

# **PRINCE ALBERT HOMELESSNESS ACTION INITIATIVE 2022**

Phase One:  
**Community Engagement**



Living Skies Centre  
for Social Inquiry

NOTICE: The observations shared in this report **DO NOT** represent the views or opinions of Dr. Chad Nilson, Living Skies Centre for Social Inquiry, City of Prince Albert, River Bank Development Corporation, or Employment and Social Development Canada. They represent the observations and understandings of homelessness shared by a non-representative sample of community stakeholders—including those who are living homeless in Prince Albert.



Partial funding for this initiative was provided by the City of Prince Albert. For questions on the City of Prince Albert's involvement in this initiative please contact:

Craig Guidinger  
Director of Planning & Development Services  
City of Prince Albert  
Phone: (306) 953-4370  
Email: [cguidinger@citypa.com](mailto:cguidinger@citypa.com)



Employment and Social Development Canada      Emploi et Développement social Canada



Partial funding for this initiative was provided by Employment and Social Development Canada.

Guidance and support for this initiative has been provided by the Community Advisory Board (CAB) for the Prince Albert Homelessness Partnering Strategy. The accountable partner for the CAB is River Bank Development Corporation.

For questions on the Prince Albert Homelessness Partnering Strategy, please contact:

Brian Howell  
River Bank Development Corporation  
(306) 763-4221  
[rbii@sasktel.net](mailto:rbii@sasktel.net)

Partial funding for this initiative was provided by Living Skies Centre for Social Inquiry. This document was prepared by:

Dr. Chad Nilson  
(306) 953-8384  
Solutions Facilitator  
Living Skies Centre for Social Inquiry



When referencing this work, please use the following citation:

Nilson, C., (2022). Prince Albert Homelessness Action Initiative: Phase One – Community Engagement. Prince Albert, SK: Living Skies Centre for Social Inquiry.



# TABLE OF CONTENTS

<b>INTRODUCTION</b>	p.4
<b>1.0 BACKGROUND</b>	p.5
1.1 Startup	p.6
1.2 Approach	p.6
1.3 Actionable Solutions Protocol	p.7
<b>2.0 COMMUNITY ENGAGEMENT PROCESS</b>	p.8
2.1 Data Collection	p.8
2.2 Analysis	p.9
2.3 Results from Engagement of Chronic Risk/Homelessness	p.9
2.4 Results from Engagement of Community Stakeholders	p.13
2.4.1 Contributing Factors	p.13
2.4.2 Perpetuating Factors	p.14
2.4.3 Barriers	p.17
2.4.4 Impacts of Homelessness	p.19
2.4.5 Unintended Consequences Complicating Matters	p.21
2.4.6 Suggested Solutions	p.21
<b>3.0 RESULTS SUMMARY</b>	p.24
<b>4.0 NEXT STEPS</b>	p.27

## Prince Albert

# Homelessness Action Initiative

---

## Phase One – Community Engagement

### INTRODUCTION

The City of Prince Albert, supported by the Living Skies Centre for Social Inquiry, in partnership with the Prince Albert Community Advisory Board on Homelessness seeks to develop and facilitate an actionable solutions forum with key service, community and government leaders in north central Saskatchewan. The intended outcome is proper alignment of capacity and understanding required to implement promising solutions for preventing, intervening and mitigating the impacts of homelessness on individuals, businesses, services and communities.

The purpose of the Homelessness Action Initiative is to mobilize multiple stakeholders across different sectors and jurisdictions to share meaningful dialogue around the causes, consequences and solutions to homelessness. The anticipated result is shared knowledge around actionable opportunities for sector-specific solutions to homelessness and the impacts of homelessness.

One outcome of this initiative will be increased knowledge of homelessness causes and consequences across sectoral and jurisdictional lines. Another will be recognition of sector-specific opportunities for implementing tangible and actionable solutions to homelessness [and homelessness impacts]. Results of this initiative will be documented and disseminated to multiple stakeholder groups.

Framing out this initiative are four major questions surrounding the different stakeholder groups and their contributions to reducing the occurrence and impact of homelessness:

- 1) In what ways can each of these stakeholders contribute towards the **prevention** of chronic risk leading to homelessness? (e.g., alleviate circumstances that lead to homelessness)
- 2) In what ways can each of these stakeholders contribute towards the **intervention** of chronic risk that has resulted in homelessness? (e.g., rehouse individuals impacted by homelessness)
- 3) In what ways can each of these stakeholders **mitigate** the impact of homelessness on individuals, neighbourhoods and communities? (e.g., reduce garbage, minimize stigma)
- 4) What efforts can each of these stakeholders take to **reduce** barriers that they or other parts of our government/human service system present towards reducing homelessness? (e.g., administrative procedures, communication gaps, service activities).

A major part of this initiative is engaging multiple stakeholder groups, including individuals affected by homelessness, in discussions around the key questions driving this effort. Between January and June of 2022, the facilitator engaged multiple stakeholders in interviews, focus groups and surveys. The purpose of this report is to present observations from that engagement process.



## 1.0 BACKGROUND

In the past three years, Prince Albert has seen a dramatic spike in new individuals living on the street<sup>1</sup>. What was once a problem limited to a few recognizable individuals, homelessness has grown to encompass an ever-changing cohort of new chronic risk individuals, with sporadic, unpredictable behaviour<sup>2</sup> that is putting a lot of pressure on our human service system, business sector, and broader community<sup>3</sup>.

Engagement of local supports during this time period have seen a dramatic increase in demand for services. One organization that provides daytime support to vulnerable individuals averaged 80 clients per day in 2020. In the past two years, that has jumped to 250 per day. Another organization that provides harm reduction supports has seen a dramatic increase in drug use supplies being distributed. A third organization responsible for providing direct care to vulnerable individuals has experienced a 200% increase in intakes for support of homeless individuals. On top of these indicators, observations from local practitioners reveal that increased calls for emergency responders are resulting in an overburdened police service and hospital emergency room—neither of which are equipped to manage the chronic high-risk needs of Prince Albert’s homelessness population. Lastly, results of the most recent Point-in-Time Homelessness Count show a 100% increase in absolute homelessness (i.e., those sleeping on the street) across Prince Albert<sup>4</sup>.

To explain these increases, the Homelessness Action Initiative has revealed some high-level understandings to consider. For starters, a higher proportion of homeless in Prince Albert used to be hidden homeless (e.g., couch surfing)<sup>5</sup>. However, with the fears of COVID among families and increased availability of crystal meth, many hidden homeless have become absolute homeless (e.g., street). Similarly, due to COVID restrictions and burnt bridges stemming from sporadic behaviour, several sheltered homeless have also become absolute homeless. Finally, the impact of COVID and increased substance use and abuse has resulted in many vulnerable individuals from other communities relocating and/or becoming stranded in Prince Albert, where they become part of our homelessness population.

In order to reverse this trend, the City of Prince Albert, Living Skies Centre for Social Inquiry and Prince Albert Community Advisory Board on Homelessness have partnered to better understand the problem, recognize the impacts, and build effective solutions. The partners recognize that there are many layers of complexity to this entire social condition. As such, we need to pull it apart carefully, and examine it layer by layer. To do that, we have planned an action-based research initiative that uses a hybrid forum to properly identify contributing/perpetuating factors of homelessness, barriers to resolving homelessness, impacts of homelessness, and solutions to reduce both homelessness and the impacts of homelessness on individuals, businesses, services and the broader community.

