

# "Call Us When Somebody Dies"

## System Failures as Experienced by RaY's Front-line Service Providers



a research report by

**RaY**

Resource Assistance for Youth, Inc.



# Acknowledgments

On behalf of the whole organization, we would like to begin by acknowledging that this research and the associated programming provided by RaY takes place on Treaty 1 territory, the original lands of the Anishinaabeg, Cree, Oji-Cree, Dakota and Dene peoples, and the Homeland of the Metis Nation. RaY is committed to honouring the United Nations Declaration on the Rights of Indigenous Peoples, and the findings of the Truth and Reconciliation Commission of Canada and the National Inquiry into Missing and Murdered Indigenous Women and Girls. RaY is dedicated to learning, healing, and collaboration whilst we strive to provide culturally appropriate programming for all youth in a safe environment.

This document was created through a collaborative effort between RaY staff, the RaY Research Committee and the primary researchers. The project employs a form of a research called “practitioner research” which is a type of research that involves people who fill dual roles of being providers of services as well as the researchers of those services. This approach is especially important in social services because it allows research to be produced in real-time, using the voices of the people most impacted by service provision – front-line employees and service recipients. As such, the research would not have been possible without RaY’s front-line staff, who continually navigate through failing systems and tirelessly advocate for greater efficiency and better outcomes for youth. We would also like to acknowledge the perseverance of the youth we serve, who continue to work towards their goals despite having to constantly overcome systemic barriers.

This research has been developed without receiving external project funding and has been produced by the administrative team at Resource Assistance for Youth, Inc. and was guided through thought leadership by Executive Director, Kelly Holmes. Illustrations were done by RaY’s Communications and Public Relations Coordinator, Nicholas Friesen and consistent feedback and edits were provided by Asha Harrington, Swati Bhatt, and Olga Shmelova who are members of the research committee. Final edits were also provided by Kelly Holmes.

How to cite this document:

Altieri, M., Chee, K., Nygaard, B., & Vosters, B. (2022). "Call Us When Somebody Dies": System Failures as Experienced by Ra Y's Front-line Service Providers. Resource Assistance for Youth, Inc. Winnipeg, MB.

## About Resource Assistance for Youth, Inc.

Resource Assistance for Youth Inc. (RaY) is a multi-dimensional street level frontline service organization providing services that meet the emergent and long-term needs of marginalized, street-entrenched, and/or homeless youth. RaY is a non-partisan, non-judgmental, harm reduction-focused organization that utilizes the determinants of health and best practices to support marginalized youth in a participant driven way. RaY provides frontline services in conjugation with providing system-based advocacy, education, employment and training/readiness. Using an innovative service delivery model called the Hub Model, RaY connects youth with basic needs, housing programs, employment and training programs, access to mental health, primary health, and substance use supports, as well as cultural programming. RaY’s mission is to provide youth with what they need, on their terms, to better their lives.

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## Preamble

Resource Assistance for Youth's (RaY) work, serving homeless and marginalized individuals, is rooted in the Social Determinants of Health and guided by the principles of Harm Reduction. Additionally, we acknowledge that homelessness in Winnipeg, and across Canada, disproportionately impacts Indigenous community members. As such, when we refer to homelessness in this report, it is embedded within Jesse Thistle's Definition of Indigenous Homelessness in Canada.

"We at RaY have been tracking and working around system failures with this target population as long as the agency has been in existence, in fact this is in a large part why RaY exists. We at RaY understand that these failures are the pathway to homelessness."

