



Hamilton

**System Change: Service User Perspectives
On the
Homelessness Service System**

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**Prepared for the Standards Working Group,
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Committee**

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“If this actually does goes somewhere, and our input helps at all, that will make me feel good because some things we’re talking about need to change. There’s a lot of topics that need to change in the shelters, and if this (focus group) is a start to it, that’s phenomenal (FGrp 2 , March 19).”

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Introduction

This report summarizes service user feedback to be included as part of two key planning initiatives:

- 1) The Blueprint for Emergency Shelter Services
- 2) The Consolidated Homelessness and Prevention Program (CHPP) Review

Although these are two distinct initiatives a series of focus groups were held that met the objectives of both endeavours.

The questions were divided into two sections:

- 1) Those related to the men's emergency shelter system, Out of the Cold and the Wesley Centre overnight program, and
- 2) Those related to support services that assist people to find and maintain housing.

The two general areas of interest were:

- What is working/not working in the men's emergency shelter system and Wesley Centre overnight program? (Blueprint)
- What support services are helpful in preventing homelessness and for finding and maintaining housing? (CHPP)

For a complete list of questions discussed in the focus groups see Appendix C.

Information Gathering

Nine focus groups were held at seven locations between March and June of 2010. The locations included:

- Out of the Cold
- Wesley Drop-In
- Good Shepherd Men's Centre
- Mission Services, Salvation Army
- Urban Core Health Centre, and
- First Pilgrim's United Church.

The focus groups were advertised by way of a flyer posted at the site several days in advance of the scheduled date. At the end of each session, a \$10 Tim Horton's gift certificate was given to each participant in appreciation. All the focus groups were open to men and women with the exception of one 'women only' group held at Wesley Centre. Overall, 44 men and 17 women participated in small groups of four to ten people.

Importantly, the service users who participated in the focus groups fit no single category of age, gender, race, ability, culture or length of time experiencing homelessness. Participants were also at various points along the housing continuum. Some were living outside, others in shelters, shared accommodation or in apartments. Twelve people had formerly used the shelter system and were now living in apartments with assistance from Transitions to Homes or the former program Hostels to Homes.

Limitations

This section of the report explores what is working and not working in the shelter system and does not examine the reasons why a person came to access a shelter. Factors contributing to homelessness such as poverty, unemployment, disability, lack of affordable housing are not fully explored in the context of this series of focus groups. The women who participated in the focus groups talked primarily about their experience at the Wesley Centre; however, there was some discussion about accessing and using the women's shelter system. This report does not include a gender specific analysis of women's experience in the shelter system.

SECTION ONE: THE BLUEPRINT FOR EMERGENCY SHELTER SERVICES

The Blueprint for Emergency Shelter Services is a two-year implementation plan to:

- Improve basic shelter services in the men's system
- Reduce shelter capacity in keeping with utilization rates
- Offer case management team support services to assist long stay shelter users to secure permanent housing

Shared standards in the three men's shelters were part of the vision to improve basic shelter services. The Standards Working Group is a subcommittee of the Hamilton Emergency Shelter Integration and Coordination Committee (HESICC) and is responsible for operationalizing improved standards. Feedback from shelter users was determined to be an important component of making improvements to the men's shelter standards. The diversity of shelter users' backgrounds, experience and opinions are recognized and therefore, the report includes as many as possible individual anonymous quotations to highlight the main themes.

As one participant expressed:

*"We're not a homogeneous constituency. We're tied together by the services we use."
(FGp1, March 16)*

Context

At the time the focus groups were conducted the decision to close the Wesley Centre overnight program on July 31, 2010 had already been made by Wesley Urban Ministries and HESICC. Most men and women who participated in the focus groups were aware of the planned closure. In terms of the case management component, many participants were aware of Transitions to Homes (T2H) or the former team, Hostels to Homes (H2H). Some participants were housed through one of these programs and talked about their shelter experience retrospectively. The changes to basic shelter services were in the process of being operationalized at the time the focus groups were held. Therefore, while some of the men's shelter had started 24 hour access, not all of the standards had been implemented.

Themes:

The main topics of discussion from the focus groups are elaborated upon below. The themes are not listed in order of importance.

Gratitude

In the context of providing feedback to the questions asked by the facilitators, participants in some of the groups expressed their gratitude for the shelter and food services provided and in some cases how essential these services are to survival. The following comment summarizes this sentiment.

"We need these places, cause if it wasn't for these places, I'd be dead, so I'm grateful for this (shelter)." (Fgrp 2, March 19)

A number of people identified they had not experienced problems staying at a shelter. Not uncommonly participants thanked the facilitators for the opportunity to give feedback. *"It's good if some of the things we're talking about [in the focus group] make a difference."*

Cleanliness and Hygiene

The importance of clean shelter facilities and the hygiene of the people staying at a shelter were raised in every focus group. Participants talked about the necessity of people showering and having clean clothing. According to the focus group discussions, in some shelters showering is mandatory. Participants talked about the level of irritation when sharing close sleeping quarters in dormitories, common meals and food lineups with someone with poor hygiene. Participants were concerned about the smell and the impact on everyone as well as the importance of hygiene for minimizing the spread of illness or things like bed bugs and lice.