---

<sup>1</sup> River Bank Development Corporation. (2022). Prince Albert: Everyone Counts 2022. Prince Albert, SK: River Bank Development Corporation.

<sup>2</sup> Nilson, C. (2021). Prince Albert Homelessness Count, 2021. Prince Albert, SK: Living Skies Centre for Social Inquiry.

<sup>3</sup> Maxwell, N. (2021). Our Vulnerable People are Falling Through the Cracks: Tent City Discovered on Prince Albert’s East Side. In 101.5 Beach Radio. Retrieved from: <https://www.beachradiopa.ca/2021/10/18/our-vulnerable-people-are-falling-through-the-cracks-tent-city-discovered-on-prince-alberts-east-side/>.

<sup>4</sup> River Bank Development Corporation, (2022)

<sup>5</sup> Nilson, C. (2016). Prince Albert Homelessness Count, 2016. Prince Albert, SK: Living Skies Centre for Social Inquiry.



This project is supported by research, driven by the community, and shaped by the expertise of human service professionals, homelessness advocates, business owners, community stakeholders, and individuals affected by homelessness. This project is guided by the understanding that homelessness is a visible symptom of chronic risk. It is this symptom that we often attribute impacts and barriers towards. If we truly want to reduce homelessness, our focus must be on identifying, managing and eventually eliminating chronic risk.

## 1.1 Startup

The first activity in the initiative involved identifying a reference group. Within the context of action research, a reference group is a collective of stakeholders most intimately affected by and/or in positions of knowledge or opportunity to inform solutions to a social condition. Members of the Homelessness Action Initiative Reference Group include representation from the policing, fire protection, housing, social, advocacy, human service, primary health, addictions, business, youth, Indigenous government, and mental health sectors. In December of 2021, members of the reference group met to review the Terms of Reference for the group, and identify the best means of engaging stakeholders in their respective sectors.

The second activity in the initiative involved reaching out to members of the Reference Group, as well as related sector leaders, to identify key perspectives, observations and understandings of homelessness. Between January and March of 2022, the project team engaged 41 different stakeholders in interviews and focus groups, either in-person, through Zoom or by telephone. These engagements provided insight on homelessness from the perspectives of homelessness shelters, downtown businesses, social agencies, the emergency room, mental health supports, addiction services, cultural programs, Indigenous advocacy, and homeless individuals themselves. Dialogue during these early sessions helped to identify contributors to chronic risk leading to homelessness, unintended consequences of policy/practice that complicate the matter, and barriers impacting both individuals affected by homelessness as well as support agencies positioned to mitigate the impact of homelessness on individuals and community. Outreach to these, as well as additional sectors (e.g., policing, corrections, ambulance), continued throughout March, April, May and June. Additional data gathered through interviews, focus groups and surveys of 141 more participants in the second wave of engagements brought deeper understanding to the major issues affecting homelessness in our community.

## 1.2 Approach

This initiative utilizes an action-based research approach to generating solutions to homelessness. According to Gilmore and colleagues, action research aims to contribute both to the practical concerns of people in an immediate problematic situation and to further the goals of social science simultaneously. Thus, there is a dual commitment in action research to study a system and concurrently to collaborate with members of the system in changing it in what is together regarded as a desirable direction. Accomplishing this twin goal requires the active collaboration of researcher and community, and thus it stresses the importance of co-learning as a primary aspect of the research process<sup>6</sup>.

Further work by O'Brien shows that what separates this type of research from general professional practices, consulting, or daily problem-solving is the emphasis on scientific study, which is to say the

---

<sup>6</sup> Gilmore, T., Krantz, J., and Ramirez, R. (1986). Action-Based Modes of Inquiry and the Host-Researcher Relationship. In Consultation, v.5, i.3: 161.

researcher studies the problem systematically and ensures the intervention is informed by theoretical considerations. Much of the researcher's time is spent on refining the methodological tools to suit the exigencies of the situation, and on collecting, analyzing, and presenting data on an ongoing, cyclical basis<sup>7</sup>.

According to O'Brien, several attributes separate action research from other types of research:

Primary is its focus on turning the people involved into researchers, too—people learn best, and more willingly apply what they have learned, when they do it themselves. It also has a social dimension - the research takes place in real-world situations, and aims to solve real problems. Finally, the initiating researcher, unlike in other disciplines, makes no attempt to remain objective, but openly acknowledges their bias to the other participants.

### 1.3 Actionable Solutions Protocol

A major intended outcome of this initiative is to initiate actions that reduce homelessness, as well as offset the impacts of homelessness on individuals, businesses, services and the community. To do this, the team plans to examine options for stimulating shared problem ownership and collaborative solution-building. During the initial outreach process, several problems/challenges have been identified. Using this information, willing partners have begun further exploring the development of a collaborative approach to find solutions to these problems. The resulting Actionable Solutions Protocol will help stakeholders across and within different jurisdictions to understand problems and sector-specific solutions to homelessness that are both tangible and actionable.

Literature reviewed in preparation of this project revealed that the hybrid forum action research methodology provides an opportunity where technical issues (i.e., specific contributor to homelessness) are brought into public forum and addressed collectively by multiple actors each with their own set of knowledge, expertise, experience and agenda. During this process, the interplay between technical knowledge, social-political relationships, and action leads to emerging actors, knowledge development, and eventual solution-building<sup>8</sup>. Within the Homelessness Action Initiative, some of the localized problems identified may have low-threshold solutions that could be implemented with relatively low cost, staff output, or significant commitment.

Building a process for agencies to problem solve is going to require people with experience to speak up and explain what exactly will work. We can drive effective solutions better when we are working together, hearing different perspectives, and sharing data. To quote one participant in the engagement process,

“Our goal should be to go into this and understand more, rather than simply be understood!”

---

<sup>7</sup> O'Brien, R. (1998). An Overview of the Methodological Approach to Action Research. Toronto, ON: University of Toronto. Retrieved from: [https://homepages.web.net/~robrien/papers/arfinal.html#\\_edn1](https://homepages.web.net/~robrien/papers/arfinal.html#_edn1).

<sup>8</sup> Callon, M., Lascoumes, P., and Yannick, B. (2009). Acting in an Uncertain World: An Essay on Technical Democracy. Cambridge, MA: Massachusetts Institute of Technology.

## 2.0 COMMUNITY ENGAGEMENT PROCESS

The community engagement process was designed to be an opportunity where representatives from different sectors in the community could discuss the topics of this project in a safe and controlled space. Many of the stakeholders engaged in this process seldom get a chance to speak on the topics covered herein. More often than not, their observations are kept to themselves. Part of this reason is because either they are never asked, or their job does not provide for much feedback on the issues discussed in this process. Another part of this reason is because the complexity of chronic risk (viewed often as homelessness) presents many different opinions, that if expressed in a public forum, would create a counterproductive experience for participants. Therefore, each cohort was approached separately, under the guarantee of anonymity, to share their observations, insights and suggestions moving forward.