- Kelly Holmes, Executive Director

We recognize that many people working within these systems aim to do good, and that we ourselves are not perfect. We also recognize, as a non-Indigenous agency, that our intent is to act as allies and partners, and acknowledge our Indigenous relatives are hugely overrepresented in the systems we evaluate throughout this report. We are dedicated to listening and responding to the needs of our Indigenous partner organizations, Indigenous communities, and most importantly, the Indigenous youth we hope to empower and resource. Our aim is to be a strong partner in reconciliation, part of which means holding systems of oppression accountable to prevent future failures. Throughout this report, our staff has identified areas of these systems that require immediate improvements to prevent young people from falling through the cracks, and becoming further disconnected and oppressed. We hope this report can be used as a supplementary tool to help guide these improvements, alongside government obligations to uphold the United Nations Convention on the Rights of the Child, the Truth and Reconciliation Commission's Calls to Action, the Calls to Justice put forward by the inquiry into Missing Murdered Indigenous Women and Girls, as well as continual calls for change from other youth serving organizations in our city.



## Introduction

Since widespread homelessness emerged across Canada throughout the 1990s, a multitude of policies, practices, and strategies have been undertaken to address the severity of the issue (Gaetz, 2020). However, the number of people experiencing homelessness nationally has not significantly declined. Currently, approximately 35,000 people within Canada experience homelessness on any given night (Kerman et al, 2022). Within Winnipeg alone, the most recent point-in-time count indicated there were 1,127 people experiencing homelessness in one evening, and that 22% of these individuals were unaccompanied youth (End Homelessness Winnipeg, 2021). One explanation for this continual struggle to end homelessness is that the needs of unhoused individuals are diverse and multifaceted. Compared to their housed counterparts, they are incarcerated at higher rates and are more likely to live with substance use disorders (Omura et al., 2013). They experience higher rates of behavioural health challenges, chronic medical conditions and other cognitive impairments (Kerman et al, 2022). Further, they are at an increased risk of exposure to traumatic events such as domestic violence and sexual assault (Deck & Platt, 2015).

As a result of the diverse needs of unhoused individuals, the front-line service providers who serve these unhoused individuals must work across a complex network of systems. Within the locale of Winnipeg, this network of systems includes Manitoba Housing, Child and Family Services (CFS), Employment and Income Assistance (EIA), the criminal Justice system, and the Health Care system. Ideally, what should exist between these systems are tailored and coordinated approaches to homelessness prevention that bridge across the full network of social service systems. Instead, what exists is a complex, siloed network plagued by the prevalence of 'system failures' – situations where inadequate policy and service delivery contribute to the likelihood that someone will experience homelessness (Gaetz & Dej, 2017).

While there has been a significant amount of literature demonstrating the prevalence of system failures throughout Canada, there has not yet been in-depth research into the ways that system failures specifically effect youth experiencing homelessness within the city of Winnipeg. Additionally, most research has centered on failures without providing potential solutions to these failures. Research is historically done by academics rather than by individuals who are experiencing system failures on the front lines of organizations. Not only is our research led by frontline staff, it also pulls all information and recommendations directly from the voices of frontline workers at RaY.

Therefore, the purpose of this study is twofold. First, the study aims to explore the specific ways in which systems are failing by examining the distinct ways in which these systems are perpetuating youth homelessness within Winnipeg. Second, the study intends to provide an array of solutions to the system failures most commonly impacting youth and perpetuating homelessness within our city. This project does so by centering on the experiences and perspectives of front-line service providers from RaY, a multi-dimensional street level service organization that supports youth that are street entrenched and/or experiencing homelessness.