According to the participants, facilities are available at each shelter to shower and do laundry; however, participants identified that not everyone staying at a shelter use these facilities. In one group participants discussed the dilemma this posed if a person refuses to shower and/or was not emotionally well and the importance of staff talking to the person.

“The smell in here, it’s enough to knock you out.” (FGrp5, March 25)

“We were at the (shelter) and they brought this guy in and he actually came from (another shelter) and he was so bad he wiped out the whole dorm with his smell and everybody had to go to the office and say “you have to do something or we’re all leaving. You couldn’t sleep with this man.” (FGrp5, March 25)

In terms of laundry, it was suggested that shelters use net bags for individual laundry done together. The need for more places to do laundry in the community at no or low cost was also identified.

“Clean” was also raised in terms of the need for access to shelter that offers “a clean environment, a drug free environment.”. (Fgrp 2, March 19)

Food

Food was also a central theme discussed in all the focus groups which is not surprising given it is a core service provided by the shelters. Again, participants expressed appreciation for having access to meal programs at the shelters or Out of the Cold. Participant’s thoughts about the food provided at each of the shelters was varied. What emerged from the discussion in several of the groups was a comparison of which shelters had the best food; however, consistently people talked about not getting enough fruit, vegetables and protein in their diets at any of the shelters or meal programs. In two of the focus groups, some of the participants mentioned past experience of becoming sick or having “food poisoning” after eating at a meal program.

In two of the focus groups, participants with special dietary requirements talked about either having no accommodations for a diabetic diet or lactose intolerance at any of the shelters or that it was dependent on a particular staff person working that day. Interestingly, the issue of culturally appropriate food was not raised in any of the focus group discussions. Some men and women identified being able to store their own food or cook for themselves would be a welcomed option available within the shelter system.

Interaction with Staff

The discussion surrounding the question “what do shelter staff need to know?” consistently focused on the importance of staff showing understanding, care, patience and an interest in those using their shelter services. At times, there was discussion about individual staff members who either displayed or lacked these qualities and the positive or negative impact on the participant’s shelter experience. Generally, service

users who participated in the focus groups expressed the importance of being treated as an individual and having a staff person who asked about their situation.

The following comments reflect some of the negative comments participant's shared:

"Some staff are burnt out"
"Our input should count for something"
"Staff look down on you"
"Not brushing off our opinions"
"Treat us with respect"
"Don't treat people like shit"
"Some (staff) are control freaks".
"There's some staff around here, and other shelters that need to learn people skills. Just how to deal with people in general. There are some that are really, really rude."
(FGrp 5, March 25)

The following comments reflect some of the positive comments participants shared based on their experience with shelter staff:

"Compassionate"
"Staff will talk, come out from behind their desks"
"Staff interact with us. Play cards"
"Staff treat us with respect"
"Staff at (specific shelter) are helpful, interested"
"You can't ask for nicer people..."
"She (staff person) got me off the street"
"Staff are wonderful and caring".

The following comment summarizes the tone a particular staff person can set for a shelter environment:

"Sometimes it's just a certain member of staff with the right personality that they deal with things in a right manner. There's a woman that works here, and every time I see her I know everything is ok here. This woman, she knows what she's doing." (FGrp 5, March 25)

An Aboriginal woman, raised non-native, identified the lack of staff of varying ethnic and cultural backgrounds working in the shelter system. She further commented:

"There should be a native counselor in there.... I found the way the Aboriginal people work and how they counsel you and treat you is a lot more uplifting and supportive and welcoming and less patronizing and nitpicking, and you're more likely to get ahead and succeed." (FGrp 8, April 9).

In several of the group discussions, participants referred to the stress, disabilities and health problems people using a shelter experience and the need for staff to be sensitive

to these issues. Also, it was identified that staff require training to work with people who have a mental illness and/or addictions.

Discrimination

Participants talked about feeling judged by some shelter staff, but also more broadly by the community. Interestingly, discussions about negative staff interactions often shifted to discussions about how participants felt they were treated in the community.

“The police in the this town are bad, you go outside for a smoke, and they walk up to you, “what are you doing?” and you say “I’m homeless” and they say get out of here, go somewhere else, you have to go stand somewhere else.” (FGrp 5, March 24)

“We can’t go to City Hall and say hey. They say who you are? You’re a homeless piece of shit.” (FGrp 5, March 24).

One woman talked about feeling like staff treated her as they would someone with a drug or alcohol addiction which she perceived to be negative. *“They consider we’re all in the same boat so they treated me so negatively, so I only had negative things to say to them.” (FGrp 3, March 22)*

“Who cares about us, we’re homeless.” (FGrp 5, March 24).

