ABOUT THE AUTHORS

NICK FALVO

Nick Falvo is Director of Research and Data at the Calgary Homeless Foundation. His area of research is social policy, with a focus on poverty, housing, homelessness and social assistance. Nick has a PhD in public policy from Carleton University. Fluently bilingual, he is a member of the editorial board of the Canadian Review of Social Policy / Revue canadienne de politique sociale.

RACHEL CAMPBELL

Rachel Campbell is a Research and Policy Analyst at the Calgary Homeless Foundation. Rachel has a Masters Degree in Public Policy from the University of Calgary, where she focused her studies on social policy, and homelessness in particular. She has worked in the homelessness and social service sector for over 10 years in Calgary, New York, and elsewhere.
EXECUTIVE SUMMARY

I can’t think of a single community here in the United States that is as engaged and thoughtful about conducting research (specifically to inform their practice) as the Calgary Homeless Foundation.

- Professor Thomas Byrne, Boston University

CHF is gaining an international reputation as a leading contributor to applied homelessness research. Making evidence-based decisions and planning based on research is a key tenet of the Calgary Homeless Foundation’s (CHF) role as System Planner for Calgary’s Homeless-Serving System of Care. Gathering and analyzing data and then asking the question, “So now what?” is a critical component of our activities that inform our research agenda. A key ingredient to this approach has been the Homelessness Management Information System (HMIS) which we are constantly looking to expand and enhance.

The present document begins by discussing some of CHF’s recent research-related projects, with a focus on our efforts to expand our database, promote data-sharing locally and nationally, and disseminate our research via multiple formats (especially via social media). It also discusses recent changes to policy and protocol at CHF that were brought in with the view of pursuing applied research in a cost effective, sustainable way while providing appropriate acknowledgement to those involved in its creation. The document then describes how CHF research has impacted policy, drawing on recent examples pertaining to standards for case managers, determinants of ‘graduation rates’ in CHF-funded housing, post-traumatic stress disorder and burnout experienced by staff in Calgary’s homeless-serving sector, and performance indicators developed for CHF-funded programs.

In 2015, CHF hosted a Research Symposium in Calgary—the fourth such community event since 2009. We provide an overview of that event, along with a list of themes and questions that were raised at the event by participants. The document then outlines CHF’s ongoing research partnerships. This includes research projects led by Dr. Katrina Milaney with homeless women and homeless families. It also includes research on patterns of stays in CHF-funded housing programs and determinants of homeless spells for Calgary singles. We then discuss recent research that looks at which clients within our System of Care are being provided with CHF-funded housing. We then explain how CHF’s Client Action Committee will work to build on learnings from the Homeless Charter of Rights in the hope that these will be applied to day-to-day work in Calgary’s homeless-serving sector. The document then outlines ongoing research on the potential impact of preventive health services on housing outcomes as well as an overview will then be provided on future research related to determinants of emergency department readmissions. We conclude by describing research that demonstrates cost savings associated with placing formerly-homeless persons into housing.
OUR CORE STRENGTHS

1. WE LEVERAGE DATA

CHF has a robust, and expanding, data collection system known as the Homelessness Management Information System (HMIS). It helps staff in Calgary’s homeless-serving sector to make appropriate referrals and provide case management to clients. It also helps CHF, in consultation with our community partners, develop appropriate benchmarks for funded programs. What's more, as clients move through the homeless-serving sector, data we collect about clients allow us to carry out research. That means CHF plays an invaluable role vis-à-vis researchers’ access to useful high-quality data.

2. WE STRIVE TO INTEGRATE OUR RESEARCH INTO PRACTICE, PROGRAM DESIGN AND ADVOCACY

CHF does not engage in research for the sake of research. We invest in research that makes a difference. Key to integrating our research into practice, program design and advocacy is making it available online and disseminating it via social media. Our research shouldn't be available only for internal use; rather, it should be easily accessible for others to read, debate, learn from and act on.

3. WE ARE RECOGNIZED AS AN INTERNATIONAL VOICE WITH RESPECT TO APPLIED HOMELESSNESS RESEARCH

CHF's work is recognized internationally and is seen as a model for other jurisdictions working to end homelessness. Indeed, according to Boston University's Thomas Byrne: “I can't think of a single community here in the United States that is as engaged and thoughtful about conducting research (specifically to inform their practice) as the Calgary Homeless Foundation.”1 Such recognition comes with responsibilities, chief among them being the need to be realistic about our research capacity and to act intentionally about what research projects we advance.

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1 Personal communication with the authors, November 2, 2016. Professor Byrne is Assistant Professor of Social Welfare Policy.
ONGOING DATA REQUESTS

Each year, the Calgary Homeless Foundation receives dozens of data requests from both internal and external sources. The rich data set we collect and manage enables us and others to make policy and funding decisions based on evidence. Responding to data requests takes considerable time and effort. Each request requires us to pull unique sets of data in new ways.

We monitor success in funded programs through quarterly review of key performance indicators (KPIs). These KPIs allow us to compare similar programs and define best practices based on what’s working best in comparison to what’s not working well. As such, KPIs inform us when a program needs to make changes.

CHF staff draw on our data when new programs are created, when making decisions on program changes, and when planning for future capacity needs. They also use data in their work with all orders of government on projects such as the settlement of Syrian refugees.