### 2.1 Data Collection

The purpose of this effort was to engage as many different perspectives as possible. While not every relevant organization or stakeholder was engaged, a broad swath of cohort representatives from each perspective on chronic risk was engaged (e.g., health, housing, homeless support, police, social work, addictions, business, community associations, individuals affected by chronic risk). The engagement process was mostly completed through in-person, telephone or Zoom interviews (n = 127). The remaining engagements occurred through an anonymous e-survey provided to relevant cohort types (n = 32) or focus group (n = 23). To protect the identities of interview and survey respondents, names of organizations are not shared in this report. To gain a sense of the respondent sectors engaged in this project to date, Table 1 shares the number and proportion of respondents in each cohort group.

Table 1. N and % of Respondents by Cohort Group

COHORT GROUP	N	%
Chronic Risk Individuals	44	24.2
Business*	42	23.1
Human Services^	17	9.3
Shelters	16	8.8
Healthcare	14	7.7
Emergency Services	11	6.0
Community	9	4.9
Housing	6	3.3
Advocacy	5	2.7
Indigenous Government	5	2.7
Corrections	4	2.2
Mental Health/Addictions	4	2.2
Youth	3	1.6
Social Work	2	1.1
<b>TOTAL</b>	<b>182</b>	

\*[(focus group, n = 23) + (survey, n = 19)]

^[(interview, n = 4) + (survey, n = 13)]

The engagement process was guided by several topics identified in the planning stages of this project. These topics included general understandings of homelessness, defining features, causes, contributors to the problem, impacts of homelessness, barriers impacting homelessness, unintended consequences



to previous actions, and potential solutions moving forward. The interview and focus group engagements were semi-structured exploratory discussions, while the surveys involved a combination of fixed-item and open-ended responses.

## **2.2 Analysis**

The analysis of qualitative data gathered through the engagement process was completed in two groupings. One included data from chronic risk/homeless individuals. The other included data gathered from other cohort types working with an organization, agency, advocacy group, business, etc. Both sets of qualitative data were analyzed using narrative analysis techniques commonly used in studying qualitative data gathered from surveys and interviews. In places where testimony of respondents helps to demonstrate understanding of a topic, select extracts from interview transcripts are provided. Finally, data stemming from fixed-item responses to the business and human service professional surveys were analyzed using basic frequency distributions.

The results stemming from this analysis represent various observations shared on different topics and themes. They do not constitute generalizable research findings, nor should they be interpreted in that way. This document is akin to a summary of proceedings stemming from a town hall event or community gathering. The observations summarized herein do not represent the opinion of River Bank Development Corporation, Living Skies Centre for Social Inquiry or the City of Prince Albert. Rather, they represent the diverse views of multiple community stakeholders with dissimilar and in some cases, opposing views on the causes, consequences, impacts and solutions to homelessness. These results are presented to show the wide range of opinions and experiences on chronic risk/homelessness in Prince Albert. The intent of summarizing the engagement dialogue is to better identify opportunities for community stakeholders to pursue actionable solutions against chronic risk/homelessness.

## **2.3 Results from Engagement of Chronic Risk/Homeless Individuals**

In the spring of 2022, the project facilitator engaged 44 individuals experiencing chronic risk. Individuals were approached on the street, informed of the non-intrusive nature of the engagement, asked for consent to proceed with questions, and provided with an honorarium for their time spent in the engagement process. Interview duration lasted between 5 and 45 minutes, with most lasting 20 minutes.

Among the 44 participants, 37 self-identified as being absolute homeless (i.e., living on street), 3 reported being hidden homeless (i.e., couch-surfing), 2 reported being sheltered homeless (i.e., live in shelter), and 2 reported having a place to live—but spent their days ‘using drugs downtown with friends’. When it came to risk factors connected to homelessness, all participants identified either using or being addicted to alcohol or drugs. Of those interviewed, 14 reported using alcohol, 26 reported using drugs, and 4 reported using both alcohol and drugs. The drugs of choice identified by participants who used drugs included crystal methamphetamine, prescription drugs, and marijuana (a few, occasionally). Within the drug user cohort, some were participants in a methadone maintenance program that provides scheduled dosages and support. By in large, however, a majority of drug users reported crystal methamphetamine as their most used drug (smoked or injected).

It is important to note that in this action research project, the primary problem driving this effort is absolute homelessness, and the impact it is having on vulnerable individuals, businesses, service providers, and the broader community. As such, for this phase of the project, other types of homeless

individuals were not directly engaged (e.g., those in supported housing, transitional homeless, hidden homeless). However, at other stages of this initiative (e.g., solution building), survivors of homelessness, and those currently managing their risk factors to homelessness, will be thoroughly engaged.

Some anecdotal observations of the engagement experience with this cohort include the following:

- 1) Most seemed very approachable and willing to engage.
- 2) For many (though, not all) friends on the street were like family, protected each other.
- 3) Most were scared of something on the street (e.g., being bothered, attacked, stigmatized).
- 4) Several took partial or full ownership over their conditions of risk leading to homelessness.
- 5) A majority do not want to bother people or businesses; they just have nowhere else to go.
- 6) Many expressed that most street people are decent; however, a few bad actors ruin the reputation of homelessness for everyone.
- 7) There is a strong divide, and perhaps animosity, between alcohol users and drug users.
- 8) Stigma and negative treatment of homeless individuals come from all races and all economic levels.
- 9) Many who are heavily addicted believe they have nothing to lose, and nothing to hide. Their greatest struggles in life are exposed to everyone who drives by and stares.
- 10) Like anyone else, they are after the three fundamentals in life: food, shelter and safety. What separates addicts from others is that they are willing to risk all of that for their next high.
- 11) There is a regular migratory pattern of homeless street addicts from downtown, to the emergency room, to police cells, and back downtown. This cycle is periodically interrupted by jail time, detox, or failed attempts at treatment.
- 12) Many report their only receipt of kindness throughout each day to be a meal and respect they receive from support organizations (e.g., Moose Lodge, Salvation Army).

#### Risk Factors

Engagement with our community's chronic risk/homeless population reveal multiple risk factors that lead someone to life on the streets of Prince Albert. All of them eventually manifest themselves in substance use or addiction. Some of these include exposure to violence, involvement or victimization of crime, child apprehension, inability to afford rent, overcrowded housing, and negative peers. Another common risk to homelessness was hosting or being hosted by someone who is renting a place designed for a single person or family, welcoming other homeless in to avoid the elements; and, as a result, being evicted due to too many people living in the home (i.e., break lease rules).

## Choosing the Street Life

A smaller portion of participants identified that they choose to stay on the streets. While they acknowledge that a sober life in housing would be healthier, in the present time, the street offers what they need: easy access to drugs, no rules, complete freedom, comradery among fellow addicts/homeless, and a 'do what you want' way of life. Some (n = 2) who engaged in the consultation process, explained that, although they had their own home in Prince Albert, they enjoyed spending their day downtown with friends either drinking or using drugs.

## Challenges on the Street

Dialogue from individuals impacted by chronic risk/homelessness reveal multiple challenges facing them on a daily basis. One major challenge stemming from all parts of the community is stigma. This includes stigma experienced from citizens, business owners, and service providers. Another source of stigma impacting chronic risk/homeless individuals is stigma they encounter from other vulnerable groups—including other addict types (e.g., alcoholics stigmatizing drug users, vice-versa) and gang members.