“That’s what I don’t understand. In the middle of the afternoon and you’re at the park and if you’re known to be homeless you can’t sit on your blanket at the park. The cops will make you move, but if you have a home and you’re out on a blanket in the park, that’s ok. Why is it ok if you have a home, but if you’re in a shelter you can’t have a picnic at the park?” (FGrp 4, March 24)

Shelter Operations and Facilities

Shelter Rules

Focus group participants were generally positive about shelter rules to ensure the safety and well being of everyone. *“The rules are there for a reason.” (FGrp 3, March 22)* The rules identified were specific to:

- Drugs and alcohol
- Weapons
- Curfews
- Length of stay
- Storage of medication
- Leaving the shelter

It was evident from talking to men accessing the shelters that each shelter had variations on similar rules. Curfews at the men's shelters were historically different and participants had concerns about too early a curfew. Also, there were specific rules or the consistency in how the rules were applied that raised concern for a number of the participants. There was some suggestion from participants accessing the men's shelters that to disagree or argue with a staff person about how a rule or service restriction was applied was non-negotiable.

"There should be an ombudsman, like if somebody gets barred there's really no one they can go to." (FGrp 5, March 25)

Access to the shelter

Several themes emerged with reference to shelter facilities, hours of operation and the rules at each shelter. Many of the participants were aware of some of the recent changes in the shelter system. Participants who were aware of the switch to 24 hour, seven day a week access were supportive of this policy change.

"I don't think they should kick you out on week-ends." (Fgrp 4, March 24)

"We should have access to the dorms on week-ends to take a nap or read a book."

Men talked about how hard it was in the past not having access to a shelter during the day, particularly on week-ends and holidays. Some participants commented that being out all day could be a trigger for those who were trying to avoid drugs, alcohol or illegal activity.

"You kick us out. We don't have a job. 8:30 in the morning, get the hell out of here. Now what do you expect a guy that's got no job, he's easy to addictions or easy to crime, to do from 8:30 in the morning to 5 o'clock at night. You're putting him at risk to reuse drugs or think about oh, I could do this today because I have seven hours. What am I going to do sit at the park so the cops can harass me?" (FGrp 6, April 9)

The other comment made about the shelter facilities was the importance of having access to quiet areas. There were also several comments that people did not like sleeping in bunk beds or on the top bunk.

Belongings

According to participants, each of the men's shelters has different rules for storing personal belongings once a person leaves the shelter. Also, participants talked about there not being enough lockers at all the shelters to prevent theft or loss of belongings. According to participants, the various shelters store belongings for up to a month after a person leaves the shelter. One participant commented that all his belongings had been thrown out after he left the shelter without them:

“When you left you had to take your stuff with you. At the end of your stay you had to take all your belongings or they’ll be thrown out including your ID (identification). I don’t know if it’s still the rule.” (FGrp 4, March 24)

Participants provided some of the following thoughts related to personal belongings:

“They’ll (shelter) give you 30 days before they throw your stuff out. You need at least 24 hours or 48 hours. What if you go to hospital?”

“A lot of people, that’s all they have is whatever is in that bag, you’re staying in a shelter, you don’t have anything.” (FGrp 4, March 24)

“I don’t understand why they would throw your stuff out, I mean you’re homeless, you basically have everything you’ve ever had taken away from you and you have so little left. Why would they go out of their way to make you lose what little you have left.” (FGrp 5, March 24)

“You come to this point and I have so little, I would like to protect what little I have.”

Alternatives to a Shelter – Out of the Cold

Several participants stated there should be more shelters, other than Wesley Centre, that accommodate couples. Out of the Cold was identified as another option for people needing shelter or a hot meal during the winter months. Although there was not a lot of discussion specific to the Out of the Cold one woman’s comment summarizes some of the impressions conveyed:

“Out of the Cold is a really good program. I thought it was good, it was a lot more relaxed. The hostel atmosphere tends to be jam packed and crowded, you know, you hardly have any elbow room. This Church program seemed to be run by caring volunteers. It was welcoming. It was nice in a lot of ways. It wasn’t perfect but it was a good alternative.” (FGrp 8, April 9)

For some participants, Out of the Cold was preferred to the shelters because of the space it provides, fewer numbers and quieter environment for an overnight stay. One participant staying at Out of the Cold preferred not to stay in a basement shelter dorm:

“I’ve got a bit of claustrophobia and in the basement you’re in a submarine almost.” (FGrp 3, March 22)

Several people identified the anonymity that is offered by programs like Out of the Cold where intake forms are not required. One woman comments:

“I find that about the system anyway, your private life, you don’t have one when you hit the welfare line or you hit the system....” (FGrp 3, March 22)

Services and Programs

There were a number of ideas generated about programs and services participants would like to see offered at the shelters or have access to in the community. Participants talked about the importance of having access to low or no cost recreation and leisure options. In terms of what programs people would like to see offered, the responses were as varied as the interests and needs of those attending the focus groups; however, more social, leisure and recreation options were common themes. The following comments provide some of the highlights:

"You need drop-ins for something to do during the day"

"More drop-in centres"

"Movie nights are good"

"More things to do to relax that are a break."

