

**ADDRESSING HOMELESSNESS AND HEALTH INEQUALITIES THROUGH
COMMUNITY DEVELOPMENT**

By

Charles Usman

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Abstract

Social workers are professionals who have the skills to address social problems. Individuals may experience a variety of problems that are the result of their social environment. When enough individuals and groups in a community are facing similar problems, it can begin to affect the community as a whole. Homelessness is a prime example of a problem that can be found in different communities across the world. Homelessness represents a series of individual and systematic issues. Social workers are in a position to address social issues such as homelessness through close collaboration with individuals and community organizations. As a Master of Social Work (MSW) practicum student I worked closely with the United Way of Northern British Columbia in Prince George and learned how an organization can fund and support social programs designed to address social issues such as homelessness.

Table of Contents

Abstract	ii
Table of Contents	iii
Acknowledgements	v
Chapter One Introduction and Overview of Practicum Placement	1
The United Way of Northern British Columbia	3
From Poverty to Possibility	5
Healthy People Strong Communities	6
Operations and Funding	7
Practicum Objectives	8
Implications for Practicum Activities	11
Chapter Two Theoretical Orientation	13
Ideas of Theory	13
Ecological Systems Theory	14
Theories of Community	17
UWNBC Theoretical Perspectives	19
Author's Orientation	20
Chapter Three Literature Review	21
The Canadian Welfare State	23
Government Approach to Homelessness	25
Definitions of Homelessness	27
Risk Factors and Facilitating factors	28
Groups at Risk	29
Impact of Homelessness on Community	37
Community Practice	38
Models of Community Development	40
Housing First	43
Implication of Literature on Practice	47

Chapter Four Learning Experiences	49
First Objective: Understanding Placement Agency	49
Second Objective: Interdisciplinary Collaboration	52
Third Objective: Client Feedback	56
Fourth Objective: Risk Factors Observed	58
Fifth Objective: Funding and Local Strategies	61
Implications for Personal Practice and Conclusion	66
References	69
Appendix A: Learning Contract	83

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Chapter One

Introduction and Overview of Practicum Placement

Social Work is a profession that is focused on the wellbeing of individuals, groups, and communities (Canadian Association of Social Workers [CASW], 2016). Social workers are concerned with building and maintaining different types of health. The words ‘health’ and ‘whole’ come from the Anglo-Saxon word ‘hael’ (Marks, Murray, Evans & Estacio, 2015; Smith, 2013). A person or thing that is healthy is whole, strong, and capable and social work is a field that is focused on healing individuals, families, and communities. Social workers work to improve mental, emotional and physical health and well-being in numerous fields and settings.

Social work is a holistic profession that is focused on helping people on three levels: the micro, mezzo and macro (Turner, 2005). The micro level is concerned with individuals, families and groups while the mezzo level is concerned with the community. Finally, the macro level is structural and focuses on topics such as policy development and research (Turner, 2005). Even if social workers work primarily at one level of practice, they will still have to be cognizant about how the different levels affect their practice. For example, a social worker working in a counselling setting with individuals must also be aware of the community his or her client lives in, and be able to understand if something like gender bias or structural racism in the community is having an effect on the wellbeing of his or her client. Understanding the community helps social workers understand how the environment and structures may affect an individual. Likewise, although a community development social worker can be aware of policies and research, he or she must also be aware of how policies put into place can affect the everyday life of individuals in the community. Thus it is

important for social workers to try to understand how the levels of practice can intersect as they perform their duties. A social worker practicing in a child welfare setting is concerned with the physical and mental wellbeing of families, in a counselling setting a social worker is concerned with the mental health of a client, while in community development social workers focus on the health of the community. In all three settings, social workers observe what makes a situation or an individual unhealthy and then apply their knowledge and skills to develop effective interventions. Examples of the different ways in which social workers improve health outcomes can be seen through child welfare, counselling and community development social work practice, which are just a few examples of the many fields in which social workers operate

Social workers hold values that affect their practice in any setting. The CASW recognizes the following values: respect for human dignity and worth, service to humanity, integrity, confidentiality, and competence in professional practice and the pursuit of social justice (CASW, 2016b). In order for a problem to be addressed, it is important to understand the causes and facilitating factors. A social worker's practice can be enhanced when he or she possesses a significant amount of knowledge about the community. The knowledge of community is especially important when practicing in a community development setting. As part of social work casework, it is essential for a social worker to be aware of the services available in the community so that he or she can connect clients with those services (Healy, 2012). In addition to possessing knowledge of community services, social workers must have knowledge of the ways the social environment and societal structures can impact individuals, families and communities. This will allow social workers to more effectively assist clients (CASW, 2016).

One such community issue affected by environmental contexts is homelessness. Housing has been acknowledged as a determinant of health (Public Health Agency of Canada, 2013), and experts have studied the link between homelessness and health (American Psychological Association, 2016). Homelessness is an important topic to address as it relates to individuals and the community as a whole. People who are homeless, or at risk of homelessness, may appear in any number of settings where social workers practice, therefore it is important for social workers to understand homelessness, the environmental context, and beneficial strategies to address it.

The United Way of Northern British Columbia (UWNBC) is an organization that takes community social work principles and applies them in partnership with local community service organizations to improve the well-being of the community. One of the organization's priorities is the reduction of homelessness in the community. I completed my practicum at UWNBC where I observed how the principles of community development and social work theories are applied in a real-world setting. This report is divided into four chapters. The first chapter features a description of my placement and my practicum objectives. The second chapter is an overview of the theories that have influenced me and my placement. The third chapter is a review of the relevant literature about community social work practice and the topic of homelessness. The fourth chapter explains my learning experiences while at UWNBC and the implications these learnings have for my professional practice.

The United Way of Northern British Columbia

I spent approximately four months at The United Way of Northern British Columbia (UWNBC), an organization that collects donations and funds various programs within the community. All United Way agencies have a shared mission to “build community by engaging individuals and mobilizing collective action” (United Way Centraide Canada [UWCC], 2016). From the United Way perspective, the community is built when people are able to come together to understand the needs of the community and can agree on how to address social problems in the community. All locally autonomous Canadian United Way organizations are tasked with developing campaigns to influence public attitudes, systems and policies, focus on underlying causes of social issues and strengthen the services and capacity of non-profits (UWCC, 2016).

In Prince George, UWNBC functions as a Community Entity (CE) tasked with delivering government funding to organizations that address homelessness. The CE designation is given to UWNBC as part of the federal government’s Homelessness Partnering Strategy (HPS) (UWNBC, 2016a). UWNBC maintains close ties with local organizations to fulfill its aim of building the community’s capacity. To build community capacity means to ensure that the various agencies in Prince George can accomplish their goals. In generalist and strengths-based practice, the client is knowledgeable about his or her own needs and can accomplish his or her goals with assistance, not outside direction (Birkenmaier, Berg-Weger, & Dewees, 2014). The same perspective can be applied to a community. A community can be capable of developing its own solutions without relying on outsiders to direct it, while still benefitting from outside assistance when it is offered respectfully.

UWNBC works with local businesses and individuals to gather funding for projects. The money funds organizations devoted to addressing important topics such as homelessness, public health, and unemployment. UWNBC organizes its actions under the three pillars: Poverty to Possibility, Healthy People Strong Communities, and All Kids Can Be (UWNBC, 2016b). I focused on the first two pillars during my placement. Although the pillars are separate from one another, they are all designed with the goal of improving the community and, thus, those living within it.

From Poverty to Possibility

A person living in poverty is limited in terms of the quality of food that he or she receives, as well as opportunities for education, housing, and health care (Glitterman, 2014). The Poverty to Possibility pillar is perhaps the best example of UWNBC's focus on individual capacity building that I observed during my practicum placement. Organizations and initiatives that UWNBC supports to minimize poverty and homelessness in Prince George include Active Support Against Poverty (ASAP), the Community Voicemail Program, and the Prince George Brain Injured Group Society (PGBIG). ASAP offers low-income shelter solutions, food, legal advice, employment workshops and advocacy (Community Living BC, 2016). UWNBC is one of the groups that funds the Tenant Support program at ASAP. The Tenant Support Worker (TSW) supports clients with obtaining and maintaining housing (UWNBC, 2016c). From October 2015 to the end of December 2015, the Tenant Support program assisted 187 clients with housing loss prevention services, support services, and access prevention services (UWNBC, 2016c).

UWNBC assists with the funding of the Community Voicemail program which was introduced to Northern British Columbia by the Aboriginal Housing Society.

The Community Voicemail program is designed to assist people who do not have reliable access to phones so that they can maintain contact with employers, friends, family, social workers and other important contacts (Aboriginal Housing Society, 2016). Applicants are provided a phone number that links to a voice messaging service. Individuals who dial a voicemail number may leave a message and then the owner of the number can call back when he or she is able to access a phone. The voicemail program does not give people phones, nor does it allow them to make outgoing calls. The program provides a means for individuals to maintain contact with others by receiving phone messages until they are able to secure enough income to purchase their own phones and set up a new personal phone plan (Aboriginal Housing Society, 2016).

PGBIG offers a variety of services for its clients including group counseling, group homes, and assistance obtaining and maintaining employment (PGBIG, 2016). If an individual loses his or her employment as a result of issues that follow a brain injury, his or her ability to pay for housing can be severely limited. PGBIG retains an Employment Facilitator (EF) to support clients. The EF connects with community service organizations and employers to secure interviews for job applicants and other forms of assistance including case management and employment assistance. In 2016, a total of 37 patrons were served (UNWBC, 2016c).

Healthy People Strong Communities

The goal of the Healthy People Strong Communities pillar is to support physical and mental health in the community, which it does by providing access to local health support services (UWNBC, 2016b). UWNBC's information and referral services allow people who require services to call and receive information referrals to local service providers. By

referring callers to appropriate organizations, UWNBC helps local agencies reduce the amount of time spent addressing misdirected inquiries (UWNBC, 2016b). By supporting organizations such as Spinal Cord Injury BC, PGBIG, and Positive Living North, UWNBC contributes to improving health outcomes in the community (UWNBC, 2016b). Through its Transportation Assistance Program, UWNBC partners with city administration and transit providers to distribute bus tickets to health and social service organizations with clients that require transportation to healthcare facilities (UWNBC, 2016b).

If individuals are not healthy, their capacity to manage their own healthcare, fully participate and contribute to the community is limited. For example, if an individual has had a traumatic brain injury and has not been able to connect to recovery or employment services he or she may become homeless. Studies have found associations between poverty and health (Raphael, 2011) which is one of the reasons why the existence of PGBIG, ASAP, and the Community Voicemail program are necessary to improve health and other outcomes for people in the community. During my time with UWNBC, I observed how the agencies it funds accomplish their goals of preventing homelessness and improving health outcomes for individuals.

Operations and Funding

UWNBC operates in 22 communities, 5 Regional Districts and 86 Aboriginal communities (UWNBC, 2016b). By supporting research, investing in local organizations and collaborating with other members of the community, UWNBC assists with building the capacity of the communities it operates in (UWNBC, 2016b). All United Ways in Canada receive their funding from the contributions of individual donors and organizations (United Way Centraide, 2016). UWNBC manages government funding and funds local organizations

through the HPS (UWNBC, 2016a). UWNBC allows volunteers to sign up and participate in fundraising drives. Each local United Way organization has a board of directors that oversees it (UWNBC, 2016). United Way organizations across Canada have a code of ethics that involves respect for donor privacy and transparency in monitoring and evaluating the organization's performance (United Way Centraide, 2016).

Employers are able to send their employees to UWNBC as a sign of partnership between an employer and the United Way. Employees are then able to design a fundraising idea with assistance from UWNBC staff and then implement it in the workplace. An example of this collaboration can be seen in the University of Northern British Columbia (UNBC) book drive. I assisted UNBC employees and volunteers in collecting the books, setting up the area, and selling the books. The proceeds from the book sale were then given to UWNBC.

Practicum Objectives

Prior to the finalization of my practicum proposal, I met with Trevor Williams, the man who would later be my practicum supervisor. While speaking with Mr. Williams, I learned about his theoretical perspectives and I learned more about the work that is done at UWNBC. His thoughts on the state of social work and community development in Prince George were valuable in helping me plan my learning contract (see appendix A). The discussions I had with Mr. Williams throughout my placement were instrumental in helping me interpret the things I observed from different perspectives. I planned to achieve five objectives which were centered primarily on examining and working with various programs and observing the effects of social policies as they are implemented.

My overall goal was to connect the theories I had examined in the coursework portion of the MSW program to the practices that are used in local organizations. I took time to carefully think about what I had heard from Mr. Williams, discussed the placement with my academic supervisor Dr. Heather Peters, and put some more thought into how I would make the most of my time with UWNBC. As a result of my thought and discussions I developed five specific learning goals:

1. Develop a detailed understanding of the programs, services, goals, mission/mandate and structure of UWNBC, and how it assists vulnerable groups within society.
2. Understand why some strategies and initiatives for addressing homelessness may be more successful than others in achieving their goals.
3. Further my understanding of how people with social work experience can interact with and encourage collaboration between different agencies and professionals to improve housing and employment outcomes for vulnerable members of the community.
4. Obtain client perspectives on programs and policies that have been designed to assist them in improving their housing outcomes.
5. Develop a better understanding of the factors pertinent to homelessness and affordable housing, from individual issues (such as mental health, unemployment, etc) to structural issues (such as social policies, economic contexts, etc.)

It was important for me to develop a detailed understanding of not only how UWNBC operates, but also why it does the work it does and what sets it apart from other community service organizations. Knowledge of the day-to-day operations of the organization and its goals were instrumental in helping me understand how I could best work within the organization to achieve my goals while contributing to the mission of UWNBC.

Understanding the reasons behind the success or failure of strategies for addressing homelessness was important to me because that knowledge is necessary for the evaluation of programs and formulation of new strategies and programs. Knowledge of successful and unsuccessful programs and the mechanics behind the efficacy of any given program is important in helping me become effective in practice.

It was important for me to see how individuals with social work experience can assist the community and collaborate with one another. Prior to my entry into the UNBC social work program, when I would see social workers, they were working in child protection, probation officer, or counseling positions. It was important for me to see how someone with social work experience can use that knowledge in a community development field to collaborate with others to create and use agency policies and programs to assist a wide array of people rather than just an individual or family. Even within the spheres of family and individual practice, social workers can link their clients to other services around town but in order to do that, the worker must have a relationship with service providers. As a student, I wanted to see relationships being built between workers. In order to know if a program is working, I believe it is important to receive feedback from the people who use it.

I wanted to hear clients feedback on the programs that they have been using to know how or if those programs can be improved. It was important for me to learn how a person can

become and remain homeless, in addition to how organizations can address the causal and facilitating factors related to homelessness. As my interest is primarily on community development, UWNBC, and its affiliates served as an appropriate choice for me to observe social work theories and community practice methods. The learning contract was carefully crafted to represent my goals and the capacity of the organizations I would work with. Each draft of the contract was viewed by my academic and practicum supervisors to ensure that my goals would be met in a timely and satisfactory manner and that I could also contribute in a meaningful way to the mandates of the organizations I would be working with. The contract was reviewed and my progress was evaluated both at the middle and at the end of the term to ensure that I remained on track to complete my goals.

Implications for Practicum Activities

Social workers are a valuable part of any community because they can help individuals, families, and groups to improve their health outcomes. Social workers in the community development field can improve the health of the community by supporting programs and agencies that build the capacity of individuals and groups. Homelessness is an issue that can be addressed through the work of local agencies that connect clients with healthcare, transportation, shelter and other supports. Prior to working with UWNBC, I had studied homelessness and other social issues in the classes I attended as a student, and I had considered how social work theories can be applied in practice, specifically in terms of practice within the community development field. In addition to studying theories, I increased my knowledge of the topic by studying literature related to homelessness and models of community practice.