Other challenges on the street include:

- Very limited shelter hours and access.
- Shelter rules that do not allow possession of drugs.
- First-come-first-serve shelter access process.
- No place to go to the bathroom, wash up, shower, or sleep.
- Gangs targeting vulnerable people while they are sleeping or using substances.
- Nowhere to exist during the day, constantly shooed away from every space.
- No way to get mail, acquire identification or sign up for assistance.
- Visits to the hospital result in discharge right away.

## Living on the Street

Engagement of the chronic risk/homeless population provided an opportunity to better understand what life is like on the street. Several participants shared their accounts in this process.

- "It is hard, it is embarrassing, but I have no choice."
- "Nobody wants to help you, even if you are trying to be genuine to them."
- "People take one look at you, and dismiss you from being part of the community."
- "We only have each other out here. We look out for one another, like a family."



- “We share what little we have with one another. It helps us survive.”
- “Living out here makes you too scared to ask for help because everyone says ‘no’.”
- “Our community is slowly taking away things we need: benches, toilets, water, food.”
- “Life on the street is tough, it is scary. I use drugs to stay awake at night so I can be safer.”
- “When you live on the street, it is easy to forget appointments, so we never get help.”
- “We get judged constantly, even from our own people and relatives.”
- “More and more, we are getting attacked, beaten and robbed by gangs in the evenings.”
- “We police ourselves. Some of us clean up after others because the mess makes us all look bad.”
- “I have to buy street drugs because I’m too scared of getting shot if I get it from a drug house.”
- “It’s hard in the winter. We have to break into apartments to sleep in the hallways.”

#### Mitigating Impacts on the Community

During the engagement process, respondents were asked to reflect on the impacts that chronic risk/homelessness may have on the community. While doing so, they were asked to identify any opportunities to mitigate these impacts.

- “They should put more needle bins around town.”
- “The government should provide a refund for needles so people bring them back. I’d rather risk getting poked myself while bringing back a needle than have some kid get poked out here.”
- “If they organized a clean up day, I think a few of us would pitch in.”
- “Give us a place to hang out during the day so we get out of the public view.”
- “Make people bring back the same number of needles they want to take home.”
- “Provide homeless with a place to call home, we’ll police it ourselves and show respect.”
- “Make washroom facilities available so people don’t have to relieve themselves on the street”.

#### Solutions

The final topic of engagement with chronic risk/homeless individuals was solutions to support vulnerable people in the community. The following suggestions stemmed from the engagement process:



- “We need some education on stigma, and how it makes us feel worse about everything.”
- “Have the help come here. People on the street get told ‘no’ too often to ask for it anymore.”
- “We need a stable place to go to—even if we are using—just to get off the street.”
- “Some place to get medical help and other supports without being seen by the public.”
- “Do everything to keep families together. Apprehending children sends parents to a street life.”
- “Provide some activities during the day, it will keep people busy and off the street.”
- “Build a Won-ska Cultural School-type place for street people to feel they belong, can get help on things, and have people watch over their safety and health.”
- “Get somebody to help us get identification and communicate with service providers we need.”
- “Work with the landlords so they don’t feel that evicting people is their only option.”
- “It would be nice to have a place to shower, do laundry, and sleep without being targeted.”

## **2.4 Results from Engagement of Community Stakeholders**

Engagement of different stakeholder groups reveal diverse perspectives on chronic risk and homelessness in our community. Data captured through interviews, surveys and focus group are analyzed together where themes align. In some areas of analysis where quantitative data are available, relevant results are presented.

### **2.4.1 Contributing Factors**

An important discussion topic with engagement participants is the contributing factors that lead to homelessness. Some factors identified included specific risks or conditions affecting individuals. These include mental health conditions, cognitive impairment, acquired brain injury, addiction, family violence, low income, emotional abuse, parent-child conflict, negative behaviour, gang involvement, financial illiteracy, trauma, unemployability, instability, negative peers, drug psychosis, unpredictable behaviour, financial predation, and lack of independent life skills.

According to engagement participants, other factors involve the relationship of individuals with services, including client disinterest in services, refusal of services, lack of services, hard-to-access services, lack of knowledge on services, hesitation to seek help, being banned from services, not following prescribed medication plans, improper service diagnosis, and/or remaining undiagnosed.

In addition to individual risk actors, and inability to receive proper supports, another contributing factor to homelessness is personal choice. According to several participants, some individuals choose to be homeless for various reasons. Some like the freedom of having no responsibilities. Others do not want to follow rules of shelters, participate in communal living, or be part of functional households. To illustrate this, one participant shared the following:



“Some have adopted a lifestyle they prefer, with friends, where they are sheltered from judgement and stigma that they face in their homecommunity. Some even have homes, but choose not to return.”

#### 2.4.2 Perpetuating Factors

While contributing factors increase the probability of someone becoming homeless, perpetuating factors are those personal characteristics, life circumstances, community events or features of the human service system that intensify the likelihood of homelessness. In other words, they are not necessarily direct causes of homelessness, but certainly elevate existing risk factors of homelessness for individuals. Some examples of perpetuating factors provided in the engagement process include easy access to drugs and alcohol, anonymity Prince Albert offers, absence of authority and control on streets.

When continuing to discuss perpetuating factors with engagement participants, a few were either discussed in great detail or mentioned by many participants. The following sub-sections provide a more in-depth understanding of these factors.

##### No Bus Service

According to several engagement participants, one of the single biggest perpetuating factors to increased homelessness in Prince Albert is the shutdown of Saskatchewan Transportation Company bus services. For decades, people from other communities would come to Prince Albert, and when they fell into need, a local organization would help get them a bus ticket home. Without that reliable, and accessible province-wide transportation, vulnerable people have very few options for retreating home after a few days/weeks in the city. As a result, they end up becoming absorbed into Prince Albert’s street scene—which comes with a lot of risk to their own health, safety and well-being. According to one participant:

“Now, it actually costs the government five times more money to manage stranded people and transport them home through the justice, police and healthcare systems than it did on the STC bus.”

##### Crystal Methamphetamine

Another significant factor perpetuating homelessness in Prince Albert has been the shift from alcohol (and other drugs) to crystal methamphetamine as a preferred substance. The availability and affordability of meth, combined with the bizarre and unpredictable behaviour of meth users, causes substantial harm to both users and the community. According to participants, it becomes very difficult to support individuals with conventional homelessness intervention tools (e.g., shelter, outreach, food). Many of these tools were built around the needs of alcohol users.

##### Displacement

Displacement occurs when individuals who are living, temporarily staying, or unlawfully inhabiting a particular space, are moved along from that space via request or force. One of the reasons for displacement include eviction from rental units. Common reasons for eviction that result in homelessness include inability to pay rent, damage to property, or having too many guests for long periods of time. To explain the latter, one participant shared the following:





“Vulnerable people acquire a place to stay. Their friends or family, who are also vulnerable, end up coming to stay with them. Landlords become frustrated because 10 people are living in a 4-person unit. So, the original vulnerable person and his/her 9 vulnerable guests all get evicted.”