"Computer access"

"Swimming, gym, weight room"

"Stuff that promotes health"

"There's just not enough things to do"

"Movie nights, card nights and art classes are good"

"I'd like easier access to (community) programs that you can go to on your own time"

"Bus tickets would be helpful for housing search"

"Crafts"

"Karoke"

"BBQs"

"Picnics"

"sports"

"bowling"

Participants also talked about having more opportunities to do casual work or volunteer work at the shelters or contacts from the community to do casual work.

Mental Illness

Some participants talked about their mental health problems and their difficulties managing in a group environment. The importance of staff with knowledge of mental illness and the skills to work with people with a mental illness was raised in a number of focus group discussions. Participants talked about not being able to force people to take medication but how this could present challenges for the person with the illness as well as those co-residing in the shelters, specifically if the person was experiencing symptoms affecting their behaviour.

Safety

Although safety was not specifically asked about in the focus groups people referred to safety in a number of ways. Not surprisingly, women were more likely to raise the issue of safety. One woman clarified her thoughts on safety: *“safety of your personal belongings and your own well being.”* (Fgrp 6, March 25)

Also, women raised concerns about the use of language and swearing at programs and services as threatening to their sense of safety. Both men and women talked about:

- the importance of a clean, drug free environment to their feelings of safety
- the risk of their belongings being stolen in shelter as a threat to their safety
- the concerns raised about having heard about or been assaulted or robbed on the streets
- feeling unsure or unsafe if someone was experiencing symptoms of mental illness.

Although several people who self identified as having a mental illness participated in the focus groups, they did not specifically raise their safety concerns. Safety is an important topic to explore with service users in future feedback sessions.

Substance Use

With the exception of Out of the Cold, participants comments have not been linked with specific shelters to this point. Wesley Centre has been identified in this section (with their support) as they have been a leader, within a harm reduction framework, in providing basic shelter services to those who may not fit, for a variety of reasons into a traditional shelter environment. Providing service to stigmatized and often hard to serve populations has meant that Wesley Centre has borne the brunt of considerable controversy over the years within the immediate neighbourhood and the broader community. At the same time, Wesley Centre has provided necessary shelter and health services to people who may not otherwise have access. Also, police, EMS, hospitals and other community organizations have historically used Wesley Centre as a first point of contact to the broader social service system for people with few options.

Although, the Wesley Centre night program is closing as of July 31, 2010 the intention moving forward is that Wesley Centre will remain open as a day-time drop-in and the men's shelters will accommodate people they may have historically turned away. There was much discussion in the focus groups about the Wesley Centre overnight program closing.

As noted, drug and alcohol use was talked about in every focus group whether it was in terms of people's reaction to substance use in the shelters, participant's talking about their experience in recovery or people being concerned about being triggered by other people's substance use. It was suggested that *“everything goes on at every shelter.”* Participants talked about people using drugs or alcohol in or outside all of the shelter facilities:

“It doesn’t matter what shelter you’re at it’s impossible to stay drug free.”

A perception conveyed in all the focus groups was Wesley Centre’s reputation because of their clientele, as a shelter where one could buy or use drugs and alcohol. Some participants were adamant they would not go to Wesley Centre night program for this reason.

“I was addicted to drugs since I was 14 years old. I’m 31 now. I spent more than half of my life when I decided I had enough, and I wanted to try to quit it was impossible to do at the Wesley centre. It was impossible.” (FGrp 2, March 24)

“Most of the people that stay at the Wesley Centre are drug addicts, or alcoholics or out working the street, or out doing their drug things.” (FGrp 3, March 25)

“This is some kind of a safe haven for the drunks. It may be cruel but it shouldn’t be allowed because it’s not safe for anybody else that’s here.” (FGrp 3, March 25)

“There are people using the facilities (at Wesley Centre) that don’t partake, and don’t want to be subjected (to drugs and alcohol) or at least as little as possible.” (FGrp 9, June 4)

Inevitably, these comments about the Wesley Centre raised other comments within the focus group discussion about the importance of Wesley Centre:

“The Wesley does work for some of us.” (FGrp 4, March 24)

“The Wesley helps some people. They helped me...”. (Fgrp 2, March 19)

The *“diversity of services in one building”* was recognized as important benefit of the Wesley Centre (Fgrp 9, June 4).

Participants had differing opinions about how people who were actively using or withdrawing from substances should be managed within the shelter system. Some participants felt people should be able to “sleep it off” or be sent to “detox”, whereas other individuals supported barring people or calling the police.

In some of the focus group discussions, there were concerns expressed about the consequences of Wesley Centre overnight program closing. Some participants expressed concern that those who are actively using will impact the environment of the other shelters:

“I think the success rate of people who are actually trying to do something better with their lives is going to decrease dramatically.” (Fgrp 2, March 19)

Other participants were concerned about where people would go to access shelter services if under the influence of drugs or alcohol.

