Homelessness Priorities

January 23, 2019 | Prepared by bassa Social Innovations

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1.0 PURPOSE

The Medicine Hat Community Housing Society (MHCHS) employs a continuous improvement method of service delivery and establishment of funding priorities. This method enables the organization, as Community Based Organization (CBO) for provincial homelessness funding, and Community Entity (CE) for federal homelessness funding, to negotiate and work collaboratively with funded programs and services to modify and adjust service levels and priorities within the terms and conditions of their funding contracts.

The MHCHS Service Delivery Plan (2018-2019) identified the need to consider all funding investments in 2019-2020. To prepare for an open proposal call, the plan identified that a community needs assessment and re-visioning of the system of care would be undertaken in the fall of 2018. bassa Social Innovations was contracted by MHCHS to facilitate the stakeholder engagement and assessment processes.

Within the context of the current programs and services funded by MHCHS, significant achievement has been realized by adopting the Housing First philosophy and service delivery standards. The ongoing changes within Medicine Hat's population has impacted the access and use of particular support services available, revealing that additional resources are needed in some areas and warranting a reduction in services in other areas. The overall availability of supports through the systems planning approach is therefore requiring maintenance, though allocation of resources may shift and additional supports included in the 2019-2020 call for proposals.

The MHCHS Service Delivery Plan identifies that priorities for funding and supports to end homelessness will implement a service planning approach, ensure adequate and appropriate programs and housing are in place to meet priority population needs, and employ system integration and prevention measures to stop the flow into and maintain an end to homelessness.

The purpose of the consultation process was not to conduct an evaluation of current programs and services as MHCHS has a well documented and evidence-based approach to evaluate funded programs and supports. A collaborative and trusting environment among homeless-serving system providers and MHCHS, along with a comprehensive data collection system and analytics, helps to ensure that funding decision makers are provided with current and relevant evidence upon which to decide on future investment strategies. While the opportunity to comment on existing supports and services was facilitated within the stakeholder consultations, bassa Social Innovations focused on the outer edges of current offerings by attending to the perceived 'unmet' needs and prevention.

2.0 BACKGROUND

The Medicine Hat Community Housing Society employs the Systems Planning Elements designed by Turner Strategies. This model emphasizes the application of the following foundational concepts:

1. **System planning** response focuses on both ending homelessness and preventing future homelessness.
2. Uses the concept of **functional zero** as the measurement for ending homelessness which means that homelessness is prevented whenever possible, and that experiences of homelessness are rare, brief, and non-recurring.
3. Ending and preventing homelessness require renewed **leadership and accountability** across stakeholders and investment in what works.
4. Critical need to increase **permanent supportive and affordable housing supply**, and a greater focus on prevention and diversion, including **longer term supports** where appropriate.
   (Source: MHCHS Service Delivery Plan)

The system planning elements used to address homelessness in Medicine Hat include systems-focused planning, adoption of a backbone organization, community engagement, a defined structure, standards of care, performance management, coordinated intake and assessments, use of a homeless management information system, technical assistance, embedded research, and systems integration. MHCHS hired bassa Social Innovations to conduct the community engagement processes to ensure that outside perspectives were accessed and that local biases would therefore be limited, and that the community had the benefit of full participation through an open and transparent facilitation. This decision supports the elements of community engagement and systems integration, while maintaining a focus on systems level planning.

According to the MHCHS Service Delivery Plan, priorities for the CBO in 2018-2019 included maintenance of the community's end to homelessness, implementation of a stabilization program for those waiting for treatment and persons exiting the justice system, increased access to addictions, legal services and psychiatric supports, and expansion of the permanent supportive housing program. The consultation processes undertaken in October/November 2018 were designed to monitor the validity of those articulated priorities and ensure that community perspectives were considered in the affirmation and development of priorities for 2019-2020.

MHCHS has preexisting funding priorities based on four strategic areas of investment:

1. **Homeless prevention**
   - entry into homelessness must be the last possible option of a household that has lost or is about to lose their housing.
2. **Connecting to long-term solutions**
   - connecting homeless Albertans to short-term accommodation with the aim of ultimately connecting them to permanent housing.
3. **Housing supports**
   - connecting homeless Albertans to permanent housing using a variety of strategic approaches.
4. **Program supports**
   - in addition to housing supports, some individuals will benefit from more intensive or alternate supports, i.e., furniture bank, identification.

Without question, the MHCHS has effective systems, processes and evaluation measures in place that are well recognized and well documented. Future funding decisions need to acknowledge and maintain areas of excellence and effective program delivery within the systems - information available through the application of evidence-based practice, monitoring and ongoing evaluation. The consultation process undertaken by bassa Social Innovations did not uncover any significant areas of concern from community stakeholders and/or people having experienced homelessness. Rather, information gathered affirms the directions being taken and provides deeper insights into strategic investments moving forward.