Another reason for displacement is the closure or demolition of problem addresses. These include unkept, low income, multi-unit dwellings that are frequented by chronic high-risk individuals. Due to insufficient safety of the building, spillover of negative behaviour to the neighborhood, loss of tenant control, or simply rejuvenation of a building, vulnerable individuals who visited and lived in the place are now on the street. An example given by multiple participants is summarized by one participant’s observations:

“Places like the Minto Apartments and the former CB Store were certainly eyesores in our community. They hurt local businesses, concentrated chronic risk in a single building, and created a come-and-go atmosphere that was very difficult for landlords to manage. However, their closures resulted in a large group of high-risk people being spread across the community, with nowhere to use substances, go to the bathroom, or sleep.”

When displacement occurs, the majority of individuals left homeless end up downtown. The reason for that, according to participants, is because in the evenings, downtown is the one area of the city where homeless are not pushed away. They can exist without much bother in the evenings.

#### COVID-19 Pandemic

Another factor identified to perpetuate homelessness in Prince Albert has been the COVID-19 pandemic and in particular, restrictions created in response to the pandemic. According to participants, COVID-19 shut down all of the support systems that vulnerable people relied upon. This increased their chronic risk, and ultimately pushed many to the street. COVID also made human service delivery very stressful, and created a lot of fear among frontline workers and their clients of catching COVID. According to those who supported homeless throughout the pandemic, many homeless in Prince Albert died of COVID, and many more became severely sick.

Perhaps the biggest issue COVID had an impact on was hidden homelessness. In recent years, a majority of individuals affected by homelessness in Prince Albert were considered hidden homeless<sup>9</sup>. According to participants [not yet proven by research], with social distancing and lockdown being major prevention tools used to protect families from COVID, many households were forced to [or in some cases, used the excuse of COVID to] deny outside guests from staying in their homes. This added increased pressure on shelters, that were already struggling to manage their own restrictions, and resulted in many individuals forced onto the street.

#### CERB

During the pandemic, the Government of Canada made emergency income easily available, with an extremely low-threshold application process. Known as the Canadian Emergency Response Benefit (CERB), many working and non-working individuals signed up to receive the benefit. According to several

---

<sup>9</sup> Nilson, 2016.

participants, CERB provided a boost in income. While many affected individuals and families benefitted from CERB in a positive way, individuals with chronic risk faced unintended consequences. This allowed people to rent places they could not normally afford on regular social assistance. It also provided increased access to drugs and alcohol, which fueled social problems. When the CERB payments ended, some people could not afford rent and were evicted. In other scenarios, people who had previously been on social assistance then went on CERB, and showed higher income on their tax filing. This resulted in less social assistance money following the end of CERB.

### Income Assistance Changes

Another income-related factor that perpetuated certain risks towards homelessness was recent changes to Saskatchewan's income assistance program. Conventionally, individuals and families receiving income supports rented a dwelling from a landlord who received rental payments directly from the government. In a move to try and increase independence of low-income families, the government moved those monies directly to the renters. Since many vulnerable individuals struggle with addiction, limited life skills and financial illiteracy, for some, rent money would be spent on other things. As a result, some vulnerable individuals became evicted, could not find a second place to stay, and ended up becoming homeless.

### Urban Migration

Perhaps the most-mentioned factor perpetuating homelessness in Prince Albert is urban migration. This involves individuals coming from rural, on-reserve or northern communities to Prince Albert. Some intend to visit for a short while, but find it difficult to leave. Some come here with others, but get separated or abandoned, and have no ride home. Some come for medical appointments or fire evacuation, and get caught up with negative experiences in the city. Others intend to actually relocate to Prince Albert, but struggle to get on their feet and move forward. As a result, individuals end up becoming part of the hidden homeless, sheltered homeless, or absolute homeless communities.

### Challenges in Home Community

Whereas urban migration involves people coming to an urban centre for what it offers, others come to urban centres because of what they are avoiding in their home community. According to participants, this can include lack of services, overcrowded housing, social isolation, stigma, trauma, family conflict, banishment, and fleeing violence. One participant shared that "Sometimes people are so vulnerable that they are embarrassed to seek help in their own community. When things get rough, rather than seeking help from people they know or are related to, they just leave for the nearest city." Since Prince Albert is the closest urban centre for some, and it offers multiple supports, they come here.

### Custody Release

Prince Albert is home to several in-custody correctional facilities. As a practice, custody facilities releasing incarcerated persons who have finished their sentence work with the individual to make a release plan that involves services, housing and supports.

However, not all people in custody follow through and participate in this process. Since the correctional system faces limitations in how it can provide transportation for releasees to return to their home communities, these plans often involve mobilizing help from family and other organizations. Some of



those plans fall through (e.g., their ride does not show up). Others are not forthcoming with the obvious barriers to their plan. Some just choose to make no plan and walk out the front door.

A contrast to sentenced offenders is those placed on remand. Individuals on remand are often released by the courts unexpectedly, leaving no time to get a thorough release plan in place. Furthermore, due to the uncertain timing of release, coupled with their presumed innocence, individuals on remand generally do not receive programming. Despite all efforts of correctional staff to draw together a rapid release solution, some end up being released without a concrete plan. This leads to individuals going directly into the community, or to a friend/family house, where some of them eventually fall into homelessness.

As a result of multiple complications impacting offenders in our justice system, an unknown number of offenders released from correctional facilities eventually end up being affected by homelessness in Prince Albert. In some situations, vulnerable people released from prison retreat to the very same negative environment that landed them in prison to begin with. Complicating matters is the general shortage of transitional housing that can support offenders reintegrate with the community. In other situations, many chronic risk individuals have burned bridges with their family and friends, have been banned from receiving supports from service organizations, and are not wanted in their home community. Some even tell the releasing judge that they have a plan upon release, but do not, or are not aware of barriers impacting their plan. Therefore, once they are released, they walk the streets. This places them at higher risk for committing additional crimes and returning to jail.

### 2.4.3 Barriers

Another major topic covered in the engagement process was the barriers that complicate efforts of individuals or organizations to prevent and/or intervene in pathways to homelessness. Barriers identified by engagement participants are grouped into six barrier types: personal, situational, social, environmental, and systemic.

#### Personal Barriers

Personal barriers involve any type of characteristic, trait, quality, belief or behaviour of individuals themselves. Common examples include negative behaviour, mistrust of the system, inability to time manage, anxiety, fear of judgement, etc. During the engagement process, several participants explained how personal barriers can impact individuals who are at-risk of or already homeless.

#### Situational Barriers

Situational barriers pertain to circumstances, conditions or realities that go beyond the personal attributes or actions of an individual. They are often uncontrolled by the individual. Common examples may include lack of transportation, no family supports, language barriers, and literacy challenges.

#### Social Barriers

Social barriers include difficulties or limitations accessing support due to norms, opinions, treatment or communication from the broader community. They cause direct problems for vulnerable individuals, create inefficiencies or divides in our human service system, and are very difficult to manage or offset.



Some of the biggest social barriers impacting homelessness include stigma, disrespect for authority, issue framing, lack of kindness, public scrutiny, and negative public opinion.

A significant challenge for several participants in this initiative is the philosophical, and occasionally political divide, between different stakeholders in the community. Interview data reveal strong consensus for solutions that keep people healthy and safe. How we get there as a community, however, is difficult.