Internal appeals include requests from our communications team to complete public reports and media releases, such as CHF’s Report on Progress (i.e. annual report). Our communications’ team often requires data in order to respond to media inquiries. The data we collect are also used in internal studies and research projects.

In addition to the myriad of internal data requests, we also field many from partner organizations, students, and researchers. Two examples of research for which we have provided data in the last year include one at University of Calgary that is examining homeless families and fetal alcohol spectrum disorder, and one with the University of Alberta on long-term health outcomes of patients who have experienced homelessness. We believe these studies will increase awareness of the challenges faced by our client population, enhance services and service delivery for those clients, and help to secure funding for those services. Students at all levels request data for theses and other projects. We hope that students’ interest in homelessness and promoting its end will continue after they finish their studies so as to contribute to developing a new generation of professionals with interest in ending homelessness. We also pull data in order to participate in national advocacy organizations and projects, such as the Canadian Alliance to End Homelessness and the 20,000 Homes campaign.

Occasionally partner agencies ask us for assistance with data analysis when they do not have the capacity of their own. We believe our partners are key in the fight to end homelessness and hope to be able to further develop capacity to improve service provision.
DATA SHARING AGREEMENT WITH CALGARY DROP-IN & REHAB CENTRE

In April of this year, CHF signed an unprecedented data-sharing agreement with the Calgary Drop-In & Rehab Centre (i.e., “the DI”), Canada’s largest homeless shelter. The DI’s data on shelter use and supportive housing, stretching back to 2008, has now been collected by the CHF; and it will continue to be collected on a quarterly basis. CHF will now be able to collaborate with the DI to see ‘client flow’ within all of Calgary’s homeless-serving sector. Already, the availability of this data to CHF researchers has allowed for important data analysis looking at how much acuity and chronicity currently exists among clients being placed into CHF-funded housing. In the very near future, CHF will be in a position to report on these important results to community partners. In future, this will allow for a cluster analysis study to be done on Calgary’s singles homeless sector for the 2007-2016 period.

FIRST ANNUAL CANADIAN HOMELESSNESS DATA SHARING INITIATIVE

In May, CHF partnered with the University of Calgary’s School of Public Policy to organize a one-day event in Calgary that brought together 40 people from across Canada to discuss data-sharing on persons experiencing homelessness. Attendees included government officials, researchers and students. Both CHF and the University of Calgary’s School of Public Policy provided funding and in-kind support for the event. The event was successful and we plan to replicate it annually.

BLOGGING

Our Director of Research and Data, Dr. Nick Falvo, is a frequent policy blogger. His blog posts, which are extensively referenced, appear at the CHF website and are then picked up by the websites of the Canadian Centre for Policy Alternatives, the Homeless Hub, the Institute for Research on Public Policy, rabble.ca and Vibrant Communities Canada. In June of this year, Dr. Falvo’s social media work was featured in a presentation made at the annual conference of the Association for the Advancement of Scandinavian Studies in Canada (see below for a sample slide). All told, each blog post generates approximately 3,000 views. A complete list of posts can be found in Appendix B.
DATA SHARING TEMPLATES

CHF has recently developed a template agreement for working with external researchers. It formalizes work assignments to individuals, agreements on authorship of publications arising from the partnership, and how much the external researcher should pay CHF to prepare the data.

RESEARCH APPLICATION

As noted above, one of CHF’s core strengths is its application of research. What follows are some examples of where we have integrated our research into practice.
In 2012, CHF led a collaborative research project to develop standards of practice for case managers working in Housing First programs. At the outset of this research, we recognized that there was no standardization in how case management was done from program to program, and we felt standardization could ensure consistent approaches, values and principles. CHF staff spent several months reviewing other standards for case managers including standards from the health and social service sector—yet, we were unable to find anything specific to Housing First. We then interviewed several case managers, their supervisors and clients in housing programs. We wrote a report for CHF and partners; we also published two articles in the journal Professional Case Management. This research led to a mandatory accreditation process for all of CHF’s funded agencies (through Canada Accreditation Council). In 2013, CHF learned that the American Case Management Association had begun using the two articles as part of their curriculum for accreditation of case managers.

Our Senior Researcher (Dr. Ali Jadidzadeh) and Dr. Falvo are completing quantitative research looking at determinants of ‘graduation rates’ among clients in CHF-funded housing programs. Preliminary analysis of this research has already been presented at three conferences, and those preliminary results have informed practice at the local level. For example, one of the research findings is that women have lower graduation rates than men. This has prompted CHF to work with community to change the program model for two women-only buildings—specifically, we have moved toward 24-hour staffing in both buildings.

In 2016, CHF-funded research conducted by Professors Jeannette Waegemakers Schiff (University of Calgary) and Annette Lane (Athabasca University) was released. Their study looked at burnout, vicarious traumatization and post-traumatic stress disorder (PTSD) in front-line staff within Calgary’s homeless-serving sector. The report’s findings have already informed CHF-funded staff training in the sector. We will also take the findings into consideration when CHF updates its case management standards.