3.0
ENGAGEMENT METHODOLOGIES

Preliminary discussions between MHCHS and bassa Social Innovations identified the need to gather input and feedback on three key areas - prevention of homelessness, assessment of current programs and services, and concerns over what was called "advanced care" during the consultations. The terminology "advanced care" was used to encourage thinking about people who require supports that extend beyond the current scope of supports and services being offered. It became clear, through the consultation process, that this terminology did not suit the context well and the revised language of an "expanded continuum of care", "institutional care" and "stabilization supports" was developed for this report to more clearly refer to the intended discussions (see text box for working definitions). Consultation design would focus on people with lived experience, and systems stakeholders in the community. It was agreed that the engagement process could involve elements of training and education, and that some aspects involving new information could be provocative in nature to insight creative thinking.

Expanded Continuum of Care - *acknowledges that a continuum of care exists to serve people at risk of homelessness and those experiencing homelessness. An expanded continuum of care recognizes the success of current programs and services and contemplates additional supports required to extend the reach to those for whom the existing supports are insufficient or inaccessible. This terminology is used in the document to capture the concept of going beyond existing supports and services, and is not intended to reflect a specific strategy.*

Institutional Care - *acknowledges that some individuals experiencing homelessness require a level of care that cannot be met through housing first. These individuals require higher level medical and/or mental health supports that are not currently available and/or accessible. The concept of institutional care acknowledges a potential gap in supports and services between community based housing first and provincial treatment program.*

Stabilization Supports - *acknowledges that people exiting closed custody (ie. justice and/or medical systems) or awaiting admission to a treatment program may require higher level support to avoid recidivism. Stabilization supports may include shorter term stays or be part of existent permanent supportive housing.*

The engagement process designed for MHCHS was based on the following conceptual starting points:

1. Open dialogue and discussion - a significant purpose of the engagement process needs to involve the creation of a safe space for people to express ideas, concerns and suggestions. The role of the facilitation is not to create a box for participants to engage within, but a trajectory for discussion that allows for the emergence of new ideas and perspectives that might not be widely held.

2. Appreciative perspectives - using the principles associated with Appreciative Inquiry, the facilitation should allow for divergent views while acknowledging that which is positive and successful.

3. Non-judgemental - all ideas have value because all people have value. While the facts of a particular perspective may require validation, the process of understanding a person's perspective needs to preserve the dignity and integrity of the individual sharing their thoughts and ideas.

It was determined that the first round of consultations would include two distinct sharing opportunities - one for people with lived experience, and one for people engaged in the systems, programs and services designed to end homelessness. The lived experience session invited participants to an open conversation circle. Facilitators encouraged open dialogue beginning with an introduction of each participant and then follow-up questions to help probe topics further. Handwritten notes were taken by the facilitators.

The stakeholder session scheduled for the next day included an opening presentation on prevention and social capital (see Appendices for presentation slides).

Based on the number of participants, three tables were established to discuss the topics of prevention, current supports and services, and advanced care through a three-stage appreciative process:

1. **Discovery**
   What is the best of what's happening in the community at present?
2. **Dream**
   What are the possibilities for the best outcomes in the future?
3. **Design**
   What is needed for us to achieve our desired future?

Participants were given time at each table to participate in a discussion and record their key points. Rather than have people move as a group, individuals were invited to find their next table on their own - this was a deliberate attempt to ensure that everyone in the room had an opportunity to hear from different people throughout the day. The final activity was the presentation of design findings from the groups, and the opportunity for questions from participants.

The raw notes and flip charts were transcribed by bassa Social Innovations, reviewed, analyzed, and themed. Based on the information collected through the consultation sessions, four working papers were created that assembled key findings and began to pull together other research on the topics of peer support, social capital, prevention and advanced care.

A second set of consultations were scheduled for November, 2018 to provide feedback to participants. A similar form of public information was used to notify people of the opportunity, and in the case of both people with lived experience and community stakeholders, a number of participants that had been involved in the October sessions came back to hear what was said. The November feedback sessions were shorter in length, and involved a presentation from the consultants to share the October results. A further opportunity was provided to add to, reject or clarify information from the previous consultations.

4.0
WHAT WE HEARD

Lived Experience Consultation

Esplanade Studio Theatre
Tuesday, October 23, 2018

Participants were invited to join the facilitators in an open discussion circle. While there were additional people sitting in the circle, notes from 13 participants were recorded. It should also be noted that a number of people attended the session and participated as observers. The following themes and quotes represent the information gathered.

Participants were invited to introduce themselves and, based on early introductions, many of the people identified trauma and life experiences that may have contributed to their homelessness or represented early life experiences. These included growing up in challenging family environments with the presence of alcoholism or abuse, having experienced an accident or acquired a disability, participated in or been a victim of crime, questions and challenges associated with gender identity or sexuality, or casualty of the economic downturn.

Sample quotes:

- "I grew up in a home with an alcoholic father."
- "I was in the hospital, and while I was there, everything was thrown out of my place."
- "It's hard to be 'trans' - I've had to fight the little girl inside for years."
- "I was involved in an accident and suffered whiplash and a brain injury."

A second theme that emerged could be categorized as social connection. Many participants noted that they had experienced discrimination, racism, social isolation and loneliness, and unhealthy social networks with other people experiencing homelessness. While lack of social connection was evident, it was also apparent that people participating in the consultation had, in most cases, worked hard to build some trusted relationships.

Sample quotes:

- "Homelessness is misery and misery loves company."
- "I'd like to get away from bad influences and false friendships."
- "I am my sister's keeper."