A practicum was the best option in order for me to increase both my knowledge of social work theories and to obtain more practice experience. I was interested in knowing more about homelessness and community health outcomes, so the obvious choice was an organization that works with several agencies in Prince George. Homelessness is an issue that is caused by a variety of factors, and can be addressed in a variety of ways. While placed in my practicum I saw for myself how theories, research, and practice intersect. My experience learning about UWNBC, the social service agencies in Prince George, and social work in general has been beneficial for me as a resident of Prince George, a student and professional.

Chapter 2

Theoretical Orientation

Theories are important because they can influence actions and strategies in professional settings. Theories can help give explanations for certain behaviors or actions, guide the thoughts of people and can heavily influence the goals of an organization or an individual. As a student, I have studied various theories and in professional settings and I have witnessed how theories can guide the development of policies, programs, and interactions with clients. What follows is an explanation of the idea of theory itself, an overview of the specific theories that influence my practice, and how those theories relate to UWNBC's policies and practices.

Ideas of Theory

Theory is a difficult topic to fully explain since what constitutes a theory can vary. In the interest of consistency and simplicity, Payne's *Modern Social Work Theory* (2005) and Turner's *Social work Practice* (2002) are the texts that best illustrate the theories that I have adopted. According to Payne (2005), a theory is an "organised statement of ideas about the world" (p.5). In social work, the discourse around theory can be summed up through three different categories: models, perspectives and explanatory theory (Payne, 2005).

Models generally describe what happens during practice. Models are shaped by patterns of activity that are consistent in practice. An example of a social work model is task-centered practice which is based on the assumption that people behave in patterns and those patterns can be altered by mutual agreement on the part of the practitioner and the client (Greene & Lee, 2011). Perspectives express worldviews and ways of understanding.

Explanatory theory explains what causes actions and the consequences that follow that action (Payne, 2005).

Ecological Systems Theory

Systems theory sees social work as “concerned with evolving a more effective social order, rather than promoting radical change” while “[requiring] us to think about the social and personal elements in any social situations...and...seeing how those elements integrate into a whole” (Payne, 2005, p.142). Systems theory can be divided into General Systems Theory and Ecological Systems Theory (Turner, 2002). Urie Bronfenbrenner is credited with the development of Ecological Systems Theory (Adler-Tapia, 2012). Ecological Systems Theory in social work recognizes that individuals are products of their environment, and a stable social or physical environment is an important factor in the well-being of an individual (Bitter, 2013). There are five systems: microsystems, mesosystems, exosystems, macrosystems, and chronosystems (Adler-Tapia, 2012). Bronfenbrenner and others have used the example of child development to describe the five systems. Adler-Tapia (2012) explains:

Bronfenbrenner defined the microsystem as the individual’s immediate environment that includes family, school, peer group, neighborhood, and child care. The mesosystem includes the connections between those transported from school to childcare. The exosystem is the external environment that indirectly impacts the child, such as the parent’s workplace that affects the child through the parent. The macrosystem is the larger cultural context within which the child lives such as the national, economic and political cultures with which the child’s microsystem is nested. The chronosystem is the pattern of events and experiences the child

encounters through life experiences and transitions in the other systems within which the child lives.

Social workers and the organizations that they work in are part of one system while groups, communities, or families are part of another system and those systems have their own subsystems (Brandell, 2011; Nash, Munford & O'Donoghue, 2005; Shaffer, 2008). The systems interact with and influence each other. UWNBC is part of a social change microsystem while the community is the target of change. Ecological Systems Theory focuses on the impact that the systems around an individual can have on him or her, so it follows that a healthy community can build a healthy individual. Ecological Systems Theory features the assumption of resilience and the fundamental assumption that if people are in a stable environment then they can perpetuate stability in the community. For example, a family that has one or more parents with stable employment, and children that are enrolled in school is less likely to require social services. Unemployment, poverty, and limited education are all risk factors for homelessness (Stanhope, Lancaster, Jessup-Falcioni, & Dresler, 2014).

Ecological Systems Theory has been criticised for appearing to focus too much on how individuals adapt to their environments, and not enough on how outside factors can negatively affect individuals. According to Gray and Webb (2013): “The individual determinism so characteristic of conventional Ecological Systems Theory’s preoccupation with adaptation increases the likelihood that other important, and often oppressive factors related to human development and well-being will be disregarded” (p.180). Such criticisms of Ecological Systems Theory overlook the fact that it is possible for the systems to be changed by individuals and groups. One of the best examples can be seen through the experience of Aboriginal people and the residential school system.

Aboriginal children's microsystem was altered as children were now in a different educational system and were removed from their parents (Truth and Reconciliation Commission of Canada, 2016). The mesosystem is based upon interactions between systems (Adler-Tapia, 2012). In this case, there was a conflict between the family system and school system since the cultural values of parents and school administration did not match (Truth and Reconciliation Commission of Canada, 2016). The exosystemic impact included the 1920 amendment to the Indian act which made residential school attendance compulsory (Walker, 2009). Aboriginal people at the time who had Indian status could not vote to fight the implementation of mandatory residential schooling without losing their status, meaning that they were impacted by a system they were not heavily involved in (Harrison & Friesen, 2015).

In terms of the macrosystemic impact, Canadian culture at the time was less accepting of Aboriginal ways of life, hence the policy of cultural assimilation rather than acceptance (First Nations in Canada, 2016). Finally, the chronosystemic impact can be measured through the effects of residential school on individuals today. The residential school system has been linked to a number of negative outcomes including homelessness (Guirguis-Younger, McNeil & Hwang, 2014). Aboriginal people were able to make changes to the systems that oppressed them. The residential schools were closed, Aboriginal people gained an unconditional right to vote in 1960 (Harrison & Friesen), and the policy of cultural assimilation has been replaced by a policy of diversity (Government of Canada, 2012).

In modern times many Canadians see themselves as accepting of other cultures (Soroka & Roberton, 2010). While more work can still be done to address the negative impact of the residential school system, individuals who have been involved in it are

receiving compensation from the federal government for the issues they may have as a result of going through the system (Indigenous and Northern Affairs Canada, 2016). The experience of Aboriginal people in Canada exemplifies the ability of people to change the hostile and oppressive ecological systems. Ecological Systems Theory is applicable to social work practice in the community, and an understanding of the systems in place can be useful in helping individuals adapt or change systems to achieve better outcomes.

Theories of Community

It is important for any social worker to understand the community because the relationships between people in any given area can have significant impacts on individuals (Fuchs, 2012). Communities can be environments that provide social, economic and emotional supports to individuals and families or they can be hostile places that contribute significantly to the oppression and social exclusion of individuals and families (Fuchs, 2012). Community theories explain what communities are and how communities function (Fuchs, 2012). Communities can be understood as geographic entities or as groups that share a special concern or identity (Fuchs, 2012). There are three dimensions of community: A place or geographic location where one's physical needs are met, a pattern of social interactions and a symbolic identification that gives meaning to one's sense of identity (Fuchs, 2012). Local communities are neighborhoods, cities, or towns. Communities of identification and interest are focused on unifying people together based on ethnicity, race, religion, and lifestyle. Functional communities are examples of communities that are based on identification and interest (Fuchs, 2012). An example of a functional community is a church or club centered on a hobby.

An example of how the physical environment can impact a community is visible in Prince George. Prince George has forests in and around it which have helped it develop a strong forestry sector. The forestry industry benefits individuals who work in resource transport and processing (City of Prince George-Economic Development, 2016). If the demand for wood and wood products were to drop sharply, it would negatively influence the community as unemployment would rise and people who worked in those industries would have to acquire new skills or move to another community to remain employed (Markey, Halseth & Manson, 2012). The physical environment has an effect on individuals who are living on the street or in poor quality housing because they can be exposed to harsh weather and pollution (Hughes, 2016). In Prince George, there are ethnically based communities such as the Aboriginal community. Within Prince George, there are agencies providing services for the Aboriginal community such as the Aboriginal Housing Society or the Native Friendship Centre.

A central piece of the discourse around community involves interactions between other people. According to Teater and Baldwin (2012), “the concept of ‘community’ can be seen as correlated with the concept of ‘relationships’, whereby individuals, families, and groups interact with each other through a process of providing and receiving goods, services or support” (p.7). Positive relationships within the community lead to networks of trust and reciprocity where individuals benefit from helping one another. Strong, positive connections have been linked to lower crime rates, better health outcomes and lower rates of poverty (Teater & Baldwin, 2012). Homelessness and economic turmoil fracture a city or country when one group is allowed to remain disenfranchised while another group must struggle to

have access to basic necessities of life such as shelter. Community workers can help strengthen bonds within a community and address the structural factors behind inequality.

UWNBC Theoretical Perspectives

UWNBC does not identify specific social work theories that have guided the development of its programs and its policies. However, the influence of Ecological Systems Theory can be seen in its three pillars: All That Kids Can Be, from Poverty to Possibility, and Healthy People, Strong Communities (UWNBC, 2016). The All That Kids Can Be pillar, involves improving educational opportunities for children with the assumption that if children are able to receive education, it will be beneficial to the community (UWNBC, 2016b). The microsystem around the child can have an effect on the child's wellbeing and can ultimately affect the community. From Poverty to Possibility focuses on the microsystems of families and individuals with the assumption that if individuals can receive financial support, they can improve other outcomes in their lives (UWNBC, 2016b).

Since essentials such as food, medicine, and shelter have costs, opportunities to escape poverty can mean the difference between having a home and being homeless. The government of Canada does not provide shelter or economic opportunities such as a basic income by default (Alviar Arc a, lare, Williams, 2014). The Healthy People Strong Communities Pillar focuses on building the physical and mental health of individuals, allowing them to adapt to changing circumstances. According to the 2014-2015 annual report, the goal of the Healthy People Strong Communities Pillar is "to build neighborhoods that are vibrant and where residents experience a sense of safety and well-being, and can remain connected and involved in their communities" (UWNBC 2016b, p.8).

If an individual is healthy, then it follows that he or she will be able to contribute to the community. Each of the pillars of UWNBC is built upon the assumptions that a change in one or more of the systems in the life of an individual can eventually lead to positive impacts in the community (UWNBC, 2016b). By strengthening the other systems, the end result can be a shift in the macrosystem, which encompasses the community and leads to increased community unification. An underlying assumption in Ecological Systems Theory is that an individual is able to adapt to changing circumstances and UWNBC's focus is on making opportunities more widely available for individuals to adapt to changing circumstances in their lives.

Author's Orientation

In terms of my practice perspectives, I am a proponent of Ecological Systems Theory. I believe that people are largely influenced by systems around them. Children are influenced by their family, school staff and social groups. Communities based on culture or ethnicity are influenced by the culture of their city, village, town, and country. In my view, the best theories for addressing social problems are theories that focus on the community and building capacity. In practice, I strive to focus on the strengths of individuals and to recognize the existing capacity each person has. The community can have goals of its own such as reducing homelessness, and this can be achieved by recognizing the desire of individuals and groups to meet this goal, and by supporting initiatives that are in place. Although there are numerous theories and models that can be used in social work practice, the ones I have chosen for my work are applicable because they are consistent with my personal views towards community development and because they are consistent with the way in which UWNBC operates.

Theories such as Ecological Systems Theory are helpful in explaining the context of an individual's behaviour. Ecological Systems Theory shows how individuals can be shaped by their environment and also change the systems in place. Theories of community are important in understanding how environments and systems are constructed, as well as how the community affects an individual and vice-versa. UWNBC is an organization that has been influenced by theories that are focused on the strengths of the community and those theories have led to a focus on sustainable community development. I am a proponent of theoretically informed practice because I believe that every individual and every community has strengths and weaknesses, and identification and reinforcement of existing strengths can lead to sustainable self-directed recovery. A theory can persist as valid if it is put to the test with research. If the theoretical roots of a practice model are logical and it has been verified by research, then it has wide-reaching implications for social work as a whole.

I am a proponent of Ecological Systems Theory precisely because it operates from an assumption of the resilience and strength of an individual. Whether it is in practice with individuals or with the community, I believe that the role of a social worker is to find the strengths of individuals and to provide them with the tools to solve their own problems and help others. By studying Ecological Systems Theory, I was drawn to different community practice models that involve looking at the role of the community in the wellbeing of individuals. According to Walsh (2010), "Systems theory...and Ecological systems theory...are two important building blocks in theories of change focused on the community dimension because they emphasize the continuous process of interaction between the person and the environment" (p.194).

For me, Asset-Based Community Development (ABCD) is the appropriate community practice model for addressing issues in the community. ABCD involves understanding the community and various systems in the community that can have an impact on the lives of individuals and organizing individuals and groups to collaborate to change the community. Effective practice models are built upon stable theories and developing an understanding of the theories behind practice models has helped me decide which practice model is appropriate for achieving my professional goals.

Chapter 3

Literature Review

The concept of community is not a new one, as humans have lived in communities for generations. Homelessness and the problems that have been linked to it are not new either, and so it is not surprising that there have been various studies conducted on the phenomenon. With each study or text that is published, various explanations behind what causes and facilitates homelessness appear. There have been a variety of approaches to homelessness in a welfare state. There is a variety of literature and research on how homelessness affects communities in Canada, including in northern settings such as Prince George (Peters, Vaillancourt & Hemingway, 2006). This chapter describes the welfare state and how different models of social welfare can affect individuals. In addition to information on the welfare state, this chapter contains definitions of homelessness, information on current literature about the risk factors and facilitating factors behind homelessness, the groups affected by homelessness, and community social work practice.

The Canadian Welfare State

A welfare state is a nation with a government that invests tax dollars into services designed to benefit the public. According to Greve (2014):

There is no common agreement about what a welfare state is...however, it is often related to state intervention aimed at reducing the risk of market failure, ensuring a decent living standard and a certain degree of equality and intergenerational distribution. The welfare state thus often plays a central role in relation to essential issues of people's daily lives such as housing, employment, income security, health and education (p.31)

Armitage (1993) identifies three views that represent the ideological approaches to social policy. According to Armitage:

The residual view is an expression of conservative ideology, emphasizing the independence of individuals, the responsibility of families, and a minimal role for the state. The institutional view represents a liberal ideology, which emphasizes both the opportunities and the stresses of society and promotes collective responsibility, and an enlarged and co-ordinating role for the state. The social development view provides for more radical criticism of the society's institutions and has been advanced from a socialist perspective critical of the distribution of power and wealth (p.43).

There are three commonly identified types of welfare state that have been informed by the three views of government policy (Greve, 2015). The three types of welfare state are: Social-Democratic, consistent with Armitage's social development view; Christian Democratic or Conservative, consistent with the residual view; and Liberal, consistent with the institutional view. The social-democratic welfare state is characterised by high levels of social services, high-average tax rates and generous social security benefits (Greve, 2015). The conservative welfare state features generous occupational benefits, unemployment and disability insurance schemes for former employees and high child benefits (Greve, 2015). According to Huber and Stephens (2001), in a conservative welfare state "entitlements are heavily based on the insurance principle and thus on employment, not on citizenship...they emphasize transfers more than public social services" (p.41).

The liberal welfare state is focused on means-tested social assistance schemes, less regulated labour market, and generally lower state provided benefits (Greve, 2015). In a liberal welfare state model, non-profit organizations are a conduit for addressing social issues

and the government can provide funding to those organizations (Dreier & Hulchanski, 1993; Laforest, 2013). Canada has been identified as one of the countries that uses a liberal model (Dreier & Hulchanski; Greve, 2015). The ways in which policies are implemented in a liberal model involve partnerships and delegation of power. Rather than the state being completely in control of housing and social programs, it provides funding for non-profits and allows communities to decide how to spend money to address housing and health issues. Some have characterized the approach as “downloading” (Brooks, 2001). Downloading, according to some experts, increases the challenge of implementing social programs (Layton, 2008; Mook, Armstrong, & Quarter, 2009).