While there are different perspectives within the stakeholder community, dynamics within the homelessness community are also causing difficulties. One human service professional, with lived experience on the street, shared the following:

“The social code within the drug user community has changed considerably over the years. Street people used to police one another, using rules that expected people to clean up after themselves, not give attitude to authority, and leave the functioning parts of the community alone. There was discipline and an expectation of self-control. However, the impact of new manufactured drugs, combined with a culture of excuses and dismissiveness, has seen many factions of the addict world lose complete control. Similarly, within our jails, we used to have guys in there who would command a certain level of respectable behaviour. Those guys with work ethic and respect, who had the wherewithal to mentor other inmates, are not put in custody anymore. Now, our institutions are filled with highly dysfunctional people who make little progress towards healing.”

#### Environmental Barriers

Environmental barriers stemming from structural or external mechanisms end up shaping the outcomes of vulnerable individuals by directly or indirectly impacting their well-being, progress and reactions to different circumstances. Examples include community size, proximity to other chronic risk individuals, and location of supports.

#### Systemic Barriers

The largest grouping of barriers identified in the engagement process are systemic in nature. Systemic barriers include gaps, inefficiencies, deficits, challenges or harms that are directly or indirectly caused by structures, rules, configurations, practices, standards or policies from the broader human service system. To help organize the different systemic barriers identified in this process, results have been divided into different types of systemic barriers. These include: capacity, inappropriateness, fragmentation, limitations, and perspective.

##### a) Capacity

Capacity-related systemic barriers involve shortfalls in our efforts to address homelessness that are attributable to affordability, jurisdiction, leverage, resources, skillset, size, and general ability of our human service system to meet client need.

## b) Inappropriateness

Another set of systemic barriers involve the use of existing solutions for new or developing problems that may actually be considered inappropriate. While resolution to most of these problems require increased capacity, by nature, the real problem is inappropriateness in their current use as a solution. Some examples captured during the engagement process include using a medical model to treat social problems, relying on police to manage illness, using the hospital as a catch-all because nothing else is open on evenings and weekends.

## c) Fragmentation

The complexity and vastness of our broader human service system is overshadowed by an even more complex network of governments at local, provincial, Indigenous and federal levels. Together, these realities create fragmentation that causes difficulties for vulnerable people and the professionals who work to support them. Some of the systemic barriers linked to system fragmentation include gaps in services between on-reserve and off-reserve communities, no single advocate for homeless, lack of coordination between existing services designed to support homeless.

## d) Limitations

Another grouping of systemic barriers includes occasions or circumstances where structures, policies or practices have a limiting effect on solutions. While part of this impact may be rooted in design flaw, other parts may be traced to misaligned application of the structures, policies or practices. In fact, in some cases, perfectly-designed solutions may be impacted by rules or circumstances that limit their overall efficacy. Some examples provided in the engagement process include: staff safety, lack of communication, funding limitations, disconnectedness between mental health and addictions, voluntary nature of support systems, and narrowed target group focus of supports. One participant felt that the thresholds of support in Prince Albert are particularly challenging for vulnerable individuals:

“Many services in Prince Albert rely on ‘stabilization’ as a gatekeeping threshold to identify clients who are ‘ready’ or ‘appropriate’ for supports. This creates a challenge for chronic high-risk individuals that experience bouts of disruptive and unpredictable behaviour.”

## e) Perspective

The final grouping of systemic barriers involves differences in perspective, that can ultimately shape or hinder outcomes for reducing homelessness. Incongruity of norms, assumptions, principles, and understandings of homelessness can bog down community efforts to resolve the issue. Some examples provided through the engagement process include assistance programs that assume homeless can navigate the application process, the expectation that homeless can simply get a job and manage finances, and the view that additional shelters simply hide the problem versus addressing root causes of the problem.

### 2.4.4 Impacts of Homelessness

When building action strategies to reduce homelessness, it is important to not only understand the contributing/perpetuating factors and barriers that complicate matters, but also the impacts of



homelessness. Understanding impacts allows us to better comprehend the complexity of the problem, and offset what harm or damage homelessness is causing to individuals, businesses, service providers and the broader community. This enriched perspective better positions us to mobilize the multiple stakeholders needed to address the problem, and overcome hurdles to collaboration that stem from misunderstanding how homelessness impacts the entire community—in different ways.

During the engagement process, participants were asked to identify impacts they have observed to affect individuals who are homeless, businesses, service providers and the broader community. The following subsections present dialogue from participant responses.

### Impact on Individuals

Feedback from respondents indicates that homelessness contributes towards worsening health problems, low treatment response, slow recovery from illness/injury, increased dependence on substances and poor compliance with maintenance programs. Much of the reason behind these impacts is that having no home elevates chaos and impulsivity in someone's life; which have a dampening effect on access to healthcare, various supports and treatment services.

Other impacts of homelessness on vulnerable individuals pertain to personal safety. According to some, living on the streets makes people vulnerable to violence and abuse by predators. In fact, several participants identified that in recent months, there has been a significant upswing in violence affecting homeless. In particular, individuals 40 years or older are being targeted by violent youth who rob them of what little alcohol, cigarettes, or drugs they may have. Several members of Prince Albert's homelessness community have been hospitalized with serious injuries from these vicious attacks.

A third impact on individuals is emotional impact. The level of stigma against homeless is incredibly high. Unfortunately, some negative actors paint a bad picture that represents all homeless in the community. Day in and day out, when everyone a person runs across either says 'go away' or 'you are not welcome here', it really has a damaging effect on individuals. To cope with this alienation and rejection from society, most individuals use drugs or alcohol to escape. This mechanism only pushes them further away from pro-social aspects of society, including those limited number of individuals and organizations that can help.

### Impact on Businesses

Negative behaviour of chronic risk/homeless individuals are reported to have a negative impact on business in the community—particularly in the downtown core. In the Business Survey, 84% (n = 16) of respondents identified that negative behaviours were impacting their business. A similar portion was observed among interview respondents. The results of these negative behaviours are public fear, customers not wanting to park downtown, fewer visitors downtown, loss of business, customers choosing to shop online, difficulty recruiting staff, increased security costs, staff refusing to work evenings, stolen inventory, health hazards, safety risks to staff and customers, increased police presence, difficulty finding building tenants, children exposed to indecencies, business relocation, and wasted staff time dealing with shoplifting or disruptive behaviour.

Examples of negative behaviour that impact business include people fighting, open use of drugs, drinking alcohol, dealing drugs, defecation on sidewalks, having sex in doorways, harassing customers for money, yelling and hollering, foul language, loitering, littering, leaving personal effects on sidewalks,





graffiti, public intoxication, gang activity, verbal abuse, threats of physical violence, changing in doorways, intimidating staff, breaking windows, leaving syringes, lighting fires, urinating on doors, shooting blood on walls and ceilings, rummaging through vehicles, spitting at staff, destroying bathrooms, threatening people with needles, sleeping in dumpsters, emptying garbage cans, ransacking businesses, stealing, damage of property, scaring customers, setting up encampments, spitting on walls and sidewalks, harassment of pharmacy patients for drugs, sleeping in stairwells, and cutting fences.