System interactions were a significant source of comments among participants. Poor treatment and lack of respect from system providers was noted, as well as the impact of inconvenient hours, and the requirement to "fit in" to checkboxes. While a general frustration emerged from the group, there was also a recognition that when services were delivered by a person that displayed genuine concern and treated the individuals with respect, participants were readily willing to acknowledge and celebrate that treatments.

Sample quotes:

- "I can feel the power of systems."
- "Needed quicker resources."
- "If you miss appointments you get cut off!"

The application of an appreciative approach to the consultation session invited participants to reflect on people or situations that resulted in making a difference. Very clearly, when service providers or people in general acknowledged and treated the individuals as a "person" by seeing past the circumstances or labels, and addressing them by name, it made a positive difference. Similarly, when participants were addressed honestly, with respect, and a sense of hope, they felt a positive impact.

Sample quotes:

- "I need positive people to help me achieve my goals."
- "Let's see what we can do to help you today."
- "People that choose to care give me 'umph.'"

Following the session, one of the participants forwarded a previously written blog about a vocabulary makeover. With permission, the blog has been included in this report (Appendix A). While the vocabulary makeover addresses ways in which service providers can make a shift toward more positive language, and help to make a difference, it also represents a theme that emerged from the group in that they have something to offer. A number of skills and talents were identified around the room including construction trades, military training and consulting. As well, people participating in the session displayed good humour, and the ability to effectively reflect and communicate a variety of perspectives.

Sample quotes:

- "Believe we are smart enough to advocate for ourselves."
- "I'd like to see where I fit into the systems."
- "Experiential knowledge is better than academic knowledge."

Community Stakeholder Consultation

Esplanade Studio Theatre
Wednesday, October 24, 2018

Approximately 30-45 people attended the stakeholder consultation. The range represents the nature of the invitation and, while the majority of participants were available for the entire session, there were a number of people that arrived and departed throughout the day. This summary represents the notes captured through the consultation exercises.

PREVENTION		
What is going well...	**Preferred future...**	**Design summary...**
• System coordination and centralized intake • Ability for adaptation within the programs • Reliability and consistency of government funding • Relationships with government systems and community partners • Trauma informed services	• Supportive and stabilized services; not waiting for people to "fail" • Trauma informed care across systems • Early prevention such as life skills, family systems, counselling, etc. • Age appropriate engagement in schools • Greater collaboration with health, justice, police... • Access to basic needs (ie. food, shelter, transportation, clothing, etc.)	• Outreach services through HUB; increased access without judgment • 24/7 access in person or through technology • Early education • Service provider training at Medicine Hat College*

** This comment was added at the conclusion of the presentation of discussion topics in October. Presumably, there is an interest in working collaboratively with Medicine Hat College to develop curriculum for extension programs to address the need for enhanced sensitivity among service providers (and those wanting a career in this sector) - a key message heard from people with lived experience.*

CURRENT SUPPORT AND SERVICES

What is going well...	Preferred future...	Design summary...

• Mobilized and centralized intake: meet people where they are at
• Network: call any agency, all work together
  • System is flexible
  • Harm reduction lens
  • Person centred care
  • Can graduate under no deadline
	• Digital identification and secure access (E.P.I.C.)
	• data sharing (client owned)
	• HUB - all services provided in one site
	• 24/7 service availability; crisis, mental health, addictions, housing
	• Everyone is treated with dignity and respect
	• More of a system to advocate on their own, without being alone; peer support/team; lived experience coalition; navigation; advocacy
		• HUB model of service delivery
		• Rapid response, harm reduction orientation, no wrong door, trauma informed
		• Welcoming: non-judgmental support delivery
		• Peer System navigation services

EXPANDED CONTINUUM OF CARE

What is going well...	Preferred future...	Design summary...
• Permanent Supportive Housing • Transition and discharge planning • System integration (complexity/connection) • Harm reduction, person centric • Give meaning/create identity/narrative explore (Constant conversation and collaboration) • The time to listen	• Sober living options; no eviction; no wait • Peer support model (Self-advocacy training and development) • Landlord and property management supports and training • HUB for easy access and coordination of supports • Small facility in community for people with complex needs (Urgent care centre; proper medical care that meets people where they are at)	• Sober Living; harm reduction; no time restriction • Small (institutional) facility for individuals with acute need • Peer support and advocacy training and development • Landlord and property management supports

Community Feedback Sessions

Esplanade Studio Theatre and Honor Currie Room (Public Library)
Monday, November 19, 2018

The presentation of materials gathered through the original consultation sessions in October sparked the following thoughts and ideas from participants that represent either concepts to be emphasized or new ideas that did not appear to emerge earlier:

Service Delivery

- Emphasis on person centered supports that are not fault based; services that acknowledge and value individuals;
- Support for training within systems to highlight dignity and respect for clients (across all levels of the system);
- need to be willing to 'hear' from clients;
- Significant discussion about the criminal justice system and supports for people leaving this system; challenges getting housing and employment due to criminal record checks
- 24/7 services - what does that look like?;

Prevention

- Supports for children/youth/families at risk;
- peer supports and the ability to self-navigate systems; enhance relationships between people with lived experience and systems
- eviction prevention;
- community awareness and education;

Expanded Continuum of Care

- Address the needs of 15%; need to 'unpack' that number in the community in terms of what it means for Medicine Hat;
- Impacts of FASD;
- long-term tertiary care for mental health supports; specialized facilities;
- opiate replacement/harm reduction;
- systems accepting responsibilities in cases with multiple presenting issues; rather than handing clients off between systems, apply multi-disciplinary approaches

Social Capital

- trust; loneliness

5.0
KEY INVESTMENT THEMES

Initial analysis of the raw data and comments from the consultation sessions were grouped into four key themes and concepts.