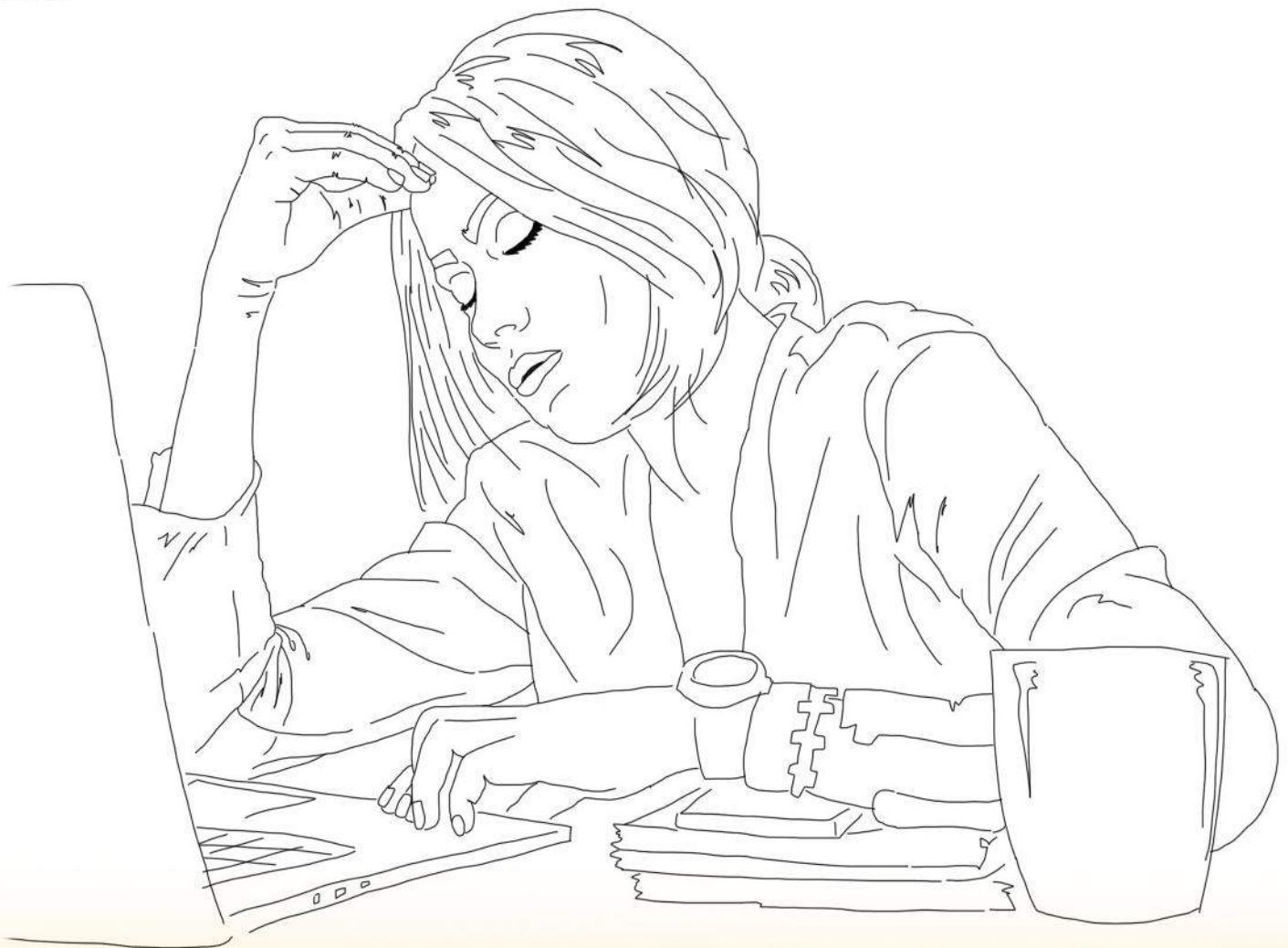
The first section of this study presents qualitative data collected from semi-structured interviews conducted with front-line staff across all departments at RaY between January and June of 2022. These interviews provided an understanding of the ways system failures are contributing to youth homelessness within Winnipeg. The second section of this study analyzes qualitative data collected from a series of focus groups at RaY, where staff presented possible solutions to the same system failures described in the first section. Finally, the third section concludes with a summary of findings and offers a series of recommendations for other community organizations and governmental sectors (e.g., policymakers) that, if are to be adopted, would go a long way in helping to put an end to youth homelessness within Winnipeg.