Government Approach to Homelessness

The federal and provincial governments have considerable power to address homelessness. However, the federal government has historically taken the lead on the issue of housing in Canada. The federal government’s initial housing programs focused on increasing housing stock and facilitating lower and middle income working families with purchasing and maintaining their own homes (Begin, Casavant & Miller-Chenier, 1999). Thus initial housing policies focused on market stimulation (Begin et al, 1999). According to Begin et al., (1999):

Three federal Acts passed in the 1930s were intended to increase housing stocks so as to ease shortages and to promote job creation through stimulating the private housing market. The *Dominion Housing Act* (1935), the first national housing legislation, provided \$20 million in loans that helped to finance 4,900 units over a three-year period. The 1937 *Federal Home Improvement Plan* subsidized the interest rates on loans for housing rehabilitation to 66,900 homes. The 1938 *National Housing*

Act (NHA) helped to enable the creditworthy to buy houses, make low-income housing sanitary, and modernize existing housing stock. The Act also provided for construction of low-rent housing (p.35).

The Central Mortgage and Housing Corporation which is now known as the Canada Mortgage and Housing Corporation (CMHC) was established by the federal government in 1946 to “administer the National Housing Act and the Home Improvement Loans Guarantee Act, and provide discounting facilities for loan and mortgage companies” (CMHC, 2016a). In the 1950s, the CMHC began implementing joint federal-provincial public housing projects and the Mortgage Loan Insurance program which reduced mortgage risks (CMHC, 2016a). In the 1970s the Assisted Home Ownership Program (AHOP) was introduced and in 1974 the CMHC introduced the Residential Rehabilitation Assistance Program to repair homes and improve the accessibility of housing for disabled people (CMHC, 2016a). In recent times the CMHC has introduced on-reserve loan insurance products to allow Aboriginal people to access CMHC insured financing for construction purchase or renovation of single family housing or multiple residential properties (CMHC, 2016a).

In the 1950s through the 1970s, the federal government, through CMHC, developed three programs that focused on providing affordable housing to everyone (Layton, 2008). The programs included the development of public housing, then moving to social housing which included mixed market units, and finally the development of co-operative housing (Layton, 2008). These programs were a significant shift in governmental policies as they moved away from market stimulation (a residual welfare approach) to a more institutional or liberal welfare model which provided housing for people in need. All of the work of CMHC has been instrumental in providing affordable shelter, but these three programs in particular

are key in assisting people who are at risk of homelessness, or who are considered part of the hidden homeless group in addition to the people who fall into the category of absolute homelessness. CMHC also assists organizations attempting to create affordable housing to address homelessness in addition to publishing research related to homelessness (CMHC, 2016b).

In the late 1980s and early 1990s, changes in the global and domestic economy led to an emphasis on smaller government and lower taxes (Layton, 2008). The demands for change in the role of the federal government preceded gradual spending reductions on social programs, social housing, and spending on new housing. The reduced spending culminated in the transfer of responsibility for social housing to provincial governments (Bourgon, 2011). In the same decade where housing responsibility was put primarily on provincial and municipal governments, those governments reduced their spending on housing programs (Layton, 2008).

Near the end of the 1990s, government priorities began to shift. In 1999, the federal government started working more closely with provinces, non-profits, and municipalities, opting to provide funding for initiatives and programs aimed at addressing homelessness (Begin, Casavant & Miller Chenier, 1999). At the provincial level, the government uses a strategy known as Housing Matters BC to provide funding for shelters, supporting housing and rent supplements (Government of British Columbia, 2016b). Through the BC Housing organization, affordable housing is sometimes built (BC Housing, 2016).

Definitions of Homelessness

Homelessness can take multiple forms, from the hidden homeless who are only one missed paycheck away from losing their homes, to the absolute homeless who live in

shelters and sleep on the streets (Echenberg & Jensen, 2012a). The Federal Government of Canada recognizes three categories of homelessness: Absolute homelessness, hidden homelessness, and relative homelessness (Echenberg et al., 2012a). People who fall under the absolute homeless category live on the street or in emergency shelters (Echenberg et.al, 2012a). The hidden homeless live in long-term institutions or at the homes of different friends or family members (Echenberg et al., 2012a). The relative homeless are those who are at risk of losing their homes or live in substandard housing conditions (Echenberg et al., 2012a).

Homeless individuals are likely to face barriers to healthcare, and a worsening of existing health problems (Csiernik, Forchuk & Jensen, 2011). Homeless individuals often suffer from health problems and higher mortality rates as a result of exposure to the heat or cold and diseases that are spread in substandard and crowded shelters (Csiernik, Forchuk & Jensen, 2011; DeNisco & Barker, 2013). Homelessness has been linked to a lack of affordable housing, mental health issues, and substance abuse/addictions (Stanhope, et al. 2014).

Risk Factors & Facilitating Factors

There are some structural and individual risk factors that have been associated with homelessness. Structural risk factors for homelessness include a lack of affordable housing, discrimination, income distribution and cutbacks to social assistance (Klodawsky & Evans, 2014; Patrick, 2014). Individual factors include substance abuse, chronic health problems, and intimate partner violence (Echenberg & Jensen, 2012b; Kirst-Ashman, 2013; Stanhope et. al, 2014). Studies have shown that people who are homeless have a reduced quality of life and homeless people are at a higher risk of experiencing violence and being victimized

(Heerde, Hemphill & Scholes-Balog, 2014; Roy, Crocker, Nicholls, Latimer & Ayllon, 2014).

Public perception plays a significant role in facilitating homelessness. Homeless people have been perceived by the public as morally inferior, lazy, dishonest and are often blamed for their misfortunes (Jackman & Porter, 2014). The issues that are important to the public can be shaped by the media (Deveraux, 2013), however, research suggests that the coverage is limited or flawed when it comes to homelessness (Mao, Richter, Kovacs & Chaw-Kant, 2012). Public perception can influence homelessness in a variety of ways. For example, healthcare professionals respond differently to the health issues of homeless patients (Darkwah, 2012). When the structural and individual factors behind homelessness are compounded by negative public perceptions, people who are homeless can remain homeless and not receive support.

Groups at Risk

Homelessness can affect anyone. Some groups that are at risk of homelessness include youth transitioning from foster care, people with mental illnesses and newcomers to Canada (Piat, Polvere, Kirst, Voronka, Zabkiewicz, & Plante, et al., 2014; Texeira, 2014). However, there is a sizeable amount of literature about homelessness in Canada which shows the effects of homelessness on four groups: Aboriginal people, women, people with disabilities and people who have been incarcerated. During my time with UWNBC, I saw the overrepresentation of the aforementioned groups in Prince George's homeless population, therefore, these are the groups I have chosen to focus on in this chapter. Recent publications have shown how people with disabilities and chronic health problems are overrepresented in homeless populations (Hulchanski, 2009; Stanhope, et al. 2014).

Homelessness and Aboriginal People. A substantial amount of literature and research has shown that Aboriginal people are overrepresented in the homeless population (Anzovino & Boutilier, 2015; Belanger, Awosoga & Weaselhead, 2013; Patrick, 2014). In addition to higher than average unemployment rates (Statistics Canada, 2015) a significant number of Aboriginal people live in crowded and/or subpar housing (Anderson, 2013; Bland & Daigneault, 2015; Statistics Canada, 2015). Although Aboriginal Canadians constitute less than 5% of Canada's population, they constitute 26% of custodial admissions in provincial and territorial prisons (Correctional Services Program, 2015). Although 5% of Canada's youth are Aboriginal, they represent 50% of children and youth in government care (Barker, Alfred & Kerr, 2014). Youth in government care and former prisoners are both at risk of homelessness (Griffiths, 2014; Patterson, Moniruzzaman & Somers, 2015; Saddichha, Fliers, Frankish, Somers, Schuetz, & Krausz, 2014). Recent studies show that in addition to the aforementioned statistics, Aboriginal people are overrepresented in statistics on people with chronic health issues (Dell, Firestone, Smylie & Vaillancourt, 2015; Joseph, Davis, Miller, et. al 2012).

Chronic health issues have been linked to homelessness. Some of the health issues that homeless people face include substance abuse disorders, viral infections such as HIV, brain injury, lung diseases and Type 2 Diabetes (Guirguis-Younger, McNeil & Hwang, 2014; Saddichha, Linden & Reinhardt Krausz, 2014; Stanhope et. al, 2014). The increased likelihood of incarceration, chronic health problems, poor quality housing and unemployment offer some explanations for why Aboriginal people are overrepresented in homeless populations. However, it is important to acknowledge the role that racial discrimination also plays in the negative health, economic, and social outcomes of Aboriginal people (Hole,

Evans, Berg, Bottorff, Dingwall, Alexis, 2015; Loppie, Reading & de Leeuw, 2014; Wilson, Rosenberg & Ning, 2016). Agencies that are culturally sensitive in their approach can make a difference for homeless Aboriginal people who are looking for assistance. Currently, there are organizations in Prince George that incorporate cultural sensitivity in their practice such as Positive Living North, with its Fire Pit Drop-in Center, Carrier-Sekani Family Services, Central Interior Native Health, the Aboriginal Housing Society, and the Native Friendship Center among others.

Homelessness and Gender. In addition to the factors that can lead to homelessness in men, women may become homeless due to intimate partner violence or remain in abusive relationships to avoid homelessness (Echenberg et al., 2012b; Long, 2015; Meyer, 2015; Westendorp, 2011). While according to recent studies, more men than women access emergency shelters (Employment and Social Development Canada [ESDC], 2016) women can be at additional risk of homelessness due to intimate partner violence and relationship breakdown (Echenberg et al., 2012b; Levinson, 2004). Although intimate partner violence can affect men and women, women are at higher risk for intimate partner violence in Canada (Beaupre, 2015). Furthermore, women are likely to have become homeless as they try to leave an abusive relationship or may remain in abusive relationships in order to avoid homelessness (O'Campo, et al., 2015; Schmidt, Hrenchuk, Bopp & Poole, 2015; Tutty, Ogden, Giurgiu & Weaver-Dunlop, 2013). Abusive relationships may include psychological and financial manipulation (O'Campo et. al, 2015; Tutty et al., 2013), the residual effects of which, may pose barriers to acquiring stable housing (O'Campo et al., 2015).

There are more employed men than there are women across all age groups (Statistics Canada, 2016), which is significant considering that unemployment is a risk factor for

homelessness (Kirst-Ashman, 2013; Stanhope et al., 2014). Women are more likely to be precariously employed and discriminated against in the workplace (Canadian Human Rights Commission, n.d.; Jackson, 2010). Gender-based discrimination is a factor when it comes to finding or maintaining quality employment. Workplace incivility falls under the umbrella of covert rather than overt discrimination. Fox and Lituchy (2012) write:

In many organizations, women and people of color encounter more uncivil treatment than men and whites. With incivility being subtle (e.g., being ignored, interrupted, or excluded from professional camaraderie) and ambiguous with respect to intent (e.g., accompanied by apologies, “I didn’t see you”, “I’m exhausted”)...On its surface, the behavior is also neutral with respect to gender and race...thus, incivility provides a means by which individuals can discriminate (even unintentionally and unconsciously)...while preserving an image of themselves as egalitarian (p.110).

Certain jobs in northern areas such as Prince George are associated more with men and so women are excluded or do not have a desire to work in those fields (Schmidt, 2000). According to a study conducted by Reid and Ledrew (2013):

All the participants readily saw a connection between their employability and their health and wellbeing. In particular, the women spoke of the toll that stress and living in poverty took on their health. They also spoke at length about safety concerns and experiences of violence and discrimination in the workplace (p.88).

If women are unemployed, they may struggle to pay for their housing and risk becoming homeless. A workplace environment that is welcoming to women is crucial in ensuring that women remain employed and housed. Women are affected by homelessness in

ways that men are not. Homeless women, especially those with mental health problems or who have been abused before are at risk of experiencing physical or sexual violence (Chambers, Scott, Tolomiczenko, Redelmeier, Levinson, & Hwang, 2013; Jasinski, 2010). Pregnancy can be a difficult period for any woman, but for homeless women, there is a higher possibility of their children developing chronic health and behavioral problems (Cutts, Black, Chilton, Cook, Cuba et al., 2014).

Women who are homeless and have infectious diseases are less likely to seek medical attention and thus risk worsening health conditions and death (Rimawi, Mirdamadi & John, 2014). Women that are homeless may struggle to exit homelessness due to limited opportunities for finding employment and discrimination in the workplace. There is research which suggests that homeless women are at risk of being involved with sex trade work (Goldberg, Chettiar, Simo, Silverman, Strathdee, Montaner, et al., 2014). The sex trade has been associated with substance abuse and health problems (Goldenberg et al., 2014). There are organizations within Prince George that work directly with women such as the Association Advocating for Women and Children (AWAC), New Hope Society, and the Elizabeth Fry Society.

Homelessness and Disability. Disabilities can significantly impact a person's health, social status and overall quality of life. According to the ESDC:

Disability is a complex phenomenon, reflecting an interaction between features of a person's body and mind and features of the society in which they live. A disability can occur at any time in a person's life; some people are born with a disability, while others develop a disability later in life. It can be permanent, temporary or episodic. Disability can steadily worsen, remain the same, or improve. It can be very mild to

very severe. It can be the cause, as well as the result, of disease, illness, injury, or substance abuse (p.2, 2013).

The federal and provincial governments are in a position to improve housing, health care and employment outcomes for people with disabilities through legal frameworks and benefits (ESDC, 2013; Government of British Columbia, 2016a). The provincial government of British Columbia provides financial benefits for people with the Persons with Disabilities (PWD) designation. PWD's must have a physical or mental impairment identified by a prescribed professional and must have reached the age of 18.

The approaches to disability that are taken by service agencies and government can significantly affect the quality of life for people with disabilities and their risk of homelessness. The bio-medical approach to disability views disability as a health problem that reduces a person's ability to participate in society, whereas the social approach views disability as a natural part of society that can be influenced by how non-disabled people treat people with disabilities (ESDC, 2013). People with disabilities are often found in homeless populations (Gaetz, Donaldson, Richter & Gulliver, 2013) and people who are homeless and disabled can benefit from interaction with healthcare workers and social workers.

Social workers can advocate for homeless people who have acquired a disability to help them receive valuable government benefits that may help them obtain housing. Even with benefits there is no guarantee of economic stability for people with disabilities. Experts and service users have called for increases in funding and less regulations to make accessing benefits easier for those who require them (Mendelson, Battle, Torjman, & Lightman, 2010). Advocacy is especially important since the provincial government can choose to rescind an individual's PWD designation (Queen's Printer BC, 2016) and claimants may be

unsuccessful when appealing a disability benefit denial (Galloway, 2014). For people who may not meet all the requirements for the PWD designation, but still live with a disability, employment offers a valuable means of paying for medications, health services, and equipment. The types of employment that a person with a physical or intellectual impairment can have is limited, and the physical setting of where a person lives can play a major role in what kinds of work will be available. Employment is not merely a means of avoiding homelessness, it can be a source of positive mental wellbeing for people with disabilities. Konrad, Moore, Ng, Doherty, and Breward (2013), state:

Employment status is associated with the highest level of well-being for workers with disabilities...many workers with disabilities report experiencing workplace discrimination and that these experiences are linked to underemployment and holding a temporary rather than a permanent position. (p.378).

Remote and northern communities such as Prince George draw much of their economic strength from resource industries such as logging, mining or resource transport (Markey, Halseth & Manson, 2012; Quarter, Mook & Ryan, 2012). The work in resource industries can be physically demanding for people without disabilities (Boyd, 2015; Kenny, Vierula, Mate, Beaulieu, Hardcastle, & Reardon, 2012). People with limited mobility may not be able to work as loggers or miners. People with visual impairments may not be able to work as commercial truck drivers. People with physical and intellectual disabilities are frequently overrepresented in unemployment statistics (Statistics Canada, 2016b) and a lack of employment puts people with disabilities at risk of homelessness. Despite some of the existing government benefits for disabled people living in rural communities, access to affordable quality housing is more limited which may heighten the risk of homelessness

(Csiernik, Forchuk & Jensen, 2011; Guirguis-younger, McNeil & Hwang, 2014). In Prince George, there are some organizations such as Spinal Cord Injury BC and Prince George Brain Injured Group Society (PGBIG) that assist people with disabilities by providing advocacy and support services.