5.1 Optimizing Current System

There was an overall sense throughout the consultations that the system works well as is. There remains, however, areas where enhancements and reinforcements would optimize what is currently being offered.

5.1.1 Communications - there were numerous times throughout the consultations with people with lived experience for MHCHS to clarify misunderstandings or false information that was being shared or spread. Misunderstandings are bound to happen, but it made clear that there are still opportunities to ensure that the right information is being shared through informal networks and clients.

5.1.2 Training and professional development - training and service delivery methods and approaches are able to be influenced through effective human resources management, and advanced training opportunities for staff, and it was clear that this should remain a priority for Medicine Hat moving forward. Investing into "how" programs and supports are delivered will take some creative thinking. As stated during the last day of consultations, it comes from the top down, and is a part of the culture of an organization. Certainly, continuing to invest in training and professional development is one necessary component to achieve an improved quality of service delivery. The culture change that was alluded to in the consultations is a more difficult task. Investment of funds to allow the space for the system partners to be self-reflective is necessary, but it will also take investment of time, energy, and a commitment of the heart to truly improve how people relate with one another.

There were positive comments shared about the homelessness services being provided directly through MHCHS, but concerns were expressed about provincial government supports/programs (broadly) and some service delivery agencies (specific circumstances).

5.1.3 Integrated Person-centered delivery - The commitment to a person centered service delivery model is encouraging for all. There are possibilities for staffing and or physical use of space to remove barriers and increase connection between organizations and community partners, and there remains many opportunities to explore what best type of integrated service model or "HUB" type approach would fit best in Medicine Hat. Within the use of "HUB" language there were three meanings that were distinguished:

a) **"One-stop-shop"**- many people, both within the service providers and within the lived experience consultation, expressed a concept to have many services and supports under one physical roof. This way a person could learn about and potentially organize access to the supports they need to help with their current situation.

b) **Collaborative information sharing and service delivery** – An alternative use of the HUB term was to mean a different kind of working relationship between support and service delivery organizations. Often what seemed to be imagined is a relationship between organizations that is more aware of what other supports might do to help an individual who is seeking some support. This type of approach would allow a client to more easily find supports that would fit their situation without having to start from scratch with each organization. In this model the service providers are the 'HUB' and clients can more easily access their streamlined services.

c) **Method of Service Delivery –** a third use which is closely related to the second is a method of ensuring a client gets the best supports that the system can offer them for their particular situation. This starts from the place of affirming that each person's homelessness is different and

therefore will need different things. This third usage seemed to imply a kind of assertive offering of services that made sure the best fit supports are offered to a client in need. In this model the client is a 'hub' and services are brought around according to their needs.

A tool discussed throughout the preliminary consultations was coined "EPIC" (Encrypted personal information card), and was conceived to be a digital card that could hold client's personal information. Once 'loaded' with information provided by the client through an intake process, the EPIC card would be retained by the client and shared with service providers at their discretion. This would allow clients to control access to their personal files and avoid having to suffer the humiliation of continually telling their stories while seeking access to supports.

5.2 Community Development

Many of the ideas and suggestions that came forward through the consultation process could fall within the broad category of community development.

Social capital theory includes five dimensions - trust, social cohesion and engagement, groups and networks, collective action and cooperation, and information and communication.

The development of a landlord and property management training program or initiative is another areas where investment would be worth exploring. These people play key roles in the broader housing system, and are important allies within housing first programs. Investment into groups and networks for peers and landlords may have the benefit of enhancing trusting relationships, increasing engagement within and across bonded social groups, providing a platform for collective action, and enhance communication opportunities. Facilitated and dedicated support for these networks would help to enhance the opportunities and support collective action emerging from the engagement of these populations.

The MHCHS has a very strong understanding of the programs and services that are effectively meeting program outcomes, and a very collaborative working relationship with funded agencies to ensure that surplus resources are returned and reinvested. The consultation process did not reveal significant gaps or overlaps in housing first programs and services, signifying a rather content and appreciative community perspective.

5.2.1 Prevention - On the early prevention side, investments into relationships with landlords and people with lived experience emerged from the consultations. An opportunity to build a network of community landlords would appear to have merit. This network would be primarily used to strengthen relationships between social agencies and landlords, between landlords themselves, and improve understanding and tolerance with an eye to reduce evictions and support tenants to be more successful in their housing.

Population prevention may hold opportunities for collaboration between funded agencies and other service providers, educators, college, business organizations, etc. to envision a community campaign to help people understand that homelessness is a condition, and that the people experiencing it have names and identities worthy of acknowledgement. This type of campaign might also include people with disabilities, new Canadians, Aboriginal people, people experiencing poverty, or any other marginalized segment of the population and help to bridge social capital in the community.