The CHF’s Janice Chan has led a research project that uses HMIS data to examine performance indicators for CHF-funded Housing First programs. This project has involved extensive community consultation and is currently in the implementation phase. We are currently piloting newly-developed Key Performance Indicators (KPIs) and soliciting community feedback. Our hope is that the new KPIs will be integrated into contracts of CHF-funded Housing First programs beginning in the 2017-18 fiscal year.

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2 For housing units it subsidizes, the Alberta government uses a concept it calls graduation. A client is said to graduate from CHF-funded housing when they no longer require ‘housing support’ (i.e. case management).
THE 2015 RESEARCH SYMPOSIUM

CHF hosted its 2015 symposium April 22-23 at the McDougall Centre in downtown Calgary. More than 70 people attended the symposium. Individuals from more than 106 sites around the world - including the United States, Russia, Trinidad and Tobago, and Italy - accessed the symposium webinar. Attendance included staff from front-line organizations, universities, Alberta Health Services, Calgary Police Service and government.

The symposium included a question period following each speaker and panel presentation. At day’s end, we held a plenary question period to allow participants to raise topics and ask questions that were not necessarily related to presentations. Several themes emerged that demonstrated knowledge-gaps which require additional research.

Key themes from plenary question period for further exploration included:

- Subpopulations, including Indigenous peoples, seniors, families, and youth
- Causes of homelessness
- Exiting homelessness
- Recidivism

Many sub-questions arose within the context of the key themes noted above and include:

SPECIAL POPULATIONS (THAT REQUIRE SPECIAL ATTENTION AND RESEARCH)

1. Indigenous peoples
   a. How can we further involve/include the Aboriginal community in research?
   b. How does domestic violence affect Indigenous peoples experiencing homelessness?

2. Seniors (a ballooning population)
   a. Should we prepare for an influx of people entering homelessness as our population ages?
   b. What special considerations need to be made for seniors experiencing homelessness?

3. Families
   a. Are families entering homelessness at an increasing rate?
   b. Why are lengths of stay increasing for families?
4. Youth (especially LGBTQ2S)
   a. What unique challenges does this group face?

CAUSES OF HOMELESSNESS

1. What upstream interventions could be implemented to stem the flow into homelessness?
   a. In Aboriginal communities
      i. A survey of the inventory of housing stock on reserve
      ii. Efforts to mitigate intergenerational trauma

2. What policies contribute to increases in rates of homelessness? Can we compare the ecology of homelessness between cities with different policies around: inclusionary zoning, and closure of SROs (single room occupancy hotels/boarding houses), among others? What policies can alleviate homelessness in our cities?

EXITING HOMELESSNESS

1. What works well, for whom, and in what context

2. How much does discrimination—based on race, family size, appearance, health—prevent people from exiting homelessness?
   a. In the housing market (by landlords)
   b. In the labour market

3. What does “ending homelessness” look like? What is success?

RECIDIVISM

1. Are those who experienced homelessness as a child more likely to become homeless as an adult?

2. The negative reasons for exiting a program need to be further explored.

Future goals and directions for collaborative research in this area were also articulated. This included (1) examining how we can better disseminate research and how we can best make the leap from research to practice; (2) Ensuring the inclusion of clients in research and really listening to their voices; (3) Collaborating with other sectors (such as health) to share data and create buy-in; and (4) Remembering to balance quantitative and qualitative research to add depth of understanding to research.
CHF has been a strong supporter of research led by Dr. Katrina Milaney (University of Calgary) on the health care needs of chronically homeless adults in Calgary. We have provided financial support toward this effort and Dr. Falvo sits on her research advisory committee. Earlier this year, her research team administered a survey asking about past trauma, substance use, health problems and health care utilization. A final report is expected in November 2016.

Dr. Milaney is also using HMIS data for two ongoing research projects. One project is titled “Understanding Homeless Women’s Experience of Having, Raising and Losing Children.” It asks: what are the shared experiences of women with complex needs and high public systems interactions and what are the current gaps in policy and service delivery that have prevented an end to homelessness for these women and their children? In addition to CHF, research partners on this study include Inn from the Cold and the YWCA. Data collection is complete, analysis is underway, and the project’s final report is due in November 2016. Dr. Milaney’s other project is titled “Understanding Intergenerational Dependency: Examining the Intersecting Issues of Homeless Families with Complex Needs.” This project asks: “How do women understand the complexities related to their experiences of family homelessness and violence and the influence of services and policy on their life trajectories?” In addition to CHF, research partners on this project include Inn from the Cold, YWCA, the Canadian Observatory on Homelessness and Alberta Human Services. Data collection is complete, analysis is underway, and the project’s final report is due in November 2016.

As previously mentioned, Dr. Jadidzadeh, along with Dr. Falvo, are collaborating on a study on determinants of ‘graduation rates’ for clients in our housing programs. Preliminary findings have been presented at three events so far: the Housing First Partners Conference (Los Angeles, March 2016); the First Annual Canadian Homelessness Data Sharing Initiative (Calgary, May 2016); and the 7 cities Housing First and Homelessness Conference (Calgary, May 2016). This manuscript has been submitted to Housing Policy Debate. Once it is published, a blog post will be written and disseminated broadly. The recent acquisition of data from the Calgary Drop-In & Rehab Centre will allow both researchers to use a similar approach to look at patterns of use in Calgary’s emergency shelter system for singles between 2007 and 2016. This will be a ‘multiple spell’ study that the researchers hope to complete in 2017.