Homelessness and incarceration. The Canadian justice system can contribute to the homeless population as offenders may be released to the public after serving out their sentences without the means to secure employment or housing. According to Echenberg and Jensen (2012b):

People who are leaving the criminal justice system to re-enter society may also be at increased risk of homelessness. Inmates may receive little assistance in maintaining their housing while incarcerated, have few resources or support networks to help them with community re-entry, and face strict parole conditions that may limit their ability to look for housing...In addition, most provincial legislation permits landlords to discriminate against those with criminal records. ... These challenges contribute to the estimated 30% of individuals incarcerated in Canada who have no home to go to upon their release (p.23).

The public perception of former inmates is generally negative (Reeves, 2016), and this negative perception contributes to social division and unwillingness to spend money addressing their issues. Social workers are in a position to advocate for former inmates and assist them during their transition out of incarceration or to avoid incarceration. An example of a local organization that assists people who have been incarcerated is the Northern John Howard Society, with whom the United Way of Northern British Columbia also partners (UWNBC, 2016). Unemployment and homelessness are risk factors for recidivism (Griffiths,

Dandurand & Murdoch, 2007), so addressing homelessness can also be beneficial to public safety.

Impact of Homelessness on Community

Homelessness impacts the community through its economic costs, and it fosters social divisions. Homelessness costs approximately 7.05 billion dollars every year in Canada (Gaetz, Donaldson, Richter & Gulliver, 2013). The cost comes from emergency shelter use, social services, health care, and the corrections system (Gaetz, Donaldson, Richter & Gulliver, 2013). Healthcare is a significant area in which the cost of homelessness is visible. Homeless people tend to present more chronic illnesses (Robertson & Greenblatt, 2013; Stanhope et al., 2014) and chronic illness puts a significant burden on the healthcare system (Public Health Agency of Canada, 2014). Absolute homeless people access emergency shelters as a means of addressing their shelter needs, however, emergency shelters are only temporary solutions (Gaetz, Donaldson, Richter & Gulliver, 2013).

According to recent data, the monthly cost of sheltering a homeless person is approximately \$1,932 for a shelter bed or \$4,332 to house someone in a provincial jail, and \$10,900 for a hospital bed (Gaetz, Donaldson, Richter, & Gulliver, 2013). In contrast, social housing in Toronto, for example, costs \$199.92 per month and rental supplements cost \$701 per month (Gaetz, 2012). The amount of money that is spent on social programs is in the millions, as homeless people require services for mental and physical health, in addition to treatment for the residual effects of trauma and violence, which they experience at disproportionate rates (Gaetz, Donaldson, Richter & Gulliver, 2013). Segregation along socioeconomic lines and its effects are visible in Prince George. In Prince George, the

Veterans Land Act (VLA) area features cheaper housing but is also considered one of the more dangerous and impoverished areas in the city (CBC, 2014).

The VLA features services for people who are homeless or at risk of homelessness, however, the convenience of having cheaper housing and services in one area of the city ensures that people will view that part of the city differently. People who view an area of a community, such as Prince George's VLA, unfavourably may be less likely to visit that area and interact with other people in the community. A lack of interaction with a group can lead to further social fragmentation, misunderstandings, and oppression (Knox & Pinch, 2014; Sapin, 2009). A community that is unified is one which is more likely to achieve its goals (Connor & Kadel-Taras, 2003), which is why it is important to increase opportunities for interaction by funding development of community programs that are accessible regardless of economic status.

Community Practice

Prince George is considered the northern capital of British Columbia (Markey et al., 2012). Northern communities are distinct from southern ones in significant ways. According to Schmidt (2000), "the concept of north is somewhat complex and even imprecise. It can be a place or a sense of place which is defined economically, culturally and geographically. However, the various definitions tend towards an idea of marginalization that is cast within a framework of relative isolation and remoteness" (p.339). Northern communities usually have less developed social services, less advanced infrastructure than their southern counterparts and the climate poses a greater challenge to accessing services in nearby communities (Peters, Hemingway, & Fiske, 2013; Schmidt, 2000). Professionals that practice in smaller communities can be exposed to a higher level of public scrutiny (Schmidt, 2000). Current

practice models have been criticised for not being applicable to northern communities.

According to Schmidt (2000),

A northern social development approach must include assessment skills and intervention skills which link economic factors to personal presenting problems. An approach of this nature with its emphasis on community linkage must equip social workers to operate out of a context of multidisciplinary, with the capacity to understand and work with self-help and natural support systems as well as the local industrial system. Northern social workers employing a social development approach need to have effective community organization skills which are respectful and inclusive of local wisdom, tradition and knowledge (p. 346).

Ecological Systems Theory can be suitable for informing community practice in a northern community. Community social work is client focused and more concerned with using resources that are already in the community. Turner (2002) describes the process of community social work through three central precepts of community practice: “(1) the local identification of need, (2) the local identification of solution, and (3) the mobilization of collective response” (Turner, 2002, p. 301). According to Hall (2016):

Community practice can involve community economic development...or it can include working with citizens, groups, and organizations to interface with large systems, institutions, and the political process...Social workers who practise from a community development or community organizing perspective attempt to address the systemic issues that create social problems (para.1).

Community social workers can work to achieve social justice through structural change, but it is important for community social workers to understand power dynamics and social relations (Hall, 2016). Community social workers approach their practice believing that when people act together they have a great capacity to improve their own circumstances (Soifer, Mcneely, Costa, & Pickering-Bernheim, 2014). Community social workers can achieve goals by developing community awareness and leadership, building alliances, educating, fostering collaboration and building the capacity of the community as a whole (Soifer et al., 2014).

Models of Community Development

Jack Rothman, a social work scholar, identified three models of community development: Locality Development, Social Planning, and Social Action (Shepard, 2014). Locality development is focused on bringing together individual and collective strengths to improve social and economic conditions (Hardcastle, Powers & Wenocur, 2011). From a locality development perspective, communities are geographically defined with shared social bonds and identification (Hardcastle et al., 2011). The developer's role in locality development requires giving credit to local participants and facilitating the process which generates solutions instead of just proposing solutions (Hardcastle et al., 2011).

Social planning involves using available data to address social problems. Social planning is a “systematic, task-oriented style of organizing requiring mastery of data collection and analysis, social theories and bureaucratic complexity” (Hardcastle et al., 2011, p.62). Social planning's development function requires development and coordination of community agencies to meet community needs. Social planners act as community liaisons, facilitators, and outreach workers, interpreters of regulations, and consciousness raisers to

engage groups that are not interested in the needs of a target population (Hardcastle et al., 2011). One of the drawbacks of social planning is its reliance on empirical evidence, procedures and bureaucracy. However, government and other agencies often rely on empirical evidence before implementing policies or to justify the continuance of certain programs or policies. Social planning's focus on evidence-based practice is helpful for bringing people and organizations into discussions about community problems and encouraging them to contribute to the development or implementation of solutions.

Social action confronts hierarchical power relationships to benefit vulnerable people. The goal of social action is to “develop, redistribute and control community statuses and resources, especially social power and to alter community behavior patterns and relations” (Hardcastle et al., 2011, p.342). Social action can involve various types of protesting, civil disobedience, and political and social marketing campaigns to cause change (Hardcastle et al., 2011). Social action's weakness is that it can lead to fragmentation within the community as people who may benefit from the oppression of others may be resistant towards changing the community. Despite the weakness of social action as a fragmenting force, its strength comes from the fact that it can build community cohesion by showing social inequalities, and proposing solutions. When there are fewer barriers to community participation such as economic disparity or discrimination, then the community can be strengthened as people build mutually beneficial relationships (Hardcastle et al. 2011).

Both the locality development and social planning interventions focus on the strengths of the community, however, the role of the practitioner changes with each. In locality development, the practitioner is more of a facilitator for change. In the social planning role, the practitioner is a consciousness raiser and may bring outside research or

involve government sources to achieve goals. The practitioner in the social action model is a catalyst for change and can mobilize a disadvantaged group to act. Locality development and social planning share some similarities with Asset-Based Community Development (ABCD).

The ABCD process involves four stages: Visioning, planning, implementation and evaluation (Haines, 2014). During the visioning stage, groups and individuals from within the community are brought together to discuss and develop a vision of what a stronger community will look like. The planning phase involves data collection and analysis, asset mapping, and community surveys (Haines, 2014). Asset mapping involves identifying the skills, knowledge, and resources within a community (Haines, 2014). The implementation and evaluation phase involves developing action plans and mobilizing individuals to act in it (Haines, 2014).

A criticism of ABCD is that it understates the importance of political and economic systems that affect communities from the outside (Stoecker, 2013). Such criticisms however, misunderstand that although ABCD is in favour of community designed approaches, it does not reject or ignore the role of government and corporations in assisting in the problem-solving process (Stoecker, 2013). The same criticisms leveled at ABCD could be applied to the locality development model due to their similarities. The strengths of ABCD and locality development come from their focus on sustainability. The key assumptions in locality development and ABCD are that people in a community recognize its problems and have something to contribute in order to solve the problem (Stoecker, 2013).

Principles of locality development and ABCD are present in much of UWNBC's work. UWNBC assists with developing strategies to address issues in the community and also invests in local not-for-profit organizations (United Way of Northern British Columbia

[UWNBC], 2016b). UWNBC's approach to community development stresses capacity building and collaboration with individuals, businesses and local organizations (UWNBC, 2016b). UWNBC is an organization that recognizes the goals of the community, the systems present in the community and attempts to help achieve the goals and measure their success. By studying the policies, procedures, and reports that the UWNBC makes available, I am able to see how Ecological Systems Theory, Locality Development, and ABCD are consistent with UWNBC's work in Prince George.

Housing First

In addition to existing means of addressing homelessness on a structural and individual level, there are alternative means of tackling homelessness. An example of an alternative intervention is Housing First. Housing First is an intervention that requires community collaboration and is informed by the research around the causes and facilitating factors of homelessness (Padgett, Herwood & Tsemberis, 2015). Chronic health problems, addictions, and unemployment have all been linked to homelessness so effective interventions are needed to address each of those topics to create lasting solutions (Csiernik, Forchuk & Jensen, 2011). One of the key issues with the existing perspective regarding homelessness that includes the emergency shelter system is that individuals must seek services, and costs are higher than if supportive housing is provided (Gaetz, Donaldson, Richter & Gulliver, 2013). Housing First is an alternative approach to homelessness that was originally developed by Sam Tsemberis in the New York based Pathways to Housing organization in the early 1990s (Padgett, Herwood & Tsemberis, 2015). Housing First targets the root causes of homelessness by providing housing immediately and working with clients to allow them to regain stability (Padgett et al., 2015).

From 2008 to 2013, the Federal Government of Canada undertook a study in partnership with the Mental Health Commission of Canada (Goering, Veldhuizen, Watson, Adair, Kopp, Latimer, et al., 2014). The aim of the study was to implement a Housing First approach and measure the results. The authors of the final report concluded that Housing First can be implemented in Canadian cities of different size, racial and cultural composition, end homelessness rapidly, is cost effective and that supports that are brought to people are helpful in helping them remain housed (Goering, et al., 2014). In Prince George, the local government has already acknowledged Housing First as a means of addressing homelessness (City of Prince George, 2016). During my time at UWNBC, Housing First was mentioned at every meeting I attended. At the start of 2016, UWNBC began supporting a Housing First program with the Association Advocating for Women and Children (AWAC) (UWNBC, 2016c).

The widespread recognition of Housing First as a potential strategy for addressing homelessness represents progress for social workers who have continued to advocate for homeless people and scholars who have researched and proposed alternative measures for tackling homelessness. The Federal Government of Canada recognizes six principles of Housing First under the HPS (Employment and Social Development Canada [ESDC], 2014). The first principle involves helping clients locate and secure housing as quickly as possible and providing assistance with moving in if needed (ESDC, 2014). The second principle is client choice, which means that clients must be given the option to decide what kind of housing option they want to use and which services they want to access (ESDC, 2014). The third principle involves separation of housing provision and other services, meaning that housing is not conditional on client sobriety or enrollment in treatment programs. However,

clients must accept visits by professionals, which are often weekly (ESCD, 2014). The fourth principle involves client rights and responsibilities. Clients are required to contribute a portion of their income to rent, and clients have rights that are consistent with landlord and tenant acts (ESCD 2014).

The fifth principle is the integration of housing into the community, meaning that clients must have the option of accessing scattered site housing, social housing, and supportive housing if it is available in the community (ESCD, 2014). The sixth principle is a focus on self-sufficiency, meaning that clients must be able to develop goals related to employment, education, health improvements or any other goals that will lead to self-sufficiency and an exit from the Housing First program (ESCD, 2014). Housing First is an intervention designed primarily for absolute homeless people, but can be effective with other types of homeless people. Housing First takes a different approach to homelessness compared to mainstream models in which individuals must seek out services.

According to Padgett, Herwood and Tsemberis (2015) the “mainstream approach, variously known as the ‘continuum of care’ or ‘staircase model’ mandated treatment and behavior change as prerequisites to moving toward the longed-for top step—independent permanent housing” (p. vii). The problem with the mainstream model is that the journey may be too long or difficult, especially for individuals with addictions who may relapse (Padgett et al., 2015). There are different types of housing options that can be utilized in a Housing First model. Some options are scattered site housing in private and rental areas, congregate housing, and permanent supportive housing (Gaetz, Scott, & Gulliver, 2013). Scattered site housing ensures that the client is not disconnected from the community. Tenants who reside in scattered site housing locations report feeling more welcome than they did in congregate

housing (Barnes, 2012). Permanent supportive housing is helpful for people who may never be able to gain employment as a result of severe health problems. Permanent supportive housing can make a sizeable impact on homelessness, housing tenure and hospital visits (Rog, Marshall, Dougherty, George, Daniels, Shoma Ghose et al., 2014).

There are various ways that Housing First can be tailored for each client. For clients that fall under the relative or hidden homeless categories, there is the rapid-rehousing model which features access to mainstream support and short-term funding for housing and rent payments (Gaetz, Scott & Gulliver, 2013). For episodic homeless clients, Intensive Case Management (ICM) involves the provision of services and supports directly to the individual with the amount of support declining as the client becomes more stable (Gaetz, Scott & Gulliver, 2013). Professionals can help the episodically homeless client by assessing the roots of his/her homelessness and develop preventative measures with the client (Gaetz, Scott & Gulliver, 2013). For absolute homeless people with addictions and significant health problems, Housing First can integrate Assertive Community Treatment (ACT) which involves weekly visits to the individual with services available at any time (Gaetz, Scott & Gulliver, 2013). A team is assembled that involves nurses, physicians, social workers and others to assist clients (Gaetz, Scott & Gulliver, 2013).

The ACT model is already used in British Columbia through the Vancouver-based Rain City housing organization and also in Prince George through Northern Health (Northern Health, 2016; Rain City Housing, 2016). The permanent supportive housing model extends the ACT model indefinitely. It is a model designed for people with more complex and co-occurring issues that may include significant chronic health problems and disabilities which compromise their ability to find employment and gain housing (Gaetz, Scott & Gulliver,

2013). Some of the advantages of Housing First include reduced costs to taxpayers, and ease of access to service (Getz, Scott & Gulliver, 2013)

While Housing First was originally developed in the United States, it has been used in Canada by a variety of organizations such as the aforementioned Rain City housing. Medicine Hat Alberta serves as an example of the effectiveness of the program. According to the latest report from the Medicine Hat Community Housing Society (MHCHS), 63% of Housing First participants who successfully completed the program live in market housing and the community has seen sharp declines in shelter use (Medicine Hat Community Housing Society, 2016). One can see how Housing First is consistent with an Ecological Systems approach to homelessness. Individuals are not simply just housed, they are offered community supports and are kept as close to the rest of the community as possible. Separating homeless people from the rest of the population, and limited interaction with another group can serve to perpetuate negative views of that group. Housing First exemplifies an Asset-Based approach to a social problem as resources in the community can be mobilized from housing providers, social workers, to healthcare professionals in order to address homelessness.