“Where do people go if they don’t want to change?” (Fgrp 9, June 4)

“Just because somebody’s drunk doesn’t mean they shouldn’t have a place to stay.” (Fgrp 9, June 4).

To varying degrees the men’s shelters and Mary’s Place have historically refused access to people intoxicated or using drugs.

“If a guy smells like a little bit of booze, suck it up. If he’s causing a problem, yes, call the police and have him removed. Other than that, if he goes to his bed and goes to bed, suck it up...we’re all grown men, this is a men’s shelter.” (Fgrp 7, April 7)

Another layer of the substance use discussion was the importance of programs and shelter services that support recovery. One theme raised in this regard was the difficult road to recovery and the need for a range of programs that a person can access.

“When they put you in a program, you gain knowledge, and if you do it again, you gain more knowledge and it’s only when you have your cup of knowledge and it overflows that you’re cured. So at least keep filling the cup and doing it over and over again.” (Fgrp 4, March 24)

“There’s a misconception in thinking that ok you’re using, and all of sudden you decide to quit and you’re not using. They think you’re going to go from using to not using and stay that way, but it goes up and down continually and eventually it gets shorter.” (Fgrp 4, March 24)

Leaving the Shelter

Finding a decent, affordable place to live was a barrier identified in a number of the focus groups. The following comments reflect this challenge:

“It’s a bigger problem than just the shelters. The shelters are good at putting me up for the night, but it’s the transition from the shelter to your own place, that’s the problem.” (FGrp 9, June 4)

“I think when a person is going into a hostel, he should be assigned a Housing Worker right away. I think that would help, but it still comes down to affordability.” (FGrp 3, March 22).

“You have to have some choice (in housing) so you can follow the work, if you can get it.” (Fgrp 3, March 22)

“I’m getting the bare minimum on OW and by the time I pay my rent (room), I’ve got \$155 a month and that’s it. If it wasn’t for the free meal tickets that I can pick up, the food banks and this (Out of the Cold) I’d have lost my ability to feed myself back around the 10th of the month.” (Fgrp 3, March 22)

“If we had the \$100 that Mike Harris took from the OW (Ontario Works) system back, for me, I wouldn’t have to go to the food banks, I wouldn’t need to come here or to travel all around town finding meal tickets.” (Fgrp 3, March 22)

The following are comments from men in a drug and alcohol recovery program:

“You settle for addresses. It’s not like you have a choice to pick and choose. As far as renting a one-bedroom apartment, that’s nonexistent. There is nothing out there for what Ontario Works provides. You settle for rooms.” (Fgrp 2, March 19)

“(With a) \$200 rent program, instead of having \$300 for rent you have \$500 for rent which makes the difference between staying in shared accommodation and an apartment.” (Fgrp 2, March 19)

“The money is just not there and us as addicts we have to be very aware of where we’re moving to. Most of the places we can rent are full of addicts.” (Fgrp 2, March 19)

“Until you find work, you can’t get ahead.” (Fgrp 2, March 19)

“If we can’t find housing when we get out of here (treatment program) that’s safe for us, what’s the point.” (Fgrp 2, March 19)

DISCUSSION

The focus groups generated a great deal of discussion about the shelters and the core services provided. Although from a different vantage point, service users debated many of the same issues that service providers grapple with such as:

- How to ensure someone showers if they are refusing
- How to accommodate people who are actively using substances within the shelter system while preserving the environment for others.
- What is a reasonable amount of time to store a person’s belongings?

The themes that came through most strongly were:

1. Cleanliness of shelter facilities and the importance of service user hygiene to a group environment.
2. Food and the importance of a well balanced and nutritious diet.
3. Staff interaction and the importance of staff who display an interest and understanding of those using their services.
4. The importance of shelter policies that support people maintaining their personal belongings.

A thread that ran throughout the discussions was the discriminatory attitudes service users experience. This was represented in comments about being negatively treated in encounters with police, at times by shelter staff or rules that contribute to feelings of powerlessness. Further, this is represented in some of the negative representations by those accessing shelters of other service users.

RECOMMENDATIONS

The intent of the recommendations is to take the themes generated from the focus groups discussion and provide a summary of feedback to shelter providers and funders; A number of the recommendations have implications beyond the shelter system. Those recommendations specific to shelters reflect areas for further improvement within the system as a whole and are not directed to individual shelters.

- 1 More fruit, vegetables and protein in the meals offered at shelters.
- 2 Offer net laundry bags so laundry done together can be separated for each person.
- 3a Ensure lockers and locks are available for every shelter bed.
- 3b Develop a common policy within the men's shelter system that ensures people's belongings are securely stored for a reasonable amount of time after leaving the shelter
- 4 Consider removing bunk beds if beds capacity of the system is further reduced
- 5 Develop a staff training curriculum in the areas of anti-oppression, mental health and addictions
- 6 Shelter providers discuss practices for approaching people with serious hygiene issues
- 7 Anti-oppression training for police specific to the homeless population.
- 8 The importance of meaningful activity is important to those staying in a shelter

and/or transitioning to permanent affordable housing. It was recommended that one flyer be developed listing all the no or low cost social/leisure activities sponsored by all the various shelters and community agencies.