Dr. Jadidzadeh is collaborating with community partners on research that seeks to assess which clients in our homeless-serving sector have moved into CHF-funded housing. Indeed, our recent data-sharing agreement with the Calgary Drop-In will allow us to combine data for Calgary’s three largest singles shelters (i.e. the Calgary Drop-In, Mustard Seed and Alpha House) which currently account for approximately
90 percent of singles beds in the city. For the 2007-2016 period, we will now be able to look at what percentage of housed singles were chronically homeless before being housed. Put differently: is our sector targeting appropriately?

To build on the success of CHF’s work on the Homeless Charter of Rights (discussed in Appendix A) our staff are working with CHF’s Client Action Committee (CAC) in order to integrate key findings into the day-to-day work of Calgary’s homeless-serving sector. Led by a consultant (Michael Grant) the CAC has formed a sub-committee which is seeking a practical way forward in putting the Charter into action. With the help of Carla Babiuk (Manager, System Planning), Darcy Halber (Communications Specialist) and Steven Richardson (System Planner) they are currently building a curriculum. The curriculum should be complete by December 2016.

Since late 2015, CHF has been actively engaged on the veterans’ homelessness file. In December of 2015, several CHF staff persons met with the Honourable Kent Hehr (Minister of Veterans Affairs and Associate Minister of National Defence) to discuss veterans’ homelessness in Canada. Subsequent to that, Dr. Falvo was invited by Veterans Affairs Canada to participate in several discussion groups discuss the topic more generally.

In October 2016, CHF was once again part of a provincial Point in Time (PiT) Count coordinated by the 7 Cities. To be as cost effective as possible, we hired a summer student with the help of a wage subsidy offered through the provincial government’s Summer Temporary Employment Program. We were pleased to hire Madison Smith for this position, and she has done a considerable amount of background work to prepare for the effort. This work has included updating our contact information, meeting with key partners, soliciting donations, and writing a step-by-step guide for the 2018 PiT Count.3 Rachel Campbell then took over day-to-day responsibilities in the lead up to the actual count, with assistance from the CHF’s Gayle Rees.

The CHF has funded a review of the City Case Management Group’s processes, client demographics, organization and how it fits into the broader health care system. This research is being led by Dr. Alina Turner (Turner Research & Strategy Inc.). A final report will be complete in late 2016.

CHF continues to partner with Dr. Ron Kneebone on a study on preventive health care for persons experiencing homelessness. This involves both a treatment group and a control group. The treatment group is receiving preventive health care (including nutritional supplements, dental care and health consultations).

3 No decision has been made yet on Calgary’s role in a 2018 PiT Count.
The study will assess the extent to which those receiving such health care experience improved housing outcomes. Dr. Jadidzadeh is actively involved in this study.

Dr. Jadidzadeh and Dr. Kneebone have recently updated their research on the impact of weather on shelter use in Calgary. The updated research includes data from 2008 to 2016. It has been submitted to the Journal of Urban Economics. Findings suggest that the number of rough sleepers entering Calgary’s shelter system can be predicted based on weather projections.

CHF continues to partner with Dr. Ginetta Salvalaggio on a study looking at patients with high medical and social complexity. This research looks at patients receiving services at Edmonton’s Royal Alexandra Hospital, as well as patients receiving services at Calgary’s Peter Lougheed Centre and Sheldon Chumir Centre. The study hypothesizes that acute care intervention is associated with reduced emergency department use; it involves both a treatment group and a control group. The informed consent protocol includes the collection of primary survey data, the accessing of administrative health and social data, and the linking of data sources. Surveys are being administered at baseline, at six months, and at 12 months; administrative data will be retrieved for the period six months prior to, and 12 months after, enrolment. It is hoped that the research results will help health care and social service teams adapt their services to the needs of this population.

In July 2016, we received the good news that a research project on which Dr. Falvo is Co-Investigator received funding from the Canadian Institutes of Health Research (CIHR). Led by Dr. William Ghali (Community Health Sciences Department, University of Calgary) this project is titled “Social determinants of post-discharge readmissions, emergency department visits, and mortality in medical inpatients.” Valued at $285,000 over two years, one key question this project will ask is: what are the main determinants of a patient’s return to the Emergency Department? The proposal went to CIHR’s Partnerships for Health System Improvement competition and was adjudicated by the Partnerships for Health System Improvement committee. The committee received 84 research proposals, only 12 of which were awarded funding. CHF is looking forward to new learnings from this project. The more we can work towards reducing readmissions to hospital, the more we all benefit.

CHF researchers have recently begun analysis of savings to the health and justice sectors stemming from formerly-homeless persons being placed into housing with professional supports. This research is being conducted by Dr. Jadidzadeh, Dr. Falvo and CHF’s Business Analyst, Mr. Jedd Matechuk. This case study will focus on Calgary. We expect preliminary results to be complete in 2017.
Emulating research led by Dr. Dennis Culhane (University of Pennsylvania) Dr. Jadidzadeh will lead research looking at predictors of homeless spells in Calgary's shelter system. This research is now possible in light of the aforementioned data-sharing agreement with the Calgary Drop-In & Rehab Centre. Results of this research will help predict the length of time it will take for single adults to exit Calgary shelters.