Implication of Literature on Practice

There is a significant amount of research regarding homelessness, health, and community practice. The work that has been undertaken to understand the nature of homelessness has yielded important results. Women, Aboriginal people, people with disabilities and formerly incarcerated people are groups that have historically been disadvantaged, and may face more challenges. Because Canada is a welfare state, the government has the power to address homelessness and the problems that have been linked to

it. There are a variety of practice methods within community development. Locality Development and ABCD are models that are suited for northern communities such as Prince George. Although Social Action approaches are used to raise awareness for homelessness in Prince George, the organizations that I visited were more focused on Locality Development and ABCD based interventions.

There are already organizations such as UWNBC that have an understanding of northern communities and which work in ways consistent with the main principles of locality development and ABCD. Two key aspects of ABCD and Locality Development include a respect for existing institutions and a focus on collaboration. Housing First is an example of an innovative, proven means of addressing homelessness that can be undertaken by the community on its own, however, government support can be a factor in its success. Prince George is a growing community with assets that can be mobilized to address homelessness and the social inequalities that are related to it, and the research that is widely available can lead to an improved quality of life for all its citizens when it is used to inform innovative policies.

Chapter Four

Learning Experiences

Before beginning my work at United Way of Northern British Columbia (UWNBC), I had five learning objectives: 1. Understand how UWNBC functions and helps the community, 2. Increase my understanding of how people with social work experience interact and collaborate with local agencies and other professionals, 3. Learn how clients view the policies and programs designed to help them, 4. Observe the pertinent factors related to homelessness 5. Understand why some local strategies are successful for addressing homelessness (see Appendix A for full learning contract).

Due to confidentiality reasons, I was limited in my ability to interact directly with clients who access services at agencies funded by UWNBC. However, I was able to speak with professionals who directly work with people who access services provided by UWNBC funded agencies. I was able to interact with people who may have used services in the past at events and during my visits to drop in centers. I have been able to see that not only does inequality exist in Prince George, but the city has the capacity to address it and has been doing so in a variety of ways. It was important for me to see for myself how community social work is conducted in Prince George and in my time at UWNBC I gained valuable insights which will be beneficial in my practice.

First Objective: Understanding Placement Agency

Although I learned much about UWNBC throughout my placement, the first month was particularly intensive. I met with my practicum supervisor and learned about the history of UWNBC and its plans for the future. Although the United Way as a whole is an international organization, UWNBC is still very invested in local outcomes and focused on using local resources to help the community achieve its goals. I had a chance to meet the different members of the organization and learned about their roles in the organization. I learned about UWNBC's funding sources and the mechanisms for monitoring funding and programs. Like all United Way organizations, UWNBC receives its funding from the contributions of individual donors and organizations. Funds can be generated through community-wide annual giving campaigns, workplace fundraising campaigns (including payroll deduction campaigns), grants from governments, foundations or other funders, or special events (Gaston, 2006). UWNBC allows volunteers to sign up and participate in fundraising drives. Each United Way follows the Association of Fundraising Professionals (AFP) code of ethics and practices (Gaston, 2006).

By attending and assisting with fundraising events such as the University of Northern British Columbia (UNBC) book drive, I learned how UWNBC gathers funds while engaging with the community. I saw first-hand how UWNBC makes use of existing community organizations and resources. Used books were donated by students and faculty, the book drive was planned and executed by UNBC staff and volunteers, while the proceeds from the sales went to UWNBC. A fundraising campaign was being conducted and funds were being raised through private businesses and donors. Throughout my time at UWNBC I spoke with

my supervisor at length about the different programs and policies that UWNBC supports and why it supports them.

When I spoke with my supervisor and with other staff at the organization I realized that they were all keenly aware of the assets in Prince George. The assets of the community include volunteers, businesses that can act as donors and educational institutions. For example, UWNBC partnered with UNBC on the living wage project to determine how much money would be necessary for a family of four to meet its basic needs. The final figure was approximately \$60,000 (CKPG, 2013; UWNBC, 2016b). The research was performed within the community, by community members and will ultimately be beneficial to the community if used effectively.

It is important for social workers to be able to speak to their clients in ways that they can understand. UWNBC is organized like a business, and because a significant portion of their donations can come from local businesses, it is important for businesses to see their donations more as investments that will yield returns. During the campaign season, UWNBC provides education about the issues in the communities as staff gather donations and make presentations to businesses. I witnessed such a presentation taking place at the Prince George branch of BC Hydro. While going to different organizations and speaking directly with my supervisor, I learned that sustainability is something that is important, and not stressed enough in the discourse around community development. Charities receive money, but must also know how to maximize the money that they receive by reducing their operating costs whenever possible.

An example of costs being minimized can be seen in how UWNBC partners with organizations to support workplace campaigns. UWNBC focuses on sustainable development

through the careful use of funding and by collaborating with local community organizations. UWNBC builds community capacity by collecting funds and using those funds to assist in covering the costs of a program in an existing local agency with a goal that matches with UWNBC's goals. For example, one of UWNBC's goals is to improve the health of individuals in the community and it is one of the agencies that provides funding for Positive Living North (PLN) which is an organization that provides education and support for people who have been diagnosed with Human Immunodeficiency Virus (HIV) or Hepatitis-C Virus (HCV) (Positive Living North, 2016a). Reducing poverty is a goal of UWNBC so through the funds that it receives from the Homelessness Partnering Strategy (HPS) it is able to fund programs in the community such as the Community Voicemail program. UWNBC operates by using the assets of the community which include volunteers, scholars, and social service professionals.

Second Objective: Interdisciplinary Collaboration

When I spoke to service providers who may have interacted with UWNBC, I learned how important an established brand can be. It is important for an organization to be well known and credible. The representatives of some of the organizations I met with throughout the time of my placement spoke at length about how partnering with UWNBC proved beneficial when it came to receiving donations. Every representative from the organizations I interacted with had extensive experience working with social workers and performing social service related duties such as advocacy. Multidisciplinary collaboration was an important factor in ensuring that individuals can receive the maximum amount of support available in the community. Multidisciplinary teams (MDTs) can be formed to provide a variety of

services for an individual. While discussing how MDTs can be used in the child-welfare field, Zastrow (2016) states:

Each individual agency representative brings his or her specific roles to the team, but all with one common goal of addressing the protection of children in the community. The multidisciplinary team often includes social service agencies, medical professionals, criminal justice personnel such as law enforcement and prosecutors, mental health providers, community members, educators, and victim services coordinators (p.189).

MDTs can be used to assist individuals, but can also be used for community development. Community Partners Addressing Homelessness (CPAH) is an example of an MDT collaborating to address an issue in the community. CPAH is an organization that includes private citizens, representatives from social service agencies, representatives from government agencies, and individuals from local businesses. While at UWNBC I had a chance to observe CPAH meetings and see for myself how different professionals collaborated with one another to achieve a common goal. CPAH includes organizations such as the Prince George Nechako Aboriginal Employment and Training Association (PGNAETA), Active Support Against Poverty (ASAP) and the Prince George Brain Injured Group Society (PGBIG).

I witnessed organizations collaborating to address the needs of homeless people in general. Whenever one organization did not have the resources that a client may require, then he or she was referred to another organization. If for example, an individual comes to Active Support Against Poverty (ASAP) but also requires medical support due to a possible brain injury, he or she can be referred to the Prince George Brain Injured Group Society (PGBIG).

During the Connect Day event which takes place during the annual Homelessness Action Week, I observed multidisciplinary collaboration in action. I witnessed individuals accessing food provided by a local restaurant and served by volunteers, getting haircuts and photographs taken by local businesses, receiving information from CPAH affiliated agencies, and receiving backpacks featuring items donated by local businesses.

UNBC's planning department was involved in a unique capacity as it collected feedback from service users regarding the housing options they would find most suitable for a Housing First approach. What I witnessed was consistent with the literature on community collaboration, which shows the benefits of educational institutions engaging with service users as well as different service providers coordinating their actions to assist service users (Wells, Jones, Chung, Dixon, Gilmore et. al, 2013). Representatives from organizations present were not directly competing with each other, rather each representative spoke with individuals and explained how the organization they represented or other local organizations can meet the needs of clients.

Outside of Homelessness Action Week, I observed further collaboration between agencies. The Community Voicemail program was advertised in several agencies that serve homeless people, and often individuals were referred to organizations who could better meet their specific needs. Observing how individuals were referred to other agencies showed me how Prince George has the capacity to address homelessness. If an individual wanted culturally sensitive assistance, he or she could be referred to the Prince George Native Friendship Centre (PGNFC) or the Fire Pit cultural drop in centre. The Northern John Howard Society connected with PGBIG to conduct a study on brain injury in prison, which is

an example of how two organizations can work together to improve their ability to serve the public and contribute to the literature on incarceration and brain injury.

Social planning is a model of community development that I witnessed being used. Data was collected by CPAH and presented to government experts who then used that data research in planning new housing developments. It is important for networks of service to be available in the community. Rather than one organization trying to do everything, multiple organizations that each do a small number of things extremely well is a more efficient way of meeting the needs of individuals and groups.

Community collaboration. Prince George is a relatively young community. According to the 2011 census, 70.4% of the population is of working age (Statistics Canada, 2016c). The economy of the city has traditionally been centered on resource extraction and manufacturing, however, in recent years wholesale and retail trade in addition to healthcare and social assistance industries have grown (City of Prince George, Economic Development, 2016). In an Asset-Based Community Development (ABCD) model, anyone can contribute using their skills (Diers, 2004; Raniga, 2014). People who are chronically homeless can contribute to the discussion on how to address homelessness by sharing their experience using services (Davies & Gray, 2016). Because homeless people may use services such as job training or emergency shelters, they can give feedback on how to best improve those services.

Homeowners can offer to rent out a room to individuals who are at risk of homelessness, and individuals can volunteer their time at shelters to assist with day to day operations or teach skills to residents. Clubs and volunteer organizations can provide assistance through funding and volunteer opportunities. Local construction businesses can

offer to build subsidized housing and government agencies can offer financial assistance such as rent assistance. While placed with UWNBC I saw how the different groups in the community can come together to address homelessness.

In order for social programs to survive, they must be sustainable. Government funding can be precarious and dependent on the priorities of whichever political party is in charge. The time that is spent attempting to gather funding from government agencies can be spent working with a target population. An example of a local organization that attempts to incorporate sustainability into its operations is the Society of St. Vincent DePaul (SSVDP). Although SSVDP accepts donations and secures funding, it also runs its own second-hand goods store and uses the profits generated from the store to fund its drop-in centre (Society of St Vincent de Paul Prince George, 2016).

Homelessness can be addressed by assisting individuals or by creating and supporting policies designed to address the problem. The individual factors associated with homelessness, such as psychological trauma, addiction or chronic illness can be addressed by medical professionals and counsellors. Social workers can connect clients with services to help them find affordable housing or treat underlying issues that are beyond that worker's skill set. Collaboration with agencies that can offer assistance such as transitional housing, emergency shelter, employment assistance and other services is essential to address the individual factors linked to homelessness. The structural factors behind homelessness, such as discrimination and a lack of affordable housing options can be addressed through collaboration with policymakers.

Third Objective: Client Feedback

In all the organizations that I visited, client feedback was an important part of the operating procedures. It was important for the service providers to learn how their services could be improved. Tracking the outcomes of a program was an important piece in securing more funding. If an organization cannot prove that a program is having the desired effect, then donors have no reason to provide funding for it. During Homelessness Action Week, I volunteered to take survey data at the Connect Day event. The event takes place at the Native Friendship Center. At the event, visitors received food, clothing, haircuts, backpacks containing supplies and portraits from a professional photographer. I assisted with the packaging and distribution of the backpacks which contained hygiene supplies, blankets, warm clothing, bus tickets and other items. I spoke with service providers at the event and with people who used services directed towards poverty reduction and health care. By talking to Connect Day visitors I learned about why they went to the Connect Day and what services have been useful for helping them meet their basic needs.

I learned that respect for an individual and recognition of his or her own strengths was important to visitors at the Connect Day. The visitors I spoke to told me that the services being brought to them rather than having to seek them made them happier and more likely to use those services. Although many people did travel to the Connect Day, the visitors I spoke with told me that having their food, clothing, and other needs addressed in a singular location was significantly helpful to them. Client feedback was an important topic for the local agencies that were present. Representatives told me that having feedback from service users is critical in creating policies and programs that can address major social issues. The statements of the representatives were reflective of the research concerning client feedback as a tool for improving homelessness reduction strategies (Cameron, Abrahams, Morgan,

Williamson, & Henry, 2015; Cederbaum, Song, Hsu, Tucker, & Wenzel, 2014; Wang, Cash, & Powers, 2000).

My experience at the Connect Day helped me see the benefits of a service model where services are put together in one place rather than having individuals look for different services in the community. Services being present in one location proved especially useful for people that appeared to have limited mobility due to one or more disabilities or injuries. I observed people visiting the drop-in centers repeatedly and saw how homeless people have a community of their own based on social characteristics. A homeless community of identification can have benefits and drawbacks. The benefits of a homeless community include information sharing and peer support. I spoke with self-identified homeless individuals who had travelled to Prince George from another community. By speaking to other people at drop-in centers, homeless individuals were able to learn more about what services are available around the city and learn from the experiences of current or formerly homeless people. Drop-in centers provided a valuable outlet for peer-support since people who have been or who are homeless have a unique perspective on homelessness.

The drawbacks of a homeless sub-community involve perpetuation of negative habits and isolation from the general community. The staff at different organizations recounted experiences they had with clients who cited their social networks as one of the main reasons they became homeless and a major obstacle to recovery. The stories I heard from staff at agencies and homeless people were consistent with literature concerning how a homeless community can be beneficial or harmful to an individual's escape from homelessness (Green, Tucker, Golinelli, & Wenzel, 2013; Melander, Tyler, & Schmitz, 2015).

Fourth Objective: Risk Factors Observed

While speaking to staff at different local agencies and my supervisor, I was able to learn about their experiences interacting with people who are homeless. Some of the staff at the organizations that I visited said they had been homeless at some point in their lives. Much of the research on homelessness and its risk factors appeared to confirm the experiences that the staff relayed to me. Addiction, illness, disability, unemployment, incarceration were just some of the factors that led to people utilizing services. I would hear stories of people who had been homeless because of health problems, inability to cope with high rent prices and low or no income or a lack of social supports. The observations the staff relayed to me were consistent with the literature on the risk factors for homelessness (Echenberg & Jensen, 2012b; Kirst-Ashman, 2013; Stanhope et al., 2014).

The staff I spoke with told me that they met a significant number of people who were homeless and had been abused, had a health issue, or had prolonged unemployment. When I visited drop-in centers, toured facilities, and participated in the Connect Day event, I saw for myself how many people appeared to be Aboriginal, disabled or female. As I learned more about the agencies in Prince George I also found that there were three separate organizations that helped women avoid homelessness. Association Advocating for Women and Children (AWAC) which provides shelter services and advocacy among other services, Elizabeth Fry Housing Society which provides emergency shelter for women fleeing abuse, and Phoenix Transition house which provides transitional shelter and support services for women. In addition to the aforementioned organizations, the New Hope Society is an organization that helps women who are involved in the sex trade. Although I could not enter these locations because of concerns about triggering some of the clients, and also for the sake of

confidentiality, I was able to learn through discussion with professionals who have worked closely with clients at those organizations.