5.2.2 Peer advocacy and support - The need to change or create an improved self-advocacy model was a persistent theme.

From our time spent with folks who have lived experience of homelessness in Medicine Hat, it was clear that there are knowledgeable, motivated and skilled people who could serve in either a paid or voluntary role as peer support. The sense that the system is against the people is one that can be significantly aided through the knowledge and experience of those who have been through the

system and have found stability on the other side. The potential for monetary investment would be through staffing to coordinate and monitor the initiative, and if paid positions are decided upon for a peer support or navigation role.

One idea that arose through the consultations was an increased level of exchange between people who are experiencing housing instability and those decision makers within the support service delivery system. This increased level of dialogue would have multiple benefits, one of which would be relational connection and awareness of the perspective of others; which is an essential ingredient to understanding.

5.3 EXPANDED CONTINUUM OF CARE

There was much discussion about an expanded continuum of care needed for those whom housing first is not addressing their deeply rooted issues. MHCHS has an opportunity to invest time and energy into the facilitated discussions necessary to have government systems revision some of their existing systems, strategies and treatment options. There may be an opportunity to tap into capital resources to establish a small housing first treatment oriented facility as a partner with other systems willing to provide the necessary operating resources.

5.3.1 Sober living facility - a significant principle of housing first is housing without conditions of sobriety or treatment. That said, some people experiencing homelessness are also in a space where they desire the opportunity to address other pressing conditions in their lives. To address addictions, for example, it has been expressed by people with lived experience that the temptation to reuse is greater when they are around other people using - a sober living facility would expand the options and choices available in the community.

5.3.2 Stabilization (bridging) Supports – There were two 'gaps' in service that were identified by community during the consultation process that could be addressed. When there are wait times to access treatment, for substance use, or when someone is released from the justice system without a plan of where they

would stay. A facility to support people on the medical/treatment side exists in Medicine Hat through a partnership with Alberta Health Services. Relative to the justice experiences, it was clearly identified that people leaving institutions find it extremely difficult to reestablish themselves within the community - the practice of requiring criminal record checks to secure tenancy presents a significant barrier to access housing. Further, individuals find it challenging to secure employment and therefore the income necessary to sustain housing.

5.3.3 Institutional care – This would be for folks who need a level of support and service that goes beyond what housing first offers. Individuals with acute physical, medical or behavioural challenges that may, for one reason or another, not qualify for existing institutional care provided through provincial programs or facilities, find themselves in a challenging situation as their conditions preclude successful tenancy through housing first. A higher level of supportive care is necessary and may require closed custody.

Discussion about a small facility to meet the 24/7 needs of this population were discussed. This may be a suitable investment opportunity for MHCHS to provide the necessary capital resources, pending ongoing operating investments and supports from the appropriate government departments (ie. justice, health, mental health, addictions, disabilities, etc.). A facility of this nature may provide a 'voluntary' option for some people as opposed to traditional institutional care.

The discussions about how to provide effective services to those folks who are currently not able to be served within the current system was a prominent theme. It was clear that people experiencing homelessness suffer from a complex mix of challenges, and many government departments are designed to address specific needs. There is considerable opportunity for MHCHS to invest in facilitated discussions with the priority government departments to consider new methods and tools needed to address the most complex of situations facing a target population for whom existing housing first supports are not sufficient.

6.0 SUMMARY OF INVESTMENT OPPORTUNITIES

Optimizing Current System

- **Communications materials to support street level information sharing**
- **Training and professional development**
  - Supports for service providers to enhance quality of client experiences
  - Exploration of student training and community extension programs through Medicine Hat College
  - Supports for peer advocacy training and supports
- **HUB model exploration with service providers**
  - Investigate technology and practicality of EPIC system development and implementation

Community Development

- **Landlord relations**
  - Development of landlord network for the purpose of building relationships, improving service levels and decreasing evictions
  - Improve relations between people with lived experience and community landlords
- **Enhanced community knowledge of issues affecting people with lived experience**
  - Improve awareness about issues including racism, discrimination, barriers to employment, disabilities, poverty, etc.
  - Improve understanding of the need to bridge populations and create opportunities for interaction

- **Peer advocacy and support**
  - Enhance opportunities for people with lived experience to become better self-advocates through training and supports for system navigation
  - Enhance street-level knowledge and opportunities for information sharing

Expanded Continuum of Care

- **Establish housing first option for sober living**
- **Development of stabilization supports/housing for people exiting the justice system**
- **Continued support for stabilization of people awaiting and/or exiting health treatment facilities**
- **Exploration and advocacy for the establishment of an institutional care facility to target gap between current housing first supports and provincial institutions**
  (ie. advanced medical and/or behavioural challenges)

7.0
CONCLUSION

The community of Medicine Hat appears to be well-served relative to supports, services and infrastructure necessary to address homelessness. The stakeholders engaged in the consultation sessions were positive about the current situation. The recommendations that emerged seek to address modifications and methods to further improve service delivery, or to address ongoing gaps - especially for those with specific or critical needs.

As consultants, we witnessed a high level of capacity for people with lived experience to be mindful, respectful and articulate. Positive relationships between administration from MHCHS and people with lived experience was apparent, and as a result there was very little tension or hesitation to share. It was clear to us that MHCHS leadership was genuinely interested in hearing the thoughts and ideas from lived experience and stakeholder participants.