CHF constantly strives to improve the way it partners with Indigenous peoples on research. It is abundantly clear from our data that there is an overrepresentation of Indigenous peoples in Calgary's Homeless-Serving System of Care, particularly among First Nations peoples. CHF is cognizant of the historical impacts of colonization and the residual impact of race-based policies on this subpopulation group. This has been underlined by contemporary reports, including the Report on the Royal Commission on Aboriginal Peoples and the more recent Truth and Reconciliation Report. Given the findings and recommendations of these key documents, combined with First Nations and mainstream organizations’ research and ethical guidelines respecting Indigenous peoples, it is imperative that CHF consider their impact on any research conducted on topics related to Indigenous peoples experiencing homelessness. CHF respects OCAP4 Principles, and ongoing dialogues with Indigenous peoples and mainstream organizations will help identify research opportunities which will help shape CHF’s future research agenda concerning Indigenous peoples (as well as processes used to conduct the research).

4 OCAP refers to Ownership, Control, Access and Possession.
APPENDIX A

LIST OF CHF PUBLICATIONS

The annotated bibliography below represents much of the research that has been done in collaboration with the CHF since 2008. It is intended to be as inclusive a list as possible. In some cases, listed works were funded, partially or in whole, by the CHF. In other cases, CHF may have led the research project and wrote the report. And in other cases, CHF provided data or personnel hours toward the project. The list also includes works that were presented at CHF research symposiums. Regular reports, such as Reports on Progress (formerly the Annual Report), 10-year plans and their updates, along with videos, have not been included (even if they have been supported by significant input from the research team). Annotations of works are summaries of the content and may include wording directly from the paper. Works are listed in reverse chronological order. Please contact CHF if you are aware of a project that is missing from this list.


While working at CHF, Nicole Jackson conducted a dozen interviews for this study, which looks at the roles of 10-year plans to end homelessness. Specifically, the research looks at the development, implementation and ‘outcomes to date’ of such plans in four Canadian cities, namely Calgary, Ottawa, Toronto and Vancouver. Findings include the fact that such plans are under-resourced and that municipalities have limited jurisdiction over the major factors that contribute to homelessness.


This report comes out of the Homeless Charter of Rights project discussed in the body of the present document. It provides an overview of a participatory action research project to examine the barriers to service access that are experienced by the homeless population and to start a movement of change and advocacy toward the protection of the rights of people experiencing homelessness.


In 2009 – 2011, the CHF participated in a national study funded by CIHR. Under the leadership of Dr. Stephen Gaetz, the study examines the preparedness in the homeless sector for a pandemic. The chapters on the Calgary response and the national examination of the health of the homeless emerged from this study and are included as chapters of an e-book recently released by the Homeless Hub.


See preceding description.

A survey of emergency shelter beds across Canada was done. Given that most users of emergency shelter beds have very short stays, it is proposed that emergency shelter bed needs could be substantially reduced. Solutions include: modest increases in rent subsidies, modest income supplements to the very poor, and reducing the cost of building affordable housing.


The purpose of this research process was to document the Coordinated Access and Assessment (CAA) program's formative process, and to inform the ongoing development of the CAA in Calgary. CAA has transformed a fragmented collection of agencies and programs into a highly collaborative, coordinated system for assessing and placing Calgarians experiencing homelessness into housing. It is recommended that the CHF engage the community in taking ownership of CAA and in establishing a strategic direction, logic model and ongoing governance for the program.


This is a case study of CHF's System Planning Framework, a tool created as one component of the overall system's approach to ending homelessness in Calgary. Learnings are shared which may be helpful to community leaders and service providers as more and more cities across the country make commitments to end or reduce homelessness.


This report presents on the findings of a study examining symptoms of burnout, vicarious traumatization, and PTSD among workers in the homeless-serving sector. The risks and protective factors experienced by workers are addressed, as well as organizational aspects that may help or hinder workers in coping with employment stress. Recommendations include education and support in the areas of interviewing, counselling, intervention and addictions, as a large number serving the homeless sector have little or no education in working with this population and have worked with this population for relatively short periods of time.


The number of people using emergency shelters follows a more or less regular pattern over the course of a week, a month and a year. An analysis of weather effects on emergency-shelter stays in the city of Calgary finds that the conditions that are most likely to move rough sleepers into shelter do not only occur during the depths of winter, but also during the so-called "shoulder seasons" of early spring and late fall. Weather related changes in the demand for shelter spaces is greatest when temperatures hover between 0 and -10 C, and when these temperatures are accompanied by wet snow or sleet. Those conditions can produce a temporary increase of 10 to 15 per cent over the average number of emergency-shelter users. This study helps in planning for capacity needs.

On October 16, 2014 the Calgary Homeless Foundation worked with community partners to conduct the first ever provincial Point-in-Time Homeless Count. Over 80 volunteers and 38 organizations representing over 60 facilities participated in the local count. From 10pm to 1am, 25 teams of 3 to 4 people canvassed zones throughout the city to observe and count individuals and to survey those willing to participate. Overall, the October 2014 Point-in-Time Count found 0.6% more people—effectively no change—than the January Point-in-Time Count. Comparing October 2014 to the May 2008 count, homelessness has decreased by 1.3%. In total, 3,555 people were found to be homeless on the night of the count.