While speaking to the coordinator of the Fire Pit drop in center, I learned that many of the people who visit the center have had experience with the residential school system and are suspicious of any government representatives, especially the police. The information I received after speaking to the Fire Pit staff was consistent with literature that shows associations between residential school and homelessness (Anzovino & Boutilier, 2015; Walker, 2009). Furthermore, what I learned from speaking to the staff at the Fire Pit resonated with the literature that suggests a link between infectious diseases such as HIV and HCV and homelessness (Marshall, Kerr, Shoveller, Patterson, Buxton & Wood, 2009). When I visited PGBIG I learned that people with brain injuries were at risk for homelessness, and were more likely to require more support and access emergency services which was consistent with research on the topic (McMillan, Laurie, Oddy, Menzies, Stewart, & Wainman-Lefley, 2015; To, O'Brien, Palepu, Hubley, Farrell, Aubrey et al., 2015). To remedy both situations, the organizations focused on building relationships through scheduling guest visits and workshops to bring government and healthcare professionals together with their clientele. While visiting the Northern John Howard Society I spoke with staff who had seen clients who had been incarcerated and who wanted to re-establish themselves in the community as law-abiding citizens. A major part of the clients' reintegration involved finding employment and suitable housing. What I learned while speaking with Northern John Howard Society representatives is consistent with the studies that show incarceration as a risk factor for homelessness (Jensen & Echenberg, 2012b).

I saw how important capacity building can be when it comes to addressing homelessness by reading some of the reports from the organizations I visited. When individuals are given access to housing, healthcare, and employment opportunities, their lives can change significantly. By speaking to staff from the St. Vincent DePaul drop-in center who witnessed people transition from using shelter services to acquiring employment and housing, I learned how employment and access to healthcare were important factors in creating and maintaining stability. The stories I heard appeared to be consistent with the literature on the topic (Raphael, 2012; Rog, Marshall, Dougherty, George, Daniels, Shoma Ghose et al., 2014). Even being given the opportunity to connect with services can be a major benefit, which I learned from looking at client feedback for the Community Voicemail program.

Through my experience with UWNBC, I saw how divided the city was. While there did seem to be some absolute homeless people in the Veterans Land Act (VLA) area, whenever I traveled to other locations in the city I did not see anyone sleeping on the street. Homelessness Action Week was an important time for building connections within the community. Government officials were able to answer questions in a town hall style meeting, which showed to me how the government itself sees all the members of society as people who can contribute to the improvement of the community. By voicing their opinions, homeless people and people at risk of homelessness can allow the government and service providers to learn how to better work with them to achieve positive outcomes for the entire community.

Fifth Objective: Funding and Local Strategies

In addition to other activities, I spent time writing documents, such as a document that link social work theory to the Community voicemail program, and a briefing for CPAH regarding Housing First. I met with representatives from various social service agencies, participated in fundraising events and awareness events. I took time to understand funding processes for UWNBC and non-profits in general, including those which work with UWNBC. I spent time learning about the strategies that are used for addressing homelessness, specifically how each of the UWNBC funded agencies addresses the needs of homeless people. In this section I will describe current organizational funding and some of the local strategies to address homelessness.

As I met with and spoke to staff from different organizations, I learned that funding was an extremely important topic and a steady stream of funding was necessary for organizations to achieve their goals. Non-profits, particularly in the social services field and including many that work with the issue of homelessness, are normally funded in two main ways. The first is that organizations are funded for specific programs by either provincial or federal governments. This can be referred to as Purchase of Services (POS) whereby government purchases services from non-profit organizations by funding them for specific programs and services (Demone & Gibleman, 1998). Secondly, organizations use fundraising in addition to writing proposals for government funding.

As I spoke with the representatives from different local non-profit organizations, they told me that while the majority of their revenue comes from government funding, fundraising is still necessary for helping them cover costs. One of the ways UWNBC supports these organizations is to focus on large-scale fundraising. The money that is

gathered from fundraising campaigns is then distributed to UWNBC member agencies. As fundraising is one of the main focuses of UWNBC, the organization's staff are able to devote more time and energy to coordinating fundraising activities. Through the use of effective campaign strategies, UWNBC is able to reach a larger segment of the population and therefore raise more funds than any one small non-profit organization can do on its own. By partnering with UWNBC, non-profit organizations are able to focus more on service delivery and spend less time conducting fundraising campaigns. In addition, UWNBC works in a community development role with its member agencies to coordinate proposal writing efforts. This also allows agencies to work together instead of in competition, devoting more time to the delivery of services.

Each of the organizations associated with UWNBC designs their programs with an understanding of the risk factors and facilitating factors of homelessness. The St. Vincent DePaul and Fire Pit drop-in centers do more than just offer food to their visitors, they act as a venue where individuals could feel safe and associate with people who understand their lives, either through shared experience or from helping others. St. Vincent DePaul employs a Social Concerns Worker (SCW) to assist visitors with crisis situations and to provide referrals (UWNBC, 2016c). The Fire Pit assists individuals by offering education about their health concerns and allowing them to interact with professionals they may have been suspicious of through free workshops and cultural events (Positive Living North, 2016b). By offering a venue for people to learn about homelessness, The Fire Pit increases awareness of the topic and dispels some of the erroneous beliefs that people may have about homelessness and health issues such as HIV.

PGBIG addresses homelessness by offering education as well as employment assistance through its employment facilitator and clean team program (Prince George Brain Injured Group, 2016; UWNBC, 2016c). The Northern John Howard Society of BC (NJHSBC) addresses the risk of incarcerated individuals becoming homeless through the Transitional Support program. A Transitional Support Coordinator (TSC) secures employment and housing prior to an inmate's release (UWNBC, 2016c). In addition to the TSC, NJHSBC operates a five bedroom residence for individuals who have been recently released and are transitioning into stable housing (Northern John Howard Society of BC, 2016). The agencies I travelled to all recognized the role of housing, healthcare (including mental health care), employment, and education as the key components in addressing homelessness.

The programs that were developed and implemented in the agencies were reflective of an understanding of the subject that is informed by theory and practice. UWNBC supports the organizations both as part of its role as the community entity for the Homelessness Partnering Strategy and as an agent for change in the community. Perhaps because of their track record of providing shelter to women and children, the Association Advocating for Women and Children (AWAC) was chosen to be one of the organizations to host a Housing First Program (UWNBC, 2016c). Although I was not at UWNBC when the program was implemented, during my time as a practicum student with the organization, Housing First was mentioned as a viable tool for treating homelessness in a number of meetings I attended and with the staff I had spoken to. CPAH was already preparing to implement a Housing First Strategy, and visitor feedback at the Connect Day was an instrumental piece behind the development of the strategy.

Throughout my experience I noticed that some of the assumptions I made about homelessness were correct and others were not. Although existing research and literature suggests that immigrants were at risk of homelessness, I did not observe any absolute homeless immigrants while visiting the agencies. None of the directors or staff of those agencies I spoke to confirmed working with immigrants on any end of the homelessness spectrum. There are some possible explanations for this phenomenon. After speaking to a staff member at the Immigrant and Multicultural Services Society (IMSS) I learned that for the most part, she has only seen skilled workers and students coming into Canada. According to the staff member, some immigrants may be willing to work lower paying jobs, and may work more hours or multiple jobs.

Prince George's immigrant population is not comparable to a larger metropolitan area such as Vancouver or Toronto and it is possible that immigrants may be more likely to live in those cities, which is consistent with existing research on the topic (Chui, 2013). It is possible that immigrants may be a part of the hidden homeless population. During my time with UWNBC, I did not see any people who identified both as immigrants and homeless in drop-in centers or during the Homeless Action Week.

My observations while visiting emergency shelters and working at the Connect Day confirmed that First Nations were disproportionately represented in the homeless population in Prince George. The existence of organizations such as Phoenix Transition House, the Prince George Elizabeth Fry Society as well as the New Hope Society, are evidence that women are at risk and affected by homelessness in Prince George. Representatives from each agency confirmed that he or she had seen a disproportionate amount of people with mental illnesses, addictions, chronic health problems and disabilities utilizing their services.

Furthermore, the organizations had mandates that were consistent with Ecological System Theory and community development models such as Locality Development, Social Planning and ABCD.

The organizations all collaborated with one another ensuring that a web of integrated services is created for an individual. While Saint Vincent de Paul may provide one with food and affordable clothing, ASAP can provide advocacy and subsidized housing. The Fire Pit can meet one's cultural needs and provide education for managing chronic illness while the Community Voice Mail allows one to connect with doctors and employers. In Prince George, a homeless individual or family is able to access a variety of services and each organization can do its job efficiently to help an individual either avoid homelessness when at risk, or provide support.

Implications for Personal Practice and Conclusion

I joined the social work program coming from a background of political science and English. While studying Political Science, I learned about systems of government, the philosophies that underpin how people design policies and I learned about how some of those policies have an effect on communities. While studying English I learned about the deeper meanings in works of English media, and I learned about the ways in which the media captures people's motivations and nature. I learned about how art imitates life and how some of the tragedies that are found in the most compelling works of literature can be based upon tragedies in the real world. Before entering the social work program I recognized that I would be understanding deeper meanings in the narratives of individuals and communities.

During my time in the program I have learned how the policies that are created by the political systems in Canada affect individuals and communities in a practical sense. My time at UWNBC helped me see with my own eyes how various systems can influence an individual and how individuals can have an impact on their community. I saw for myself how organizations can coordinate their services with each other and I saw how organizations interact with their clients and the three levels of government.

While working as a practicum student, I learned that homelessness was not just a fact that is represented empirically by statistics. My experiences showed me that homelessness is a problem that every kind of person can encounter. Homelessness was a visible reminder of failed policies and social injustice. In the world there is inequality, poverty and discrimination but there are also ways to address these problems. In my personal life as well as in my professional experience as a volunteer and youth care worker, I have seen first-hand how people can struggle as a result of unfair policies and discrimination.

I have seen how because of personal traumas, people can lose hope and have a compromised sense of self. Homelessness is a result of individual traumas and systemic inequalities. I have learned that there are many individual and systemic causes of homelessness, such as chronic health issues, unemployment, and discrimination. I have learned that there are a variety of ways to address the causes and to repair the effects of homelessness through government policies and community supports. I have seen how theories of helping which are focused on the capacity of the individual to achieve his or her goals can be applied to the community to achieve measurable and lasting results.

In my experience, I have found that very few people choose to be homeless, and there is a sense of pride and normalcy that comes with having a career, being in good health and

above all, having a place where one can sleep, eat and be safe. Community interventions such as emergency shelters, subsidized housing, advocacy, education, and specialized tools such as the community voicemail are all indispensable in helping individuals and families escape from the grip of homelessness. Housing First represents the first major step in years to put an end to homelessness. Homelessness is a symptom of a community not having the tools or the will to address the problem. Housing First is something that will cost people money, but will make up for it as individuals who are able to escape homelessness and find housing and jobs can pay for the programs to continue. Housing First recognizes the causes of homelessness and recognizes that individuals who are affected by homelessness are still part of the community and should not be put aside into separate communities.

I have learned many things over the course of my studies. I have learned that the most important thing when it comes to social change is how people view themselves and the community. If individuals view people who live in the community as ‘others’ who are responsible for themselves, they lose sight of what a community is. A community is a collection of individuals who can live with one another and differences in gender, race, economic strength, and health should not diminish the care which others show for one another. In my future practice, I will continue to be cognizant of the assumptions that I have personally, and the assumptions that other people may make towards clients.

I will continue to practice with the knowledge that clients come to me, each with a personal narrative. As a professional social worker, I will continue to encounter communities populated by people who have been traumatized. I will encounter people who have been affected by failed policies, and communities that have been fractured. With more challenges ahead, I am confident that I will use the skills and knowledge I have obtained through my

academic, personal, and practical experience to address issues pertinent to individual and community health wherever I practice.

References

- Aboriginal Housing Society (2016). *Community voicemail*. Retrieved 12 April 2016, from <http://www.pgmhs.com/community-voice-mail/>
- Adler-Tapia, R. (2012). *Child psychotherapy*. New York: Springer Publishing Company.
- Alviar a rc a, H., l are, ., Williams, L. (2014). *Social and economic rights in theory and practice*. Milton: Routledge.
- American Psychological Association (2016). *Health & homelessness*. Retrieved 12 April 2016, from <http://www.apa.org/pi/ses/resources/publications/homelessness-health.aspx>
- Armitage, A. (1993). The Policy and Legislative Context. In B. Wharf, *Rethinking child welfare in Canada* (pp. 37-63). Toronto: Oxford University Press.
- Anderson, A. (2013). *Home in the city*. Toronto: University of Toronto Press.
- Anzovino, T. & Boutilier, D. (2015). *Walk a mile: experiencing and understanding diversity in Canada*. Toronto: Nelson Education Ltd.
- Barker, B., Alfred, G., & Kerr, T. (2014). An uncaring state? The overrepresentation of First Nations children in the Canadian child welfare system. *Canadian Medical Association Journal*, 186(14), E533-E535. <http://dx.doi.org/10.1503/cmaj.131465>
- BC Housing (2016). *Partnership example*. Retrieved 13 April 2016, from <http://www.bchousing.org/aboutus/partners/Partnership%20Example>

Beaupre, P. (2015). *Section 2: intimate partner violence* (pp. 22-29). Statistics Canada.

Retrieved from <http://www.statcan.gc.ca/pub/85-002->

[x/2014001/article/14114/section02-eng.htm#a1](http://www.statcan.gc.ca/pub/85-002-x/2014001/article/14114/section02-eng.htm#a1)

Begin, P., Casavant, L., & Miller Chenier, N. (1999). *Homelessness*. Ottawa: Library of Parliament.

Birkenmaier, J., Berg-Weger, M., & Dewees, M. (2014). *The practice of generalist social work*. Hoboken: Taylor and Francis.

Bitter, J. (2009). *Theory and practice of family therapy and counseling*. Australia: Brooks/Cole, Cengage Learning.

Brooks, N. (2001). The Role of the Voluntary sector in a Modern Welfare State. In J. Phillips, B. Chapman & D. Stephens (eds.), *Between state and market: essays on charities law and policy in Canada* (1st ed.). Toronto: McGill-Queen's University Press.

Bourgon, J. (2011). *A new synthesis of public administration*. Montreal: McGill-Queen's University Press.

Boyd, W. (2015). *The slain wood*. Baltimore: John Hopkins University Press.

Cameron, A., Abrahams, H., Morgan, K., Williamson, E., & Henry, L. (2015). From pillar to post: homeless women's experiences of social care. *Health Soc. Care Community*, 24(3), 345-352. <http://dx.doi.org/10.1111/hsc.12211>

Canadian Association of Social Workers. (2016a). *What is social work?* Retrieved February 18, 2016 from <http://www.casw-acts.ca/en/what-social-work>.

Canadian Association of Social Workers (2016b). *CASW code of ethics*. Retrieved 10

October 2016, from <http://www.casw-acts.ca/en/what-social-work/casw-code-ethics>

Canadian Human Rights Commission. (n.d). *Report on equality rights of women*. Canadian

Human Rights Commission. Retrieved from [http://www.chrc-](http://www.chrc-ccdp.gc.ca/eng/content/report-equality-rights-women)

[ccdp.gc.ca/eng/content/report-equality-rights-women](http://www.chrc-ccdp.gc.ca/eng/content/report-equality-rights-women)

CBC. (2014). *At Home in the hood: stories from the VLA*. Daybreak North. Retrieved 28

June 2016, from <http://www.cbc.ca/daybreaknorth/at-home-in-the-hood/>

Cederbaum, J., Song, A., Hsu, H., Tucker, J., & Wenzel, S. (2014). Adapting an Evidence-

Based Intervention for Homeless Women: Engaging the Community in Shared

Decision-making. *Journal of Health Care For The Poor And Underserved*, 25(4),

1552-1570. <http://dx.doi.org/10.1353/hpu.2014.0188>

Chambers, C., Chiu, S., Scott, A., Tolomiczenko, G., Redelmeier, D., Levinson, W., &

Hwang, S. (2013). Factors associated with poor mental health status among homeless

women with and without dependent children. *Community Mental Health*

Journal, 50(5), 553-559.

Chui, T. (2013). *Immigration and ethnocultural diversity in canada*. Ottawa: Statistics

Canada.