Consultation and report prepared by
bassa Social Innovation
Scott Cameron | Brendon Neilson
403-309-4368
bassasocialinnovations.com

Graphic Design by
Kerstin Heuer | non-profit.today

Appendix A

No: A Vocabulary Makeover

A parent requests the disability supports a family member needs. A person on fixed income applies for increased rent subsidy to match increased expenses. Access to mental health services is required. "No" is a word heard repeatedly by people accessing social assistance.

As I waited in line to pick up a cheque that could not be mailed because of the current postal strike/lock out in Canada, I heard many forms of "no". I believe it is time for a vocabulary makeover:

1. **That's not our mandate:** This response tells me the service provider is system oriented, not client oriented. The potential client is dehumanized as their needs are externalized into a checklist. It is emotionally easier to say no to a piece of paper than a person. For the applicant, it is challenging to not take the rejection personally.
2. **Your friend gave you the wrong information:** This typifies the mistrust service providers can develop towards their potential clients. It also undermines the social support of friends - especially when friends can be as hard to find as disability resources.
3. **Not matching the language ability of the person requesting services**: Sometimes technical jargon creates barriers. An individual striving to communicate in a language not his own was met with the words transaction, timeline and review. Already overwhelmed, he left with no assistance and greater confusion.
4. **That's all we can do: Defensiveness.** Again the focus is on the agency and not the client. There seems to be an assumption the person in need should be penitent for having needs. The tone of the reply treated the request as an imposition.
5. **I can't give you that information:** This hardens the us/them mindset. Another reminder of who lives on which side of the haves and have-nots.

Now take a deep breath and read my proposed makeover for each situation above.

1. **I can see your needs are significant. Let's see where we can work together:** Validated needs and teamwork add dignity. Service agencies participating in community networking produce referrals to other services.
2. **I'm thankful you are connected to supportive people.** The client came, which can be the biggest hurdle. The service provider can clarify any misinformation without pointing fingers.
3. **Provide written information in simple vocabulary:** As a person with Autism Spectrum Disorder, being given a flowchart of the application process adds time for me to digest the instructions. Contact information for further assistance for each step provides hope during wait periods and increases the likelihood that the application will be completed correctly the first time around.
4. **I know what we can provide isn't enough to meet your needs. I wish we could offer you more:** Needs are complex. I don't know of an agency which meets every need. Yet each strand added increases the strength of fabric.
5. **I value the confidentiality of the personal information our system requires you to share.** It is hard to tell a stranger personal history and financial information to qualify for programming. It is reassuring to experience confidentiality affirmed.

I understand that budgets are stretched and wait lists are long. Sometimes "No" is the only response that fits a service agency's policy. However, I believe "No" can be said differently - in a way that lowers institutional defensiveness and restores dignity to those with the courage to ask for help.

What other "No" makeovers would you add?

Submitted by Karen Sudom

Appendix B

bassa SOCIAL INNOVATIONS

Medicine Hat Community Housing Society

Community Consultation
October 24, 2018

One of my favorite activities in Medicine Hat is...

Agenda

Time	Topic
9:00	Welcome and Introductions
9:15	Overview of Social Capital and Prevention
10:00	Homelessness Roadmap
10:15	BREAK
10:30	Discovery - What is the best of what we've created in Medicine Hat? (Current)
11:30	Dream - What might be the future of homelessness in Medicine Hat? (Future)
12:15	LUNCH
1:00	Design Workshop
2:15	Presentations
2:45	Evaluations and Next Steps

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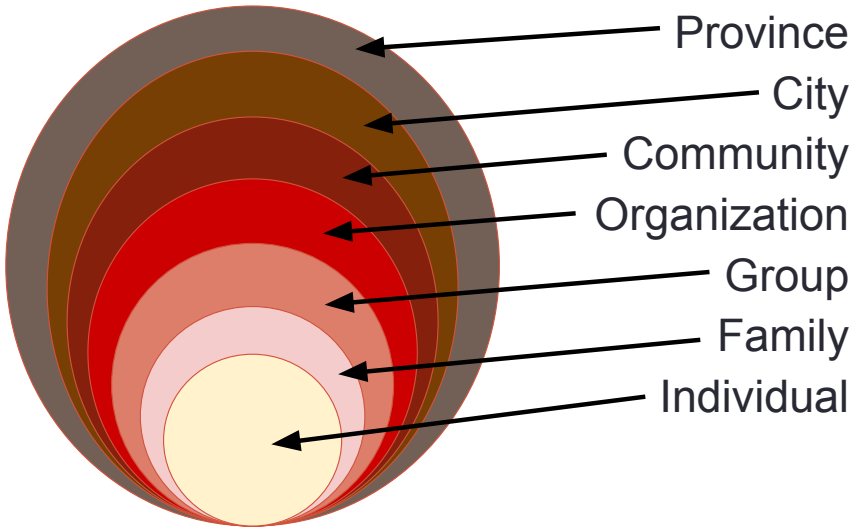
DEVELOPING SOCIAL CAPITAL

Five dimensions of social capital

- Trust
- Social Cohesion and Inclusion
- Groups and Networks
- Collective Action and Cooperation
- Information and Communication