This study shows the investment return funding for the Downtown Outreach Addictions Partnership (DOAP Team) is $9.43:1. The findings show by helping those who are struggling with addictions and homelessness, DOAP is also making a positive impact on Calgary's emergency services, hospitals and health care, and our community. Most importantly, they are making a positive change for vulnerable people living on the streets.


Shelter use over a five year period by nearly 33,000 individuals was tracked. It was found that, contrary to popular notions of homelessness, the great majority (86%) of people who use emergency shelters in Calgary do so very infrequently and for only short periods of time. Only a tiny minority, just 1.6% of all shelter users, stayed in shelters for very long periods. These “chronic” users visited shelters an average of three and a half times and stayed a total of 928 days over the five years of our study. Because they stay in shelters for long periods, chronic shelter users occupy one-third of shelter beds. The implication of this is that finding stable, supportive housing for just 1.6% of those experiencing homelessness—a total of about 900 individuals in Calgary—would free-up one-third of beds in emergency shelters.


Evidence suggests sobering centres are cost efficient and reduce emergency health services and police use; they can be important facilitators for vulnerable clients to connect to treatment and long-term housing. In Calgary, Alpha House's sobering centre facility is an apt example of an effort to manage public intoxication more effectively. Administrative data collected by Alpha House from its sobering centre, mobile outreach and four Housing First programs suggest considerable positive impact on client well-being as well as broader public-system utilization, particularly with respect to diverting costlier police and medical system responses to public intoxication.


This research was made possible by CHF funding. The study's goal was to examine housing needs in Calgary of people experiencing mental health problems. It includes an estimate of both the number of homeless persons in Calgary with a mental health diagnosis and the number of “hidden homeless” persons in Calgary with a mental health diagnosis.

This report summarizes a study of shelter stay data from the Calgary Drop In and Rehab Centre (CDIC) from 2009-2012. It analyzes unique individuals, length of stay, number of episodes, and days per episode. Additionally, modelled after two seminal studies on shelter stay patterns, it groups shelter users into three clusters – transitional, episodic and chronic shelter users – and analyzes the data within each cluster. The analysis shows that the transitional population makes up 83.7% of shelter users at CDIC, the episodic group is 14.2% and the chronic shelter users are 2.1%.


There is a great deal of growing support for the Housing First approach in the non-profit sector and government sector alike. This presents an opportunity to make real progress in making wholesale changes to our approaches for ending homelessness, which have been needed for some time. Key to that is leveraging the widespread enthusiasm for Housing First programming into a reform for the entire homeless-serving system. Housing First as a popular catchphrase is not a magic bullet for ending homelessness — but as a philosophical basis for guiding broader change throughout the system, it does have the potential to get us closer to that ultimate goal.


This study aimed to gain additional insight on families experiencing homelessness with complex needs, for whom it is likely that affordable housing alone would not be a sufficient intervention and where additional and longer-term supports would be needed. Participants in the study indicated that stressors such as inadequate income, inaccessible or unaffordable housing, substance use, discrimination or racism, family violence, lack of supports or information about services, and physical or mental health concerns all contributed to their experiences of homelessness. Among the perceived facilitators for families exiting homelessness were supportive staff providing case management and referrals, a respect for the pursuit of autonomy and independence, addressing the needs of their children (from child care to intensive counselling), improved awareness of available community supports, and cultural supports and spiritual practices.


On January 15, 2014, the CHF in partnership with several organizations, conducted its third PIT count. Approximately 150 volunteers canvassed 24 street ‘zones’ or known areas for rough sleepers (those sleeping outside). Mobile teams in vehicles led by Calgary Police Services, City of Calgary Animal and Bylaw Services, and street outreach teams covered an additional seven remote areas, while public and private sector partners added an additional nine areas. Seventy-one organizations provided data and basic demographics in conjunction with the street count. There were 309 Winter Emergency Response beds in operation during the 2013/14 winter season, from October 2013 – April 2014. Overall, the January 2014 Point-in-Time Count found 10.8% more people experiencing homelessness relative to the count conducted in January 2012, but 1.2% fewer than the count held in August 2012. In total, 3,533 people were found to be homeless on the night of the count. This also represents a 1.9% decrease from the same time in 2008.

This document presents the framework of Calgary’s System of Care, including the organization and mechanisms to operate the delivery of housing and support programs and promising practices of program models for specific subpopulations within the homeless community. It also includes a discussion of measures to evaluate effectiveness and key performance indicators to track and measure progress along with details of the framework, including the eight models comprising Calgary’s System of Care as well as a description of Calgary’s journey towards system integration.


A great deal of existing literature has examined outreach practices amongst homeless individuals describing and evaluating specific outreach programs, identifying common themes, articulating the perspectives of rough sleepers utilizing outreach services and or examining particular components of the outreach process (such as engagement or assessment). However, little if any existing literature integrates these various perspectives on outreach practices, in conjunction with best practices from the perspectives of outreach workers and people with lived experience towards development of standardized practice for this work. The purpose of this project is to address this gap in order to illustrate ‘dimensions of promising practice’ when engaging in street outreach work, specifically to end homelessness.


