful for transitions and referrals. Work to remove information or coordination barriers between programs would help those accessing support.

**Educate the community and advocate for the rights of people experiencing homelessness.** Creating safe and welcoming spaces where people can gather and connect is important. In addition, more opportunity for the community to collaborate to address the challenges of homelessness would allow employers, businesses, landlords, churches, residents, media, police, government, and schools to come together. Efforts to educate the community on ways to access support will connect people to help before they are in crisis.