Nested Holarchy



Trust

- “people who trust their fellow citizens volunteer more often, contribute more to charity, participate more often in politics and community organization, serve more readily on juries, give blood more frequently, comply more fully with their tax obligations, are more tolerant of minority views, and display many other forms of civic virtue” (Putnam, 2000)

Trust

Thin trust

Trust in government and institutions

Thick trust

Social Cohesion and Inclusion

- “Social cohesion manifests in individuals who are willing and able to work together to address common needs, overcome constraints, and consider diverse interests. They are able to resolve difference in a civil, non-confrontational way. Inclusion promotes equal access to opportunities, and removes both formal and informal barriers to participation.” (World Bank, 2011)

Social Cohesion and Inclusion

Bonding Social Capital

Bridging Social Capital

Groups and Networks

- “Engagements of people to organize themselves and mobilize resources to solve problems of common interest are some of the outputs from groups and networks that enhance or build upon social capital.” (World Bank, 2011)

Collective Action and Cooperation

- “The provision of many services requires collective action by a group of individuals. The purposes of collective action may differ widely across communities.” (World Bank, 2011)

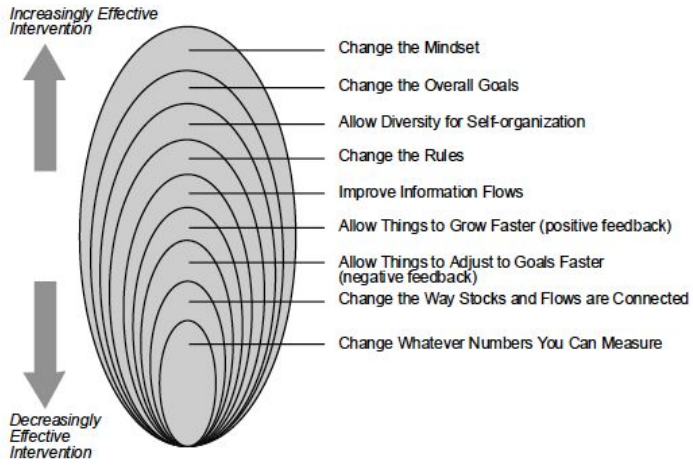
Information and Communication

- “Information and communication form the crux of social interactions. Downward flows of information from the policy realm and upward flows from the local level are critical components of the development process.

- Horizontal information flows strengthen capacity by providing civil society a medium for knowledge and ideas exchange. Open dialogue fosters a sense of community, while secrecy breeds suspicion and distrust. Enhancing the dissemination of information can break down negative social capital as well as build trust and cohesion” (World Bank, 2011)

Information and Communication

Leverage Points



bassa SOCIAL INNOVATIONS

Risk Factors and Protective Factors

- **Resilience**
- Health
- Safety
- Crime
- Homelessness

bassa SOCIAL INNOVATIONS

Risk Factors and Protective Factors

Risk Factors: Conditions that lead to a higher likelihood of low resilience and negative outcomes.

Protective Factors: Conditions and resources that lead to higher levels of resilience and positive outcomes.

Risk Factors and Protective Factors

Resilience

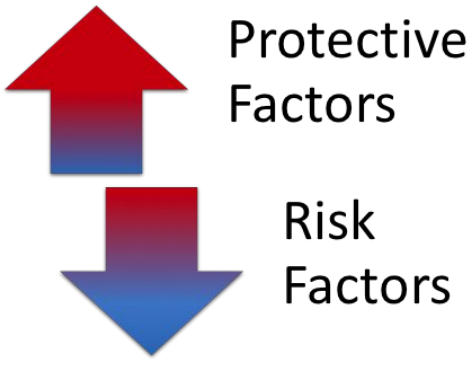
"Firstly, resilience can be conceived as a personal or group capacity that has been developed and achieved. Second, resilience can be represented as a dynamic process, affected by resources, adversity and the capacity of individuals. Thirdly, it can be seen as an individual's response to adversity as a practice and strengthening effect in building resilience." - Worsley 2010

Risk Factors and Protective Factors

Resilience

"In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways." - Unger 2011 (Resilience Research Centre. Halifax)