9 A review on the range of programs and access to addiction services for individuals accessing the shelter system and the linkages with aftercare and affordable housing*.

10a Consider the following short-term strategies:

- Each shelter designate a dorm as a substance free area.
- Staff training re levels of intoxication and withdrawal

10b Consider the following long-term strategies to ensure a range of street level harm reduction and abstinence based programs and services:

- Transitional housing for individuals returning from treatment programs and attempting to transition back into the community.
- Drop-Ins with programming as a necessary and important part of the continuum of services for people with addictions.
- Harm reduction programs such as Taking Steps (SunTrac) can be adapted and offered in shelters and drop-ins.
- Enhance withdrawal management services both within the shelter system and through existing Withdrawal Management Service for people in the early stages of change.
- Offer a 24 needle exchange within the broader shelter support system.

11 Develop a third party complaint process for shelter users.

12 Continue to implement a communication strategy to ensure service users have the most up-to-date information on changes within the shelter system.

13 Develop a mechanism for service users to have ongoing input into shelter standards

* Note: Two key informants with expertise in the addiction field were consulted and their feedback has been incorporated into recommendation 10.

SECTION TWO: CONSOLIDATED HOMELESSNESS AND PREVENTION PROGRAM (CHPP)

A comprehensive review of the five community programs funded through CHPP was conducted by Housing and Homelessness program in the spring of 2010. Client feedback regarding what programs and services are effective was sought. The focus group questions were divided into two categories with questions regarding their pre-homeless situation and where applicable their post-homeless situation.

Pre Homeless Experience

Reflecting back to before you became homeless, what types of supports or services did you use?

Lack of income and drug use number were the top two reasons participants identified as to why they lost their housing.

In one case, a participant explained that when he went to jail he lost his apartment.

Most housing that participants on fixed income could afford was substandard or in environments that caused them stress. Many agreed that if you lived in poor housing, it never works out.

“You end up back at the shelter after a few months”. “The shelter is better than some of the places I could afford”.

Affordable housing is a big concern.

“You settle for rooms. Sometimes addicts are in the other rooms”.

This is a problem if you are trying to stay clean and sober. Employment Insurance runs out and Ontario Works (OW) just gives you the bare minimum. Income security was a recurring message.

What supports or services did you find worked best in trying to help you find housing?

Many participants accessed a variety of supports either individually or concurrently. Most participants could not differentiate the agency staff that helped them navigate the system. If they received help at Wesley it could have been any number of the outreach programs or case management staff on hand that assisted them. However, at least four individuals identified that they had received assistance from the Housing Help Centre in the form of phones, list of landlords or the Emergency Loan Program.* Ontario Works was identified that Start Up Funds and Personal Needs Allowance was helpful. However, they noted that the rules on who receives it are applied inconsistently.

Other programs that were mentioned include:

- Budget and trustee services,
- Pay direct agreements with their landlord,
- Meal programs and food banks,
- Share the Warmth, and
- Employment retraining.

*Housing Emergency Loan Program and Rent Bank are both operated by Housing Help Centre

What type of supports and services did you need, but could not get?

Services and supports that participants identified as needed but not available were captured in three key areas:

- adequate income
- safe affordable housing, and
- housing supports

Having an adequate income would allow participants to access public transportation, purchase decent clothing and afford such things as tenant insurance, and household items they are unable to get from the food banks.* Dental and vision services through Ontario Works as well as Start Up Funds can be helpful if you can pass stringent eligibility criteria.

Safe affordable housing was identified as being difficult to find and keep without adequate income supports. One participant indicated that there is *“no incentive to leave the shelter, because where you can live on \$600.00 per month is worse than living in the shelter”*. Shared living accommodation in the most part was seen as temporary and was identified as causing stress for some participants. Many participants have bad credit ratings and past evictions. Landlords often turned them down due to past history and income source.

Housing support services that participants identified as not being available include:

- access to Housing Case Managers
- advocacy to help you access and navigate the system, and
- real housing programs that help you get housing.

A participant identified that the eligibility criteria for some programs like Hostels 2 Homes were too strict. They should be available to everyone. Home repair and cleaning assistance as well as employment support programs were identified as being hard to find or non-existent. One participant suggested that services be provided by a *“One Stop” approach. “A place where you can get everything. You don’t have to bounce around and make appointments.”*

* Items not available at food banks include garbage bags, laundry and dish soap, general cleaning supplies.

Why were you not able to get these services?