City of Prince George. (2016). *Affordable accessible housing*. Retrieved 14 April 2016, from

<http://princegeorge.ca/cityhall/Social/housing/Pages/Default.aspx>

- City of Prince George-Economic Development. (2016). *2016 community profile*. Prince George: City of Prince George. Retrieved from <http://www.investprincegeorge.ca/investment-opportunities/economic-overview/>
- CKPG. (2013). *Prince George focus of UNBC living wage study*. Retrieved from <https://www.youtube.com/watch?v=bUdd0Ywn62w>
- CMHC. (2016a). *History of CMHC*. Retrieved 10 August 2016, from <https://www.cmhc-schl.gc.ca/en/corp/about/hi/>
- CMHC. (2016b). *What CMHC does*. Retrieved 11 August 2016, from <https://www.cmhc-schl.gc.ca/en/corp/about/whwedo/index.cfm>
- Community Living British Columbia. (2016). *Active Support Against Poverty*. Retrieved 12 April 2016, from <https://clbc.cioc.ca/record/CLB0016>
- Connor, J. & Kadel-Taras, S. (2003). *Community visions, community solutions*. Saint. Paul, Minn.: Amherst H. Wilder Foundation.
- Correctional Services Program. (2015). *Adult correctional statistics in Canada, 2013/2014*. Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2015001/article/14163-eng.htm>
- Cutts, D., Coleman, S., Black, M., Chilton, M., Cook, J., & de Cuba, S. et al. (2014). Homelessness during pregnancy: A unique, time-dependent risk factor of birth outcomes. *Maternal and Child Health Journal*, 19(6), 1276-1283.
- Csiernik, R., Forchuk, C., & Jensen, E. (2011). *Homelessness, housing, and mental health*. Toronto: Canadian Scholars' Press.

- Davies, K. & Gray, M. (2016). The place of service-user expertise in evidence-based practice. *Journal Of Social Work*.
- Dell, E., Firestone, M., Smylie, J., & Vaillancourt, S. (2015). Cultural safety and providing care to Aboriginal patients in the Emergency Department. *Canadian Journal of Emergency Medicine*, 13, 1-5.
- DeNisco, S., & Barker, A. (2013). *Advanced practice nursing*. Burlington, Mass.: Jones & Bartlett Learning.
- Diers, J. (2004). *Neighbor power*. Seattle: University of Washington Press.
- Dreier, P. & Hulchanski, J. (1993). The role of nonprofit housing in Canada and the United States: Some comparisons. *Housing Policy Debate*, 4(1), 43-80.
- Echenberg, H., & Jensen, H. (2012a). *Defining and enumerating homelessness in Canada*. Library of Parliament. Retrieved from <http://www.lop.parl.gc.ca/content/lop/researchpublications/prb0830-e.htm>
- Echenberg, H., & Jensen, H. (2012b). *Risk factors for homelessness*. Library of Parliament. Retrieved from <http://www.lop.parl.gc.ca/content/lop/researchpublications/prb0851-e.htm>
- Employment and Social Development Canada. (2014). *Housing first approach*. Retrieved 14 April 2016, from http://www.esdc.gc.ca/eng/communities/homelessness/housing_first/approach/index.shtml
- Employment and Social Development Canada. (2013). *Federal disability reference guide*. Retrieved from http://www.esdc.gc.ca/eng/disability/arc/reference_guide.shtml

Employment and Social Development Canada. (2016). *Shelter capacity report 2015*.

Retrieved 13 April 2016, from

http://www.esdc.gc.ca/eng/communities/homelessness/publications_bulletins/shelter_capacity_2015.shtml

Fox, S., & Lituchy, T. (2012). *Gender and the dysfunctional workplace*. Cheltenham: Edward Elgar.

Fuchs, D. (2012). Assessment of Communities. In C. Glisson, C. Dulmus & K. Sowers (eds.) *Social work practice with groups, communities, and organizations* (pp.59-74). Hoboken: John Wiley & Sons.

Gaetz, S. (2012). *The real cost of homelessness*. Toronto, Ont.: Homeless Hub.

Gaetz, S., Donaldson, J., Richter, T., & Gulliver, T. (2013). *The state of homelessness in Canada 2013*. Toronto: Canadian Homelessness Research Network Press. Retrieved February 13, 2016 from: http://lookoutsociety.ca/images/State_of_Homeless2013.pdf

Gaetz, S., Scott, F., & Gulliver, T. (2013). *Housing first in Canada: supporting communities to end homelessness*. Toronto: Canadian Homelessness Research Network Press.

Galloway, G. (2014). *Fewer claimants successful when appealing disability benefit denials*. *The Globe and Mail*. Retrieved 28 September 2016, from <http://www.theglobeandmail.com/news/politics/fewer-claimants-successful-when-appealing-disability-benefit-denials/article19501881/>

- Gaston, M. (2006). *Global standards for United Way organizations*. Alexandria: United Way International.
- Gibelman, M. & Demone, H. (1998). *The privatization of human services*. Berlin, Heidelberg: Springer Berlin Heidelberg.
- Gitterman, A. (2014). *Handbook of social work practice with vulnerable and resilient populations* (3rd ed.). New York: Columbia University Press.
- Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., & Latimer, E. et al. (2014). *National final report cross-site at Home/Chez Soi Project*. Calgary: Mental Health Commission of Canada.
- Goldberg, G. & Rosenthal, M. (2002). *Diminishing welfare*. Westport, Conn.: Auburn House.
- Goldenberg, S., Chettiar, J., Simo, A., Silverman, J., Strathdee, S., Montaner, J., & Shannon, K. (2014). Early sex work initiation independently elevates odds of HIV infection and police arrest among adult sex workers in a Canadian setting. *Journal Of Acquired Immune Deficiency Syndromes*, 65(1), 122-128.
- Government of British Columbia. (2016a). *Disability assistance*. Retrieved 13 April 2016, from <http://www2.gov.bc.ca/gov/content/family-social-supports/services-for-people-with-disabilities/disability-assistance>
- Government of British Columbia. (2016b). *Homelessness*. Retrieved 13 April 2016, from <http://www2.gov.bc.ca/gov/content/housing-tenancy/social-housing/homelessness>

Government of Canada. (2012). *Canadian multiculturalism: an inclusive citizenship*.

Retrieved 9 April 2016, from

<http://www.cic.gc.ca/english/multiculturalism/citizenship.asp>

Gray, M., & Webb, S. (2013). *Social work theories and methods*. London: SAGE.

Green, H., Tucker, J., Golinelli, D., & Wenzel, S. (2013). Social networks, time, homeless, and social support: A study of men on Skid Row. *Network Science*, 1(03), 305-320.

Greve, B. (2015). *Welfare and the welfare state*. Milton Park: Routledge.

Griffiths, C., Dandurand, Y., & Murdoch, D. (2007). *The social reintegration of offenders and crime prevention*. Ottawa: National Crime Prevention Centre (NCPC). Retrieved from <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/scl-rntgrtn/index-en.aspx#s5>

Guirguis-Younger, M., McNeil, R., & Hwang, S. (2014). *Homelessness and health in Canada*. Ottawa: Univ. of Ottawa Press.

Haines, A. (2015). Asset-Based Community Development. In R. Phillips & R. Pittman, *An introduction to community development* (2nd ed.). New York: Routledge.

Hardcastle, D., Powers, P., & Wenocur, S. (2011). *Community practice*. Oxford: Oxford University Press.

Harrison, T., & Friesen, J. (2015). *Canadian society in the twenty-first century*. Toronto: Canadian Scholars Press inc.

Hall, C. (2016). *Social work practice in community development*. Retrieved 26 June 2016, from <http://casw-acts.ca/en/social-work-practice-community-development>

- Healy, K. (2012). *Social work methods and skills*. New York: Palgrave Macmillan.
- Heerde, J., Hemphill, S., & Scholes-Balog, K. (2014). Fighting for survival: A systematic review of physically violent behavior perpetrated and experienced by homeless young people. *Aggression and Violent Behavior, 19*(1), 50-66.
- Huber, E. & Stephens, J. (2001). *Development and crisis of the welfare state*. Chicago: University of Chicago Press.
- Hughes, A. (2016). Poor, homeless and underserved populations. In N. Coyle, *Legal and Ethical Aspects of Care* (1st ed.). New York: Oxford University Press.
- Indigenous and Northern Affairs Canada. (2016). *Indian residential schools*. Retrieved 9 April 2016, from <https://www.aadnc-aandc.gc.ca/eng/1100100015576/1100100015577>
- Jasinski, J. (2010). *Hard lives, mean streets*. Boston: Northeastern University Press.
- Joseph, P., Davis, A., Miller, R., Hill, K., McCarthy, H., & Banerjee, A. et al. (2012). Contextual determinants of health behaviors in an Aboriginal community in Canada: pilot project. *BMC Public Health, 12*(1), 952.
- Kenny, G., Vierula, M., Maté, J., Beaulieu, F., Hardcastle, S., & Reardon, F. (2012). A field evaluation of the physiological demands of miners in Canada's deep mechanized mines. *Journal of Occupational And Environmental Hygiene, 9*(8), 491-501.
<http://dx.doi.org/10.1080/15459624.2012.693880>

- Kirst-Ashman, K. (2013). *Introduction to social work and social welfare: critical thinking perspectives* (5th ed). Boston: Cengage Learning.
- Klodawsky, F. & Evans, L. (2014). Homelessness on the Federal Agenda: Progressive Architecture but No Solution in Sight. In K. Graham & C. Andrew, *Canada in cities: the politics and policy of federal-local governance* (1st ed., pp. 75-102). Montreal: McGill-Queen's Press - MQUP, 2014.
- Laforest, R. (2013). Muddling through government-nonprofit Relations in Canada. In R. Laforest, *Government-nonprofit relations in times of recession* (pp. 9-19). Kingston: McGill Queens University Press.
- Layton, J. (2008). *Homelessness: The making and unmaking of a crisis*. Toronto: Penguin Canada.
- Markey, S., Halseth, G., & Manson, D. (2012). *Investing in place*. Vancouver: UBC Press.
- Marshall, B., Kerr, T., Shoveller, J., Patterson, T., Buxton, J., & Wood, E. (2009). Homelessness and unstable housing associated with an increased risk of HIV and STI transmission among street-involved youth. *Health & Place*, 15(3), 783-790.
<http://dx.doi.org/10.1016/j.healthplace.2008.12.005>
- McMillan, T., Laurie, M., Oddy, M., Menzies, M., Stewart, E., & Wainman-Lefley, J. (2015). Head injury and mortality in the homeless. *Journal of Neurotrauma*, 32(2), 116-119.

- Medicine Hat Community Housing Society. (2016). *At home in medicine hat*. Medicine Hat Community Housing Society. Retrieved from <http://www.mhchs.ca/static/main-site/files/housing-development/Year-5-Progress-Report.pdf>
- Melander, L., Tyler, K., & Schmitz, R. (2015). An inside look at homeless youths' social networks: Perceptions of substance use norms. *Journal Of Child & Adolescent Substance Abuse*, 25(1), 78-88. <http://dx.doi.org/10.1080/1067828x.2014.918003>
- Mendelson, M., Battle, K., Torjman, S., & Lightman, E. (2010). *A basic income plan for Canadians with severe disabilities*. Ottawa: The Caledon Institute of Social Policy. Retrieved from <http://www.ccdonline.ca/en/socialpolicy/poverty-citizenship/income-security-reform/basic-income-plan-for-canadians-with-severe-disabilities>
- Miller, L. (2012). *Counselling skills for social work* (2nd ed.). London: Sage Publications.
- Mook, L., Armstrong, A., & Quarter, J. (2009). *Understanding the social economy: A Canadian Perspective*. University of Toronto Press.
- Nash, M., Munford, R., & O'Donoghue, K. (2005). *Social work theories in action*. London: Jessica Kingsley Publishers.
- Northern Health. (2016). *Assertive community treatment*. Retrieved 2 July 2016, from <https://northernhealth.ca/YourHealth/MentalHealthAddictions/ProgramDescriptions/AssertiveCommunityTreatment.aspx>
- Northern John Howard Society British Columbia. (2016). *Howard house*. Retrieved 07 April 2016, from <http://www.njhsbc.com/index.php/9-programs/9-howard-house>

- O'Campo, P., Daoud, N., Hamilton-Wright, S., & Dunn, J. (2015). Conceptualizing housing instability: experiences with material and psychological instability among women living with partner violence. *Housing Studies*, 1-19.
- Pates, R., & Riley, D. (2012). *Harm reduction in substance use and high-risk behaviour*. Chichester, West Sussex: Wiley-Blackwell.
- Patrick, C. (2014) *Aboriginal homelessness in Canada*. Canadian Homelessness Research Network Press.
- Payne, M. (2005). *Modern social work theory*. Chicago, Ill.: Lyceum Books, Inc.
- Peters, H., Vaillancourt, A., & Hemingway, D. (2006). *Northern, rural and remote homelessness: A review of the literature*. University of Northern British Columbia, South-Central Campus Social Work Program Quesnel, BC
- Peters, H., Hemingway, D., & Fiske, J. (2013). Rural, northern Canadian women's caregiving experiences in the context of economic values. In M. Bjornholt & A. McKay, *Counting on Marilyn Waring: New Advances in Feminist Economics* (1st ed., p. 197). Bradford: Demeter Press.
- Piat, M., Polvere, L., Kirst, M., Voronka, J., Zabkiewicz, D., & Plante, M. et al. (2014). Pathways into homelessness: Understanding how both individual and structural factors contribute to and sustain homelessness in Canada. *Urban Studies*, 52(13), 2366-2382. <http://dx.doi.org/10.1177/0042098014548138>
- Positive Living North. (2016a). *About us*. Retrieved 30 June 2016, from <http://positivelivingnorth.org/about-us/index.php>

- Positive Living North. (2016b). *The 'fire pit' cultural drop-in centre*. Retrieved 12 April 2016, from <http://positivelivingnorth.org/our-services/the-fire-pit.php>
- Power, J., & Nolan, A. (2014). Offenders' perceptions on their quality of work and reintegration: A preliminary investigation using qualitative inquiry. Ottawa: Correctional Service of Canada. Available at: <http://www.csc-scc.gc.ca/research/005008-r310-eng.shtml> Retrieved on February 22, 2016.
- Prince George Brain Injured Group Society. (2016a). *Services*. Retrieved 12 April 2016, from <http://pgbig.ca/category/services/>
- Public Health Agency of Canada. (2014). *Economic burden of illness in Canada*. Retrieved 13 April 2016, from <http://www.phac-aspc.gc.ca/ebic-femc/index-eng.php>
- Public Health Agency of Canada. (2013). *What makes Canadians healthy or unhealthy?* Retrieved 12 April 2016, from <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php>
- Queen's Printer BC. (2016). *Employment and assistance for persons with disabilities act*. Retrieved 13 April 2016, from http://www.bclaws.ca/civix/document/id/complete/statreg/02041_01
- Raincity Housing. (2016). *Housing First ACT team*. Retrieved 14 April 2016, from <http://www.raincityhousing.org/what-we-do/hfact/>
- Raniga, T. (2014). Mobilizing community strengths and assets. In A. Larsen, V. Sewpaul & G. Hole, *Participation in Community Work: International Perspectives* (1st ed.). New York: Routledge.