Data collected from members of the city’s homeless population by the Calgary Homeless Foundation were examined to compare those who self-reported as being Aboriginal to those who did not. In this sample of the homeless population, Aboriginal participants were found to be younger, less educated, more likely to be unemployed, to have experienced foster care, and to have been the victim of an attack. They tended to use health services more. These results are discussed in light of the social and political challenges facing Aboriginal people. They point to the need for attention to the special needs of Aboriginal people in plans to end homelessness.


This chapter explores the Calgary Homeless Foundation as a case study of an organization’s adoption and implementation of housing first. It highlights the “systems-response” and integrated services model that CHF uses. It also highlights CHF’s robust data on successes due to the length of history and foresight.


The objective of this study was to carry out a preliminary assessment of the use of a psychiatric screening tool in an urban homeless population, and to estimate the potential prevalence of undiagnosed and (or) unmanaged mental illness in this population. Participants were recruited from the Calgary Drop-in and Rehab Centre. It was concluded that a straightforward application of screening (in which screen-positive subjects are referred for assessment) would be difficult in this population as most will screen positive. The results highlight the tremendous burden of psychiatric symptoms in this population.

Ipsos Reid was commissioned by the Calgary Homeless Foundation in 2011 to conduct research with Calgarians regarding their perceptions of social issues, patterns of charitable donations, and views on homelessness in Calgary. A tracking study was conducted early in 2013 to evaluate any shifts in key measures from 2011. This found that homelessness rose to the third most important social issue. Calgarians think a lack of affordable housing is the leading contributor to homelessness in this city. Additionally, one in four Calgarians recall the Face It Calgary public awareness campaign. These respondents were 30 to 50% more likely to be supportive of initiatives to address homelessness.


Aboriginal people are overrepresented in Canada's urban homeless numbers and the same is true for Calgary where the most recent count of homeless persons found 21% were Aboriginal and 38% of those found sleeping rough were Aboriginal. In the research project reported on here we critically examined Aboriginal people's experiences of migration from rural to urban settings and how systems create and respond to homelessness. Specifically we explored the community's capacity to adequately respond in a timely way to an emergent need; coordination and resourcing of systems of care; and culturally safe nature of current approaches to service provision.


The City of Calgary conducted a detailed survey of non-market rental housing in the summer and fall of 2011. A comprehensive survey was designed to identify a wide range of characteristics about non-market housing. The available data were analyzed in aggregate for the city as a whole, with tables and figures used to present the findings. In addition, 76 maps were created using three types of geospatial analysis to show non-market housing characteristics. In addition to city-wide summary maps, thematic maps were created to illustrate the relative distribution of non-market housing characteristics.


On August 15, 2012, the CHF in partnership with several organizations conducted the second PIT count (the Count) of 2012 to begin baseline comparisons for future Counts. It was found that the number of people experiencing homelessness was 12.1% higher in August than in January 2012. The rapid increases measured from 1992 to 2008 (on average, 15% per year) have stopped. In all, 3,576 people were found to be homeless on the night of August 15, representing a 12.1% increase from January 2012. Without the interventions of Housing First programs the historical growth in homelessness would have continued.


This project was initiated to articulate a best practice framework for the development of a Supportive Employment program in Calgary. In collaboration with members of the Calgary Action Committee on Housing and Homelessness’ Interagency Sector, this research sought to uncover the needs of working-aged homeless men and understand the barriers experienced to obtaining and maintaining employment within the context of Calgary; a key player in the national and international economy.

This paper explores the cycling between incarceration and homelessness among women in Calgary, Alberta and Prince Albert, Saskatchewan employing community based research (CBR) and arts-based research (ABR). Primary themes that arose included: the criminalization of poverty and the correlation between the crimes committed by participants and their economic survival; the stigma and shame associated with having a criminal record and the subsequent feelings of isolation and loneliness; the lack of preventative supports and programs; the inability to find safe, stable and affordable housing once released, a prerequisite for finding the stability in other areas of the women's life including employment, self-identity, and community reintegration.


The Calgary Homeless Foundation (CHF), as the lead implementing agency of the 10 Year Plan to End Homelessness in Calgary (10 Year Plan), has a key vantage point on social policy and the implementation experience. In this paper, The CHF provides recommendations for a Social Policy Framework.


The CHF leads the implementation of the 10 Year Plan. To ensure the 10 Year Plan's implementation is based on the best available information, the CHF considers new learnings and emerging trends in ongoing strategic reviews. The State of Homelessness report incorporates new research and data from the Homeless Management Information System (HMIS), system- and program-level evaluation, research, consultations with key stakeholders and an environmental scan.


On January 18, 2012, the CHF in partnership with several organizations conducted the first PIT Count since 2008. Data was collected from service providers and a comprehensive street enumeration was undertaken to capture as accurate a number as possible. Homelessness has decreased 11.4%, the first recorded decrease in Calgary. In all, 3,190 people were found to be homeless on that night; this represents an 11.4% decrease from 2008 and the first recorded decrease in Calgary. There was a 24% reduction against conservative 'business as usual' projections for 2012.