Access to mainstream services was seen as challenging for a variety of reasons. Many cited that most services required appointments. This is often difficult when you do not have access to a phone on a regular basis. Strict criteria and compliance with forms and appointments was also identified. Several participants told their stories of being suspended for not having proper identification, doctor's forms and missing information on their reporting card. Participants who sought housing from lists provided from agencies and shelters found that most of the housing was sub standard. If they did come upon decent housing they faced discrimination due to their income source or spotty rental history. A lack of knowledge of the resources available was also apparent. As the participants discussed the available services, many were unfamiliar with where they could find supports.

Post Homelessness Experience

For those of you who have found housing

a) How did you find housing?

Participant's identified supports and services such as Hostels 2 Homes, Housing Help, Wesley Centre and the shelter as helping them find housing. Some also found Access to Housing as well as family and friends all supportive and helpful.

b) Is it safe?

The lack of safe affordable housing was a reoccurring message from the participants. Most participants that were connected with Hostels 2 Homes were satisfied both with the housing and the supports. There was fear expressed regarding the time limits to rent subsidy and the supports. The participants that were living in shared accommodation and rooming houses were less than satisfied. Finding accommodation that was conducive to recovery was difficult for the participants that have addictions. Some participants felt that where they could afford to live would contribute to a relapse. The lack of aftercare in the addictions system was identified.

c) Is it affordable?

The participants that were living in rent geared to income/rent supplement accommodation all indicated that it was affordable.

d) Do you plan to move again?

Hostels 2 Homes participants expressed concern that if they did not get in to rent geared to income before their subsidy ran out they would face financial problems. The wait list at Access to Housing was identified as a barrier to finding long-term permanent housing.

What services and supports do you find most helpful in staying housed?

Addictions counseling through Hostels 2 Homes or Alcohol Drugs and Gaming Unit Public Health were identified as helpful in their efforts to maintain their current housing.

Meal programs such as Out of the Cold, Good Shepherd and food banks were also very important to participants. There is just not enough funds to cover housing costs and food. The participants also appreciated having social and recreation opportunities.

General Thoughts

A high level of anxiety was expressed by those who were entering into treatment programs and what supports they would find in returning to Hamilton. There was also anxiety on the part of participants who were enrolled in programs that were due to finish due to their pilot status.

Many expressed the need for more information as to what is available to assist them. It was suggested that Hamilton needs a Family Drop In that is safe for kids. The Family Drop In could be a place that has no drugs or weapons where you could do your laundry and have a nutritious meal.

A participant spoke about the need to have quality one-on-one time with counselors and where possible there should be different ethnic groups represented.

Considerable anxiety was expressed about finishing treatment and not being able to maintain sobriety due to lack of supports in the community.

Summary

The most important program that helped participants leave the shelter and find housing was an adequate income and access to safe affordable housing. Participants also found that programs such as Community Start Up Allowance, access to transportation, landlord lists and the Personal Needs Allowance also helpful as they moved from shelter to the community.

Community programs and supports that were identified as needed but hard to get or not available included screened housing lists that had safe affordable housing options, Advocacy and one-on-one assistance in negotiating with landlords and mainstream services to ensure all services that they qualify for are accessed.

Community programs and support services that helped participants stay housed included budget counseling, pay direct agreements with landlords and assistance if they had trouble with paying their rent or utilities. Many participants survive by attending meal programs at the various shelters or Out of the Cold as well as the food banks. An opportunity to enjoy social and recreation activities was also appreciated by the participants.

Community programs and support services that are needed to help individuals stay housed that are currently not offered or not easily available included the lack of safe affordable housing and an adequate income that covers the cost of basic needs. Other programs and supports that do not exist but that would help participants maintain their housing included home repair and cleaning services. Employment retraining was identified as not easily available. Access to addictions support in the community would also be very helpful to participants.

In Hamilton, the lack of safe affordable housing and income supports poses a substantial challenge for this community. Our Homelessness service system includes

many effective programs and services that assist individuals who are homeless or who have experienced homelessness stay housed. Without suitable and affordable housing the supports we currently have only provide stop gap measures. There would also appear to be a need to have clear processes on access to mainstream services as well as communication on several levels as to the services that are available.

APPENDICES

Appendix A: Focus Group Dates

Focus Group 1	March 16, 2010
Focus Group 2	March 19, 2010
Focus Group 3	March 22, 2010
Focus Group 4	March 24, 2010
Focus Group 5	March 24, 2010
Focus Group 6	March 25, 2010
Focus Group 7	April 7, 2010
Focus Group 8	April 9, 2010
Focus Group 9	June 4, 2010

Appendix B: Focus Group Consent Form

Purpose of the Study

You are invited to take part in a focus group conducted by Suzanne Swanton and Deb Clinton, Social Policy Analysts with the City of Hamilton, Homelessness Programs. Over the next two weeks, we will be meeting with people who have stayed at an emergency shelter within the past two years and/or used community services related to housing and homelessness.

Plan

If you decide to participate, we will meet with you and other participants for approximately one hour. With your permission, we will collect your ideas in writing during the discussion. The session will be audio taped for the purpose of clarifying the notes. If you request, we will share a copy of the group notes with you.