- Raphael, D. (2011). *Poverty in Canada* (2nd ed.). Toronto: Canadian Scholars' Press Inc.
- Raphael, D. (2012). *Tackling health inequalities*. Toronto: Canadian Scholars' Press.
- Reid, C., & LeDrew, R. (2013). The burden of being "employable": Underpaid and unpaid work and women's health. *Affilia*, 28(1), 79-93.
- Rimawi, B., Mirdamadi, M., & John, J. (2014). Infections and homelessness: Risks of increased infectious diseases in displaced women. *World Medical & Health Policy*, 6(2), 118-132.
- Rog, D., Marshall, T., Dougherty, R., George, P., Daniels, A., Ghose, S., & Delphin-Rittmon, M. (2014). Permanent supportive housing: Assessing the Evidence. *Psychiatric Services*, 65(3), 287-294.
- Roy, L., Crocker, A., Nicholls, T., Latimer, E., & Ayllon, A. (2014). Criminal behavior and victimization among homeless individuals with severe mental illness: A systematic Review. *Psychiatric Services*, 65(6), 739-750.
- Sapin, K. (2009). *Essential skills for youth work practice*. Los Angeles: SAGE.
- Schmidt, G. (2000). Remote, northern communities: Implications for social work practice. *International Social Work*, 43(3), 337-349.
- Schmidt, R., Hrenchuk, C., Bopp, J., & Poole, N. (2015). Trajectories of women's homelessness in Canada's 3 northern territories. *International Journal of Circumpolar Health*, 74(0).

- Shaffer, D. (2009). *Social and personality development*. Australia: Wadsworth/Cengage Learning.
- Shepard, B. (2014). *Community projects as social activism*. Singapore: SAGE publications.
- Society of St Vincent de Paul Prince George. (2016). *Society of St Vincent de Paul Prince George*. Retrieved 13 April 2016, from <http://www.ssvdppg.com/>
- Soifer, S., Mcneely, J., Costa, C., & Pickering-Bernheim, N. (2014). *Community economic development in social work*. New York: Columbia University Press.
- Soroka, S., & Robertson, S. (2010). *A literature review of public opinion research on Canadian attitudes towards multiculturalism and immigration, 2006-2009*. Citizenship and Immigration Canada. Retrieved from <http://www.cic.gc.ca/english/resources/research/por-multi-imm/index.asp>
- Stanhope, M., Lancaster, J., Jessup-Falcioni, H., & Viverais-Dressler, G. (2014). *Community health nursing in Canada* (2nd ed.). Toronto: Mosby Elsevier.
- Statistics Canada. (2015). *Housing conditions - Aboriginal statistics at a glance: 2nd Edition*. Retrieved 13 April 2016, from <http://www.statcan.gc.ca/pub/89-645-x/2015001/housing-logement-eng.htm>
- Statistics Canada. (2016a). *Employment by industry and sex (number in thousands)*. *Statcan.gc.ca*. Retrieved 28 June 2016, from <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/labor10a-eng.htm>
- Statistics Canada. (2016b). *Persons with disabilities and employment*. Retrieved 13 April 2016, from <http://www.statcan.gc.ca/pub/75-006-x/2014001/article/14115-eng.htm>

- Statistics Canada. (2016c). *Focus on geography series, 2011 census - census subdivision of Prince George, CY (British Columbia)*. Retrieved 13 April 2016, from <https://www12.statcan.gc.ca/census-recensement/2011/as-sa/fogs-spg/Facts-csd-eng.cfm?LANG=Eng&GK=CSD&GC=5953023>
- Statistics Canada. (2015). *Aboriginal peoples: fact sheet for canada*. Retrieved 13 April 2016, from <http://www.statcan.gc.ca/pub/89-656-x/89-656-x2015001-eng.htm>
- Statistics Canada. (2015). *Aboriginal statistics at a glance: 2nd Edition*. Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/89-645-x/2015001/housing-logement-eng.htm>
- Stoecker, R. (2013). *Research methods for community change*. Thousand Oaks, Calif.: Sage Publications
- Taylor-Gooby, P. (2013). *The double crisis of the welfare state and what we can do about it*. Basingstoke, Hampshire: Palgrave Macmillan.
- Teater, B., & Baldwin, M. (2012). *Social work in the community*. Bristol, UK: Policy Press.
- Texeira, C. (2014). Recent immigrants' housing experiences and coping strategies in the Suburbs of Vancouver. In K. Murphy Kilbride, *Immigrant Integration: Research Implications for Future Policy* (1st ed.). Toronto: Canadian Scholars' Press Inc.
- Truth and Reconciliation Commission of Canada. (2016). *Canada's residential schools: the legacy: The final report of the truth and reconciliation commission of Canada*. McGill-Queen's Press.
- Turner, F. (2002). *Social work practice*. Toronto: Prentice Hall.

Turner, F. (2005). *Canadian encyclopedia of social work*. Waterloo, ON: Wilfrid Laurier University Press.

Tutty, L., Ogden, C., Giurgiu, B., & Weaver-Dunlop, G. (2013). I built my house of hope: Abused women and pathways into homelessness. *Violence Against Women*, 19(12), 1498-1517.

United Way of Northern British Columbia. (2016a). *Community delivery of HPS funding*. Retrieved 4 July 2016, from <http://www.unitedwaynbc.ca/index.php/how-we-help/from-poverty-to-possibility/hps-homelessness-partnering-strategy/delivery/>

United Way of Northern British Columbia. (2016b). *Annual report 2014-2015*. United Way Northern British Columbia. Retrieved from <https://www.unitedwaynbc.ca/index.php/who-we-are/annual-reports/>

United Way of Northern British Columbia. (2016c). *HPS funded programs*. Retrieved 4 July 2016, from <https://www.unitedwaynbc.ca/index.php/how-we-help/from-poverty-to-possibility/hps-homelessness-partnering-strategy/fundedprograms/>

United Way Centraide Canada. (2016). *Code of ethics*. Retrieved 8 July 2016, from <http://www.unitedway.ca/for-donors/code-of-ethics>

Van Heugten, K., & Gibbs, A. (2016). *Social work for sociologists*. New York: Palgrave Macmillan.

Wakeham, P., & Henderson, J. (2013). *Reconciling Canada: Critical perspectives on the culture of redress*. University of Toronto Press.

Walker, J. (2009). *The Indian residential schools truth and reconciliation commission.*

Library of Parliament. Retrieved from

<http://www.lop.parl.gc.ca/content/lop/researchpublications/prb0848-e.htm>

Walsh, T. (2010). *Solution-focused helper*. Maidenhead: Open University Press/McGraw-Hill Education.

Wang, C., Cash, J., & Powers, L. (2000). Who knows the streets as well as the homeless? Promoting Personal and Community Action through Photovoice. *Health Promotion Practice, 1*(1), 81-89.

Wells, K., Jones, L., Chung, B., Dixon, E., Tang, L., & Gilmore, J. et al. (2013). Community-partnered cluster-randomized comparative effectiveness trial of community engagement and planning or resources for services to address depression Disparities. *J GEN INTERN MED, 28*(10), 1268-1278.

Zastrow, C. (2016). *Introduction to social work and social welfare* (12th ed.). Boston: Cengage Learning.

Appendices

Appendix A.

MSW Practicum II: Learning Contract

Learning objectives:

1. **Learning Objective:** Develop a detailed understanding of the programs, services, goals, mission/mandate and structure of the United Way, and how it assists vulnerable groups within society, specifically as the community entity, which manages funds that go towards programs developed by different organizations. The United Way of Northern British Columbia's (UWNBC) vision statement is to build the region by mobilizing communities to improve people's lives, so my activities should be able to show how that vision is achieved.

Tasks & Activities:

- Study available texts that describe the organization and its programs and strategies to learn how I can contribute to the work that the organization does and link my activities to its goals. I will:
 - Study Work plans and strategic impact documents to understand the goals that staff from UWNBC has outlined, when they plan to achieve these goals, through which means, and how those goals fit in with UWNBC's values and mission.
 - Observe and/or participate in a campaign call or meeting designed to gather funds for UWNBC. Observing how UWNBC will help me understand how individuals and groups in the community can be convinced to give to an organization that helps the community build its capacity.
 - Participate in or witness the volunteer recruitment process to see how volunteers can be an asset in the organization and how individuals can contribute to the development of the community they live in.
- Observe and participate in activities.
 - Maintain contact with United Way affiliated groups by participating in meetings and events such as CPAH's Connect Day event to see the direct results of planning and contributions made by individuals and groups. See how the content discussed in the meeting translates to tangible, visible results in terms of client groups receiving service and inter-agency collaboration.
 - Take notes at several meetings that United Way staff are invited to (up to a maximum of 4)
 - Schedule a series of meetings with leaders or knowledgeable representatives of each of the 7 organizations that are part of the homelessness partnering strategy to determine their goals, objectives and

strategies used to accomplish their goals. The meetings will be an opportunity to learn how funds managed by the United Way have been of assistance.

- Participate in at least one event or activity held by each of the 7 partners.

Evidence of achievement:

- Talk with my supervisor and explain my understanding of the organization and programs. Receive feedback on my understanding and pursue additional areas of learning if necessary.
- There will be minutes on file for up to 4 meetings which will demonstrate my understanding of the meeting process and programs and which will be useful to the organization's record keeping.
- Meet with my supervisor to review my experience and skills chairing and/or attending up to 3 meetings for different programs to demonstrate an understanding of how program meetings function and the significance of having them.
- Craft a presentation summarizing what I have learned from speaking to the heads from each of the organizations, specifically in regards to how each organization accomplishes their goals and if there is any room for improvement
- Recruit volunteers for at least 1 of the 7 United Way affiliates as part of United Way's commitment to supporting volunteer services in the community

2. **Learning Objective:** Understand why some strategies and initiatives for addressing homelessness may be more successful than others in achieving their goals.

Tasks and activities:

- Meet with staff from Metis Housing to discuss the community voicemail program, specifically the motivations behind its creation, how the service works and observe how the program is evaluated so quality is maintained. By participating in the evaluation of the program I will be doing work that is consistent with UWNBC's value statement of evaluating community needs and effectiveness of services.
- Meet with representatives from the municipal, provincial or federal government after studying their plans for addressing homelessness and determine how their plans coincide with the work done by the organizations that UWNBC works with to understand if some of the strategies adopted by those groups can inform the development of new strategies or refine existing UWNBC partner strategies.
- Participate in or design an event/campaign held in a workplace (such as a casino day, volunteer day, silent auction, or raffle) where funding is generated and given to the United Way to better understand how corporate entities can assist UWNBC in achieving its goals for partnerships within the community and funding for new or existing projects.

Evidence of Achievement:

- I will report back to supervisor and executive director of Metis housing to explain what I've learned about the community voice mail service, it's importance in achieving Metis Housing and United Way goals regarding homelessness and how or if the service can be improved in any ways.
 - I will develop a comparison paper or presentation that outlines the similarities and differences between United Way and CPAH's perspectives on homelessness compared and government perspectives and the strategies that each is using.
 - Collect quarterly reports and projections from the 7 partners and documents that detail testimonials and track the progress of United Way funded programs to use as source material in conjunction with my experience to develop a presentation that tracks the outcomes of each of the programs.
 - Create a report of the workplace event to detail the sequence of events and gauge the level of interest in workplace events as a fundraising tool. Explain why workplace event was successful or why not with my supervisor.
3. Further my understanding of how people who have social work experience can interact with and encourage collaboration between different agencies and professionals to improve housing and employment outcomes for vulnerable members of the community.

Tasks and activities:

- Participate in inter-agency meetings (such as the CPAH monthly meetings that feature a cross-section of different community partners) to learn more about how different organizations can work towards achieving the goal of addressing homelessness in Prince George.
- Discuss the hiring practices of different organizations affiliated with United Way such as Positive Living North with the human resources departments and learn how interpersonal skills or community connections allow employees to accomplish goals and learn how workers can appeal to the community.
- Determine through meetings with social workers or people with social work experience that are currently employed in the 7 partners, how social work principles inform their daily practice.
- Schedule meetings with team leaders from agencies that may not necessarily be involved directly with the united way (Such as the Immigrant and Multicultural Services Society and Northern Health) to determine if and to what extent homelessness is an issue for their client base and how frequently clients may be referred to programs funded by the United Way.
- Speak with government representatives from the ministry of childcare and family development, city council, or aboriginal agencies to determine if they have plans for addressing homelessness and if their in-house strategies may benefit from involvement with UWNBC affiliated organizations(John Howard society, PGBIG, etc.)

Evidence of Achievement:

- Meeting minutes and agendas will be collected to contribute to my final practicum report. Essentially, the theme of each meeting and how each organization contributed to the agreements reached at the meetings will determine how agencies can collaborate together.
 - Discuss the importance of interpersonal skills, cultural competency, social work principles and knowledge of the community and how knowing the community links with helping the community with supervisor.
 - Develop a brief summary or presentation containing information gained from meeting with non-united way affiliated organizations comparing their homelessness strategies to the ones in place with the 7 partners and if there is any overlap.
 - Report back to my supervisor and inform him of the information I gained from meeting with government representatives and provide documents detailing statistics about homelessness obtained from those organizations. Those same documents will also be used in my final practicum report
4. Obtain client perspectives on programs and policies that have been designed to assist them in improving their housing outcomes. The United Way of Northern BC is an organization that tries to build capacity in the community, so it is important to see how each of the programs has helped build the capacity of individuals so they can be better equipped to accomplish their own goals.

Tasks and Activities:

- Observe meetings that occur with clients (such as the PGBIG coffee group) to learn how PGBIG and UWNBC have helped them achieve their goals.
- Talk with homeless people at the Connect Day to learn if or how frequently they use services that are provided by the 7 partners and if they feel those services could be improved in any way.
- Talk with staff that interact frequently with people who are homeless or at risk of homelessness at the 7 organizations and learn what clients have told them regarding how their services have helped them build favorable housing, economic and health outcomes.
- Assist with the setting up of a cultural event at the Fire Pit drop in center so I can observe how cultural knowledge can motivate individuals to achieve personal development goals

Evidence of Achievement:

- A short paper will be prepared that links my observations with social work theories.
- I will contact CPAH representatives to get permission to report my experiences of speaking with homeless individuals (making sure the individuals are anonymous) and how the insights I gained from talking with them can inform the improvement or development of programs and next year's Connect Day at the next CPAH meeting.
- I will schedule a meeting with my practicum supervisor to explain what I learned from speaking to staff at the fire pit or PGNAETA and my experience at the cultural event

- Collect any documents that contain ‘success stories’, questionnaires, interviews, polls etc. in which clients give their perspectives and compile them as part of a document that tracks customer satisfaction with programs.
5. Develop a better understanding of the factors pertinent to homelessness and affordable housing, from individual issues (such as mental health, unemployment, etc) to structural issues (such as social policies, economic contexts, etc.) and how strategies can be tailored specifically to address these issues in a smaller northern community such as Prince George

Tasks and Activities:

- Attend any conferences, meetings, roundtables related to homelessness.
- Develop and host a meeting/roundtable at UNBC. Professionals from the 7 UWNBC partners will be invited as well as government representatives and professionals in non-UWNBC affiliated organizations. UNBC & CNC professors and students will also be invited to discuss homelessness in Prince George. The meeting will be an opportunity for people to learn more about homelessness and what they can do. The meeting fits in with UWNBC’s goals of providing educational opportunities.
- Develop a ‘homelessness information’ package for people who are at risk of homelessness. The package will contain information about services provided by the 7 partners that they can use to address their needs in relation to food, clothing and shelter.
- Although there is ‘5 days for the homeless’ and ‘homelessness action week’ look into developing an entire month of homelessness awareness which includes opportunities for individuals to learn about homelessness, donate and sign up as volunteers with the United Way and/or its affiliates.

Evidence of Achievement:

- Notes will be taken at each meeting, conference, and roundtable and copies of any PowerPoint presentations will be obtained with permission
- An agenda for the UNBC meeting regarding homelessness strategies will be developed and approved with consultation with my practicum supervisor and CPAH prior to the meeting. I will connect with student groups and use social media to inform students of the details surrounding the meeting (time, date, etc.) A poll will be taken of attitudes about homelessness prior to and after the meeting. I will also report to my practicum supervisor to explain how the roundtable served as an educational opportunity to enhance and support community services.
- The ‘homelessness information’ package will be kept on file either to be mass produced or kept as a tool to inform the development of future strategies regarding homelessness.
- A detailed work plan that describes the goals of the homelessness awareness month and a week by week description of the events, where they will be held, and how the goal of each event fits in with the overall goal of raising awareness, funds, and gaining volunteers. The work plan will be given to my practicum supervisor to be approved.