#### Impact on Services

Engagement participants were also asked to identify the impacts of chronic risk/homelessness on services in the community. Some of these impacts include increased pressure on support systems, staff overload, stress and burnout; repeated use of services; unsafe work conditions; extended wait times; weakened client-care provider relations, decrease morale of staff; and increased cost of care.

#### Impact on Community

Most of the pressure local governments face comes from complaints about the negative impacts of chronic risk/homelessness on the community. Examples of these complaints include: garbage, human feces, discarded needles, panhandling, violence in the streets, makeshift shelters, grocery carts, and piles of personal effects all over downtown. These impacts increase the level of jadedness people have towards vulnerable individuals. They also foster negative stigma and undermine the work of advocates to improve the profile of our community's homeless population.

Additional impacts include fear of crime, harassment, and fear of victimization. A very sensitive matter in the community is that hospital emergency room wait times are lengthened by homeless individuals who may not necessarily need medical help. Related to that, sitting in the emergency room waiting area next to multiple intoxicated individuals is very distressing and scary for other patients. Some report that it actually causes some community members to avoid seeking emergency medical treatment when they really need it.

#### 2.4.5 Unintended Consequences Complicating Matters

Part of the discourse on chronic risk/homelessness involves the reality that some responses to these social problems create unintended consequences on other parts of the community. In an effort to nurture community collaboration around reducing homelessness, it is important to be able to discuss these complications and try to mitigate and/or resolve them. Some examples of unintended consequences of policies, practices, activities or decisions of some organizations or sectors on other parts of the community include: displacement of homeless caused by closure of problem properties; food delivery resulting in litter; harm reduction resulting in needles on streets; normalization and acceptance of problem behaviour; and denial of washroom use leads to defecation on streets.

#### 2.4.6 Suggested Solutions

The final topic discussed with engagement participants was potential solutions for many of the problems identified in the engagement process. When discussing solutions, participants felt that a collaborative approach was required. Most participants identified the complexity of the matter, and insisted that multiple stakeholders, from multiple levels of organizations be involved in the solution-building process. Highlighting this, one respondent shared:



“When building any solutions, we must involve the frontline staff who work with vulnerable people every day and night. We cannot let all the decisions be made by those [not involved at the local level].”

Another suggestion for setting the stage in solution-building was to let various levels of government—including provincial, Indigenous and federal know that homelessness impacts Prince Albert significantly. As one participant described, “funders and ministries need to realize that homelessness is not just in Saskatoon and Regina.”

To organize responses, suggestions from participants are grouped into four solution types. These include prevention, intervention, mitigation of impact, and barrier reduction.

#### a) Prevention Solutions

Suggestions for preventing homelessness targeted early outreach of individuals showing vulnerabilities to homelessness. This include those who may be socially isolated, suffering from mental health conditions, addiction, trauma, etc. A common theme in the responses of participants was to approach and actively work with vulnerable individuals before they risk losing their home. Another repeated theme was creating capacity for multi-sector collaboration that monitors and manages chronic risk well before someone is at-risk for homelessness. The last common theme was for solutionists to be practical in their approach to problem-solving. For example, directly meeting urgent needs (e.g., toilet) must make sense, be implementable, and address the problem.

#### b) Intervention Solutions

The next level of response to the homelessness issue in Prince Albert is intervention. Suggestions for intervention solutions focused on meeting immediate needs, followed by intensive case management and monitoring supports. Suggestions provided by participants include daytime shelters, concentrated case management, joint mental health and addiction supports, and the ability to place someone in a secure medical facility before they die, hurt others, and drain the system—indirectly putting others in harm’s way.

#### Special Solution: 24-hr Acute & Chronic Risk Management Facility

During the engagement process, it became clear that many participants were supportive of developing an acute and chronic risk management facility that provides 24-hour accessibility to support that meets basic needs. These needs include: food, shelter, water, hygiene, health, medical, counselling, financial and cultural needs. To learn more about this potential opportunity, approximately half of participants were asked to share ideas on the types of services such a facility could provide. Their suggestions included medical emergency care, detox, pharmacy, medicine administration, food security, showers, counselling, case management, shelter beds segregated by issues type (e.g., drugs, alcohol, gender), and support accessing housing.

A final participant drew support for such a facility from the community’s experience with existing supported housing programs:

“Homeward Bound is a perfect example of what happens when you tailor a solution to meet specific client needs. Providing chronic risk individuals with supports, increases their capacity to function in a supportive housing environment, in a way that yields very little negative impact on the surrounding neighbourhood. We could learn from this exercise, and tailor an emergency shelter that meets the medical, social and food security needs of individuals who are not ready for a supportive housing environment.”

#### c) Impact Mitigation Solutions

When asked to provide suggestions for mitigating the impacts of homelessness on individuals, businesses, services and the community, some suggestions were provided. These include mobilize homeless to clean up downtown, distribute food and needles at central locations with appropriate receptacles, involve needle exchange staff in daily community needle sweeps, provide safe places for homeless to be during the day, and stop victimizing homeless for their poor behaviour and circumstance. Instead, establish an accountability framework built around personal strengths and achievements—even if they are small.

#### d) Barrier Reduction Solutions

The final discussion topic with engagement participants centred around opportunities for barrier reduction. Suggestions provided in the dialogue include providing community education on compassion for the homeless, initiate a campaign to reduce stigma, develop communication between agencies, make bathroom facilities available, and provide more needle bins in the downtown core.

### 3.0 RESULTS SUMMARY

As previously declared, the results of this engagement process do not represent validated research findings that can be used to make any type of conclusion about chronic risk/homelessness in Prince Albert. Rather, this process serves as an opportunity for different stakeholder groups to share their understanding and perspectives on key themes of importance to the initiative. The following subsections summarize key observations shared throughout the engagement process. They are intended to inform further development of actionable solutions moving forward.

#### Problem Definition

A noticeable growth in Prince Albert's visible homelessness population, increased pressures on human service support systems, and negative impacts on individuals, businesses and the community have prompted the project partners to work together to identify actionable solutions to homelessness. Preparing for solution-building requires proper problem definition—for the way you define a problem often influences the solutions you consider<sup>10</sup>.

According to engagement participants, homelessness is certainly a problem that requires immediate attention in Prince Albert. However, many contributing factors, consequences and impacts of what we perceive to be homelessness, are actually more attributable to unabated chronic risk. Some of the most pressing problems impacting individuals and the community include conditions of mental illness, addiction, negative behaviour, and trauma. The complexities of these conditions, mixed with poverty, unaffordable housing, barriers to support, a lack of transportation, and social stigma, make for a very dynamic array of problems to understand and address.

Based on the key problem areas identified in this engagement process, the most pressing issue in Prince Albert currently surrounds the absolute homeless (i.e., those living on the street). While more solutions for sheltered homeless are required (e.g., transitional homes, supportive housing), the immediate focus for many engagement participants is chronic high-risk individuals who currently have no housing solutions, and who are generally unfit for existing housing/homelessness support programs.

#### Contributing Factors

Key factors contributing to the problem include addiction, mental illness, cognitive impairment, low income, fiscal illiteracy, abandonment, negative peers, overcrowded housing, lack of transportation, inability to afford rent, trauma, lack of independent life skills, and in some cases, personal choice.