Participation and Withdrawal

Your participation in this focus group is voluntary. You can decline to answer specific questions. If you decide to withdraw from the focus group, none of your information will be used. There is no negative consequence to you if you decide to withdraw from the focus group.

Confidentiality

All the information gathered for this study will be confidential. Your name will not appear in any report resulting from this study; however, with your permission, anonymous quotations may be used. All information collected will be kept in a secure location. As this is a group discussion, we ask all participants to respect each other's privacy and not talk about each other's comments following the meeting.

Risks/Benefits to Participation

There are no anticipated risks to your participation in this focus group; however, as you may be discussing a difficult time in your life strong negative feeling may resurface. If you would like a chance to talk about this following the group discussion please inform the facilitators after the meeting. Although there are no direct benefits your contribution will inform and shape recommendations to improve emergency shelter standards and community services related to housing and homelessness.

Ethics

If you have any comments or concerns resulting from your participation in this study, please contact Brian Kreps, Manager of Homelessness Program, Social Housing and Homelessness Division at 905-546-2424 ext. 4288.

Questions and Contact Information

If you have any questions about the study, please call me, Suzanne Swanton at 905-546-2424 ext.1782 or Deb Clinton, 905-546-2424 ext. 7815. You can also contact Brian

Kreps, Manager of Homelessness Program, Social Housing and Homelessness Division, City of Hamilton at 905-546-2424 ext. 4288.

Consent Form

The letter outlining the purpose of this focus group has been reviewed with me. I have had the opportunity to ask questions, to receive satisfactory answers, and any details I wanted.

I am aware the focus group will be audio taped for the purpose of clarifying the notes taken during the session.

I am also aware that my ideas and opinions may be included in future reports or publications with the understanding that any quotations will be anonymous.

I was informed that I may withdraw my consent at any time without penalty by contacting the researcher.

I was informed that if I have any comments or concerns resulting from my participation in this study, I may contact the Manager of Homelessness Programs, City of Hamilton.

With full knowledge of all of the above, I agree, of my own free will, to participate in this study.

Yes No

I agree to have my comments audio recorded and in writing.

Yes No

I agree to the use of anonymous quotations in any reports or publication that comes of this research.

Yes No

Participant's Name: _____

Participant's Signature: _____

Date: _____

Researcher's Name: _____

Researcher's Signature: _____

Date: _____

Appendix C: Focus Group Interview Guide

Purpose: On behalf of the Standards Working Group and the City of Hamilton, Social Housing & Homelessness Division we are inviting people who are staying at a shelter currently or have had a shelter stay in the past two years to give feedback on their experience with shelters and services. We also want to provide information to shelter users regarding changes in the shelter system. The feedback you provide today will help the shelters make improvements and will help the City of Hamilton, as a funder, to make better decisions about services.

Introduction: Introduction of Suzanne and Deb, employed by the City of Hamilton and currently working on shelter planning and the services in Hamilton that are required to help people from becoming homeless or help them stay housed after being homeless. Briefly outline the changes in the shelter system such as moving to 24/7 access, shared standards and common intake process.

Read through the Letter of consent. Ask if anyone has any questions. Have participants sign and return the letter. Provide an unsigned copy if the participant requests.

Before we begin our discussion on your thoughts and experiences about services and the shelters we would like to spend a few moments talking about confidentiality and some basic ground rules for the group discussion:

- Information collected today will be associated to you as a group.
- We will not identify quotes or ideas to individual members of this group.
- We are hoping that everyone will respect each others views and treat the conversation today as private.
- We want all voices to be heard so Suzanne/Deb will step in if too many people are talking at once to make sure everyone has a chance to speak.

Interview Questions:

Pre Homeless Experience

1. Reflecting back to before you became homeless, what types of support or services did you use?
2. What supports or services did you find worked best in trying to help your housing?
3. What types of supports and services did you need, but could not get?
4. Why were you not able to get these services?

Shelter Experience

1. What are the things that are important to you when staying at a shelter?
2. Are there particular rules/policies that you would like to see changed?
3. What is important for shelter staff to know when they are being trained?
4. What is working well in the current shelter system and at individual shelters?
5. What programs would you like to see offered at the shelters?
6. Are there other ideas or suggestions you have that we have not already discussed?

Post Homelessness Experience

1. For those of you who have found housing what are the types of services and supports that you find most helpful in staying housed?

Closing Question

1. Are there any questions or feedback that you may like to add?

Wrap up:

- Hand out Tim Horton gift cards
- Remind participants about confidentiality.
- Thank the participants and invite those who would like to stay to remain for an information session and Q and A re the Blueprint.

Method: Facilitate four to six, one hour focus groups comprised of 6-8 people at each of the men's shelters and Wesley Centre. Participants will be recruited from each location by way of a flyer and staff assistance. One focus group for H2H clients will be held at First Pilgrim United Church. It is recommended that a \$10 coffee gift card be given to each participant as a token of appreciation.