The Calgary Homeless Foundation (CHF) was chosen to lead Calgary's 10 Year Plan to End Homelessness, which was launched January 29, 2008. The following provides a general overview of the issue of homelessness in Calgary. In 2011, the CHF is implementing a Homeless Management Information System throughout the homeless-serving community. This will provide us with more accurate, ongoing information about homeless population numbers and demographics, and how to better address changing needs.


"Ending homelessness” is a complex and multifaceted endeavor. Case management has been identified as a critical aspect to successfully ending a person's or family's homelessness. Several months of consultation and research facilitated by the Calgary Homeless Foundation led to the development of this report. Its purpose is to gain clarity on and to set dimensions around the promising practices essential for case managed supports to end homelessness.

This research was made possible by CHF funding. The study's goal was to examine housing needs in Calgary of people experiencing mental health problems. This study reviews over 750 reports, both academic and grey literature. It argues that most of the literature inappropriately views this population as homogeneous.


Research relating to informal employment lacks a nuanced understanding of how people subsist outside the normative employment system, and tends to focus on the illegality of panhandling, or the nuisance aspects expressed by the public relating to binning. There is little focus on the lived experience of those involved, with the exception of work done by members of the geography department at University of Victoria (Gutberlet et al., 2007; Tremblay, 2009). As part of Phase 1 of the Calgary Homeless Foundation's 10 Year Plan to End (Calgary Homeless Foundation, 2007), the following report addresses the lack of nuanced understanding by drawing on ethnographic research conducted between May and August, 2010. The research results highlight the complexity of employing informal recycling and panhandling as a means to make a living.


This analysis identifies the assets and resiliencies of those from vulnerable populations who do not become homeless, and highlights protective factors or strategies that could prevent a journey into homelessness. These assets and protective factors form the core of a screening tool (Homelessness Asset and Risk Screening tool – HART) that can be used to identify vulnerability to homelessness in at-risk populations, and those not yet experiencing homelessness, in the hope of providing early interventions. The document presents research first on structural factors that have been causally linked to homelessness and then on individual factors – protective and risk - that affect homeless individuals across the life-span.


Funded by CHF, this is a study on the health and vulnerabilities of homeless people in Calgary. Data were analyzed from the Calgary 2008 Vulnerability Index (VI) survey. In 2008, 137 homeless individuals were surveyed in Calgary. The study finds Calgary's homeless population to have higher reported rates of liver disease, kidney disease, and frostbite than other North American jurisdictions.


One of the major goals of this project is to develop a tool that can assess individuals at risk of homelessness, but who have not yet been homeless. This particular piece of the study consists of a literature review on research focusing on risk factors, predictors and pathways into and out of homelessness.

The Calgary Homeless Foundation (CHF) has initiated the use of Geographical Information Systems (GIS) to map the socio-economic characteristics of Calgary’s neighbourhoods and explore GIS functionality to generate community-level risk models for homelessness vulnerability. The intent of this project is to use GIS-based analysis and localized data to contribute to the discussion of risk factors, predictors and pathways in and out of homelessness.


The costs of caring for homeless persons in Calgary was compiled and estimated. This included, but was not limited to, costs of providing emergency services, shelter, food, health care, and social services. As is discussed further in the report, there were some limitations on the data available; some agencies did not accumulate costs; some did not segregate the costs of services provided to homeless vs. other clients; and capital costs in particular had to be estimated in many instances. The analysis was included in a report to the Government of Alberta and other stakeholders of the Calgary Homeless Foundation as a part of the 10 Year Plan to End Homelessness in Calgary.


Research was conducted to provide an overview of existing literature, to gauge shelter use by newcomers, and to propose recommendations for policy changes and amendments to the 10-Year Plan in response to the housing needs of newcomers. It seeks to outline critical trends in this area of study; provides an analysis of the survey and interview findings to shed light on the experiences of newcomers and service providers; and highlights the complexity of experiences of those who have encountered housing difficulties. The report concludes with considerations for future action in programming and policy, potential impacts of the global recession on this population group, and future areas for research.
APPENDIX B

LIST OF BLOG POSTS


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- Accessible Housing
- Alberta Centre for Child Family and Community Research
- Alberta Health Services
- Alberta Human Rights Commission
- Alpha House
- A-Squared Communications
- Boys and Girls Club Canada
- Broadview Applied Research Group
- Calgary Alpha House Society
- Calgary Drop-In & Rehab Centre Society
- Canadian Mental Health Association - Central Alberta and Calgary Regions
- Calgary Fetal Alcohol Network
- Children’s Cottage Society
- City of Calgary
- Client Action Committee
- Discovery House Family Violence Prevention Society
- Elizabeth Fry Society of Calgary
- Government of Alberta
- Homeward Trust Edmonton
- Inn from the Cold
- Medicine Hat Community Housing Society
- MSH Strategies Inc.
- Reeves College
- The Alex Community Health Centre
- The Hindsight Group
- The Mustard Seed
- The SHARP Foundation
- University of Alberta
- University of Calgary
- University of Lethbridge
- University of Ottawa
- Urban Society for Aboriginal Youth
- Vibrant Communities Calgary
- York University
FOR MORE INFORMATION ON OUR HOMELESSNESS DATA & RESEARCH, PLEASE VISIT:
calgaryhomeless.com