#### Perpetuating Factors

Perpetuating factors are those personal characteristics, life circumstances, community events or features of the human service system that intensify the likelihood of homelessness. These include easy access to drugs and alcohol, anonymity of street life, no provincial bus service, drug psychosis, displacement of vulnerable individuals, COVID-19 social distancing restrictions, Canadian Emergency Response Benefit payments, income and rental assistance changes, urban migration, challenges in home communities, and release from custody.

---

<sup>10</sup> Baumgartner, F., and Jones, B. (1993). *Agendas and Instability in American Politics*. Chicago, IL: University of Chicago Press.

## Barriers

A major priority in addressing chronic risk/homelessness is overcoming barriers that complicate efforts of individuals or organizations to prevent and/or intervene in pathways to homelessness. Personal barriers include negative behaviour, mistrust of the system, inability to time manage, anxiety, fear of judgement, hostility, and erratic behaviour. Situational barriers include lack of transportation, no family supports, language barriers, literacy challenges, negative peers, and low income. Social barriers include stigma, disrespect for authority, issue framing, lack of kindness, public scrutiny, and negative public opinion. Environmental barriers include community size, proximity to other chronic risk individuals, location of supports, and lateral violence.

The largest grouping of barriers identified in the engagement process include five types of systemic barriers. Capacity-related barriers include affordability, jurisdiction, leverage, resources, skillset, size, and general ability of our human service system to meet client need. Inappropriateness-related barriers involve inappropriate solutions used to address problems (e.g., medical model used for social problem, relying on emergency room as de facto homelessness shelter). Fragmentation-related barriers pertain to the complexities of multiple levels of government creating gaps, buck-passing, resource duplication, incoordination, and lack of communication. Limitation-related barriers include service entrance thresholds, stringent housing qualifications, tight treatment plans, and voluntary nature of treatment. Lastly, perspective-related barriers include negative assumptions about homelessness, inflated expectations, concerns over dependency creation, issue blaming, and lack of problem ownership in the community.

## Impacts of Homelessness

Engagement participants identified that homelessness impacts individuals by contributing towards worsening health problems, low treatment response, slow recovery from illness/injury, increased dependence on substances, poor compliance with maintenance programs, increased exposure to violence, and negative stigma/treatment in the community. Engagement results reveal that homelessness impacts businesses by elevating public fear, loss of business, difficulties recruiting staff, increased security costs, staff refusing to work evenings, stolen inventory, health hazards, safety risks to staff and customers, increased police presence, difficulty finding building tenants, children exposed to indecencies, business relocation, and wasted staff time dealing with shoplifting or disruptive behaviour. Impacts on services include increased pressure on support systems, staff overload and stress, repeat use of services, and costly care. Finally, impacts on community include garbage, human feces, discarded needles, panhandling, violence in the streets, makeshift shelters, grocery carts, piles of personal effects throughout downtown, fear of crime, harassment, and fear of victimization.

## Unintended Consequences Complicating Matters

Part of the discourse on chronic risk/homelessness involves the reality that some responses to these social problems create unintended consequences on other parts of the community. Some of those identified in the engagement process include the following: Prince Albert's robust support system drives inward migration of chronic risk individuals from other communities; the closure of problematic addresses causes displacement of vulnerable individuals; harm reduction results in normalization of drug use and needle littering; food distribution without adequate waste receptacles results in garbage; closing shelters impacts local businesses; nurturing dependency depletes personal accountability;



sobriety requirements deny service access; and lack of public washrooms results in public defecation, among others.

### Suggested Solutions

Engagement participants identified that due to the complexity of chronic risk/homelessness, collaboration among multiple stakeholders from different levels of organizations and government should be involved in the solution-building process. Four solution categories were identified.

**a) Prevention Solutions:** alignment of upstream services to support vulnerable individuals before they become homeless; mechanisms of self-accountability; minimum maintenance bylaws; and support capacity frameworks to assist Indigenous and rural communities.

**b) Intervention Solutions:** satisfy immediate needs (food, shelter, safety); create intensive coordinated case management process; create capacity for mandatory intervention mechanisms; and develop a 24-hour acute and chronic risk management socio-medical facility.

**c) Impact Mitigation Solutions:** mobilize homeless to participate in cleanup; encourage service cleanup in problem areas; provide daytime supports/shelter; and change narrative around homelessness from one of victimization/enabling to one of strengths-based/cultural solutions.

**d) Barrier Reduction Solutions:** improve education to community on vulnerability; nurture consistent communication between support organizations; create champions for individuals affected by homelessness; and consider whole-of-community impact of solutions.



## 4.0 NEXT STEPS

The next steps in this project involve consultation with the Reference Group on the best methods for presenting engagement results. Creating a shared understanding of the contributing/perpetuating factors, barriers, impacts and solutions to homelessness in Prince Albert is critical. Following this engagement process, the Reference Group is in a good position to guide the dissemination of results process.

Subsequently, the Reference Group will also be consulted on the development of an Actionable Solutions Protocol. The literature scan completed in support of this initiative revealed several opportunities for multiple stakeholders to work together in a systematic process of problem definition, data verification, and solution development, implementation and evaluation. Striking a balance between academic direction and guidance from actual practitioners involved in solution-building is very important for this initiative to be relevant and productive.

The third step in this process is to create a number of heuristics that will help develop a shared understanding of chronic risk in Prince Albert and the dimensions of risk that impact individuals, businesses, services and the broader community. Proposed learning heuristics include the following:

- Homelessness Fact Sheet
- Community Engagement Results: Key Highlights
- The Axis of Chronic Risk (within the context of Homelessness)
- Actionable Solutions Protocol (Theory)

The fourth step in this process is to apply the Actionable Solutions Protocol in simulation exercises aimed at solving six identified problems. At the time of this report, these problems include addressing discarded needles, resolving public defecation, addressing service fragmentation, lengthening shelter hours, reducing inappropriate use of services, and overcoming limitations in ambulance drop-off locations. The purpose of these simulations is to demonstrate what actioning solutions using the Protocol may look like. The table below explains these simulation exercises in more detail.

**Table 2. Actionable Solutions Protocol Simulation Exercise Examples**

PROBLEM	TYPE	SCALE	SOLUTION	ASSETS	TIMELINE
Discarded Needles	Behavioural	Small	Improved Communications	Harm Reduction, Fire, Drug Users	2 weeks
Public Defecation	Situational	Small	Install Needle-Proof Bathroom Facilities	Public Works, PADBID, Moose Lodge	4 weeks
Service Fragmentation	Fragmentation	Medium	Chronic Risk Management Team	Health and Human Service Agencies	3 months
Shelter Capacity	Capacity	Medium	Increased Shelter Hours	Shelter Staff, Funders	4 months
Inappropriate Services	Systemic	Large	Acute & Chronic Risk Management Facility	Government, Healthcare, Partners	8 to 12 months
Ambulance Regulations	Legislative	Large	Expansion of Ambulance Drop-offs	Government, Healthcare, Ambulance	12 to 18 months

The fifth step in this process is to mobilize appropriate partners, and begin addressing problems identified in this project using the Actionable Solutions Protocol.