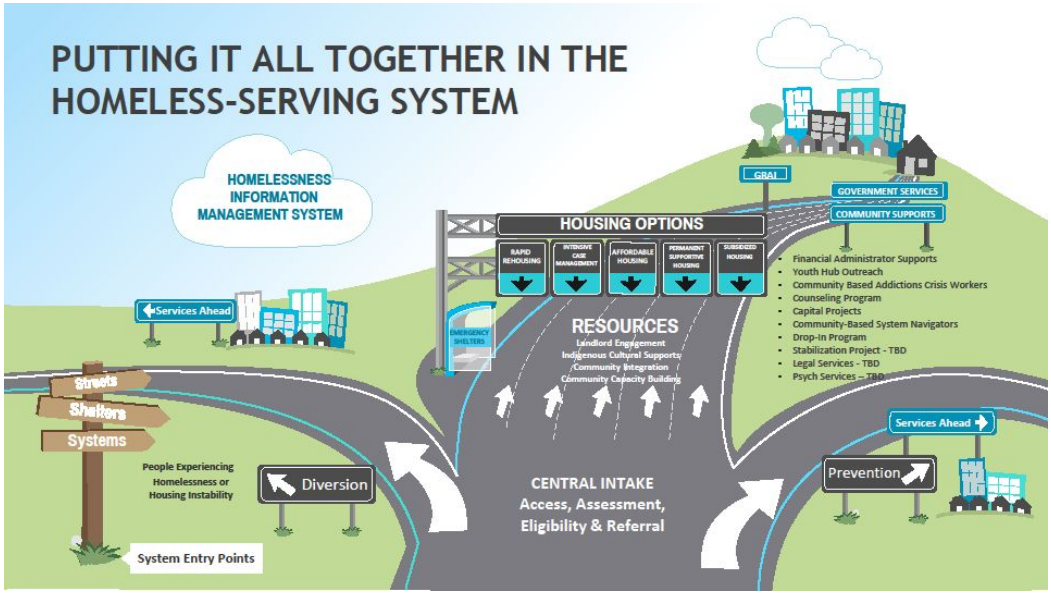
Where?



When?

Early Prevention - Focus on before problems are present. - Involves broad reaching and environmental in nature. e.g. Healthy family systems, education (literacy, graduation), etc.	Prevention -Focus on minimizing effect and duration of emerging problems. - Involves support networks and strategies. e.g. Faith community participation, mindfulness practice, employment etc.	Early Intervention - Focus on minimizing complexity and negative effects of established problems - Involves directly addressing risks e.g.Treatment (addictions, psychological), financial subsidy etc.	Intervention - "restorative prevention" - Focus on re-establishing protective factors and stabilizing volatile risks - Involves limiting scope of negative effects of problems e.g. Emergency medical supports, law enforcement, emergency shelter etc.

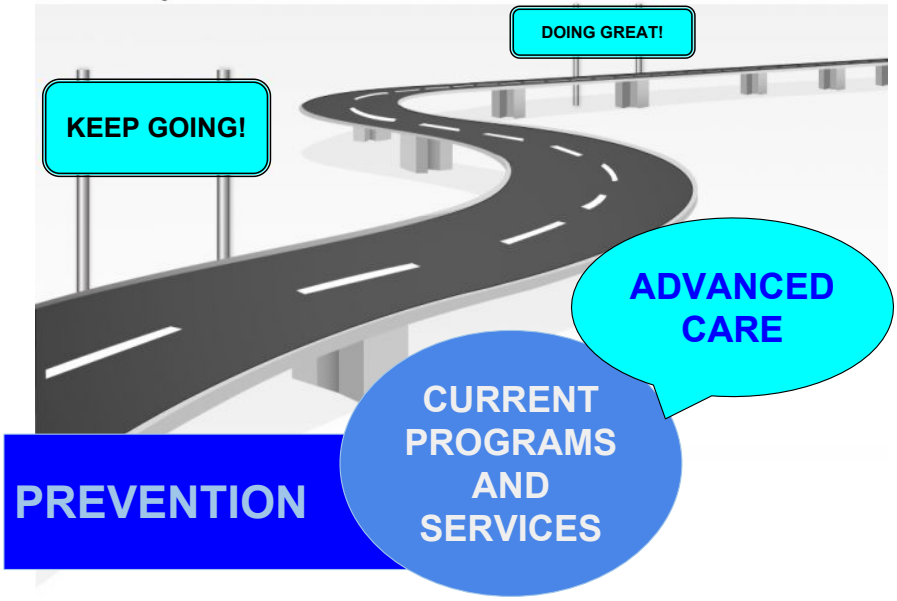
bassa SOCIAL INNOVATIONS



bassa SOCIAL INNOVATIONS

BREAK

ROADMAP FOR FUTURE ADVANCES IN HOMELESSNESS



Discovery Exercise

What is the best of what

we've created relative to

homelessness here in

Medicine Hat?

Discovery Exercise

What is the best of what we've created relative to homelessness here in Medicine Hat?

PREVENTION

CURRENT PROGRAMS AND SERVICES

ADVANCED CARE

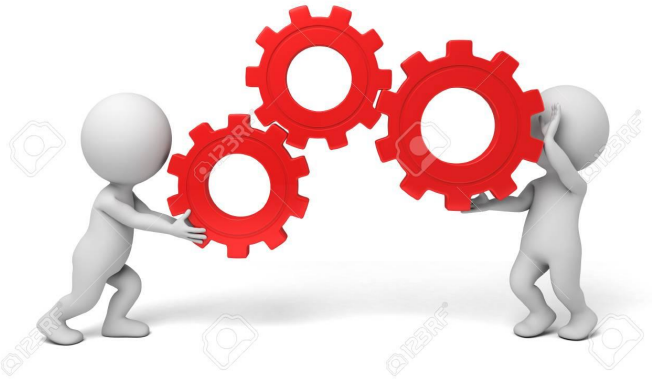
Dream Exercise

Most significant milestones - year 2024.

LUNCH

Design Exercise

Co-construction of Medicine Hat's desired future for prevention, programs and services, and advance care.



Presentations

Identify the top 3-5:

SUCCESSES

GOALS/VISIONS

DESIGN ELEMENTS

Evaluations and Next Steps