## Section 1 – System Failures Perpetuating Youth Homelessness within Winnipeg

Front-line service providers at youth serving agencies occupy a unique location within the network of social service agencies and governmental bodies. This is a result of the fact that they are located at the intersection of many different service providers – they must coordinate with Child and Family Services (CFS), Employment and Income Assistance (EIA), Manitoba Housing, the Health Care system, the Justice system, and with other community organizations. It is also a result of the fact that they work directly with young people every day, allowing them to both see and hear first-hand the experiences youth have while navigating systems.

The choice to use the perspectives of front-line service providers rather than to interview youth receiving services was made for two key reasons. The first reason is that asking young people to reiterate their stories of being let down by systems can be retraumatizing, causing more harm. The second is that staff generally tend to have a deeper understanding of how systems are supposed to function compared to those served by systems because staff work together with them on a daily basis. In order to highlight front-line service providers perspectives on why systems are failing youth within Winnipeg, this research project utilized thematic analysis (Braun & Clark, 2006) to analyze the data deductively and inductively (Braun & Clark, 2006). The deductive techniques in our analysis included using pre-existing codebooks to inform our analysis. The inductive techniques allowed us to use the data itself to create new codes that were not informed by the codebook.





## Method

The first set of qualitative data was collected from semi-structured interviews conducted with front-line staff across departments – housing, education and training, mental health and addictions and street outreach – at RaY between January and June of 2022. The interviews were conducted in-person at RaY, where staff responded to an initial set of standardized questions.<sup>1</sup> Responses to these questions were then transcribed into Google Forms which resulted in an initial collection of 60 unique system fails that could be easily exported into a Microsoft Excel spreadsheet. The 60 unique system fails were then copied into a word document, organized into sections based on which system the failure had occurred within. This initial coding system identified that the system failures occurred across seven distinct systems including the Justice system, housing, mental health and addictions, EIA, CFS, the Health Care system, agencies in charge of issuing identification, and public services. This data was then further coded for ‘type of system failure’ and the ‘impacts’ that the system failures had on both participant and agency. After this second round of coding was completed, a third and final round of coding was undertaken for data validity. Of the 60 unique system fails, some were coded into more than one theme resulting in a total of 73 instances of system failures.

## Establishing the Quality of Data

We utilized the following three main data validation methods strategies to increase the trustworthiness of our data: (a) inter-coder data analysis (Church, Dunn, & Prokopy, 2019); (b) member checking (Padgett, 2012), and; (c) peer debriefing and support (Padgett, 2012).

## Inter-coder Data Analysis

A total of three members in the research team cross-coded the data to ensure the reliability and consistency of the codes. The inter-coder data analysis was an iterative process to establish common meaning of themes whenever there was a discrepancy during the data analysis stage (Church, 2019).

## Member Checking

Member checking was used to debrief the front-line staff about the data and themes uncovered in the first stage to ensure the data accurately represented the story (Padgett, 2012). The research team members checked in with the frontline staff by presenting the overarching themes identified during the thematic analysis. The frontline staff agreed with all of the themes we identified and thus, no further modifications of the themes were made.

<sup>1</sup>Please see Appendix A for a list of questions

## Peer Debriefing and Support

Finally, peer debriefing and support (PDS) was undertaken so that the research team could discuss and reflect on their data analysis with each other. It also allowed for a space in which the aim was to decrease researcher biases (Padgett, 2012). Utilizing PDS can increase the rigor of the current study as it aims to decrease research biases (Padgett, 2012). The research team worked closely together and regularly met to discuss their data analysis processes, such as going through the themes and codes together. The researchers also met with a broader committee of RaY staff including RaY's Executive Director, Director of Mental Health and Addictions, and the Executive Assistant who helped guide the research team. By engaging in PDS, this process allowed the members to receive and offer feedback as well as hold each other accountable and honest throughout the research process (Lincoln & Guba, 1985).

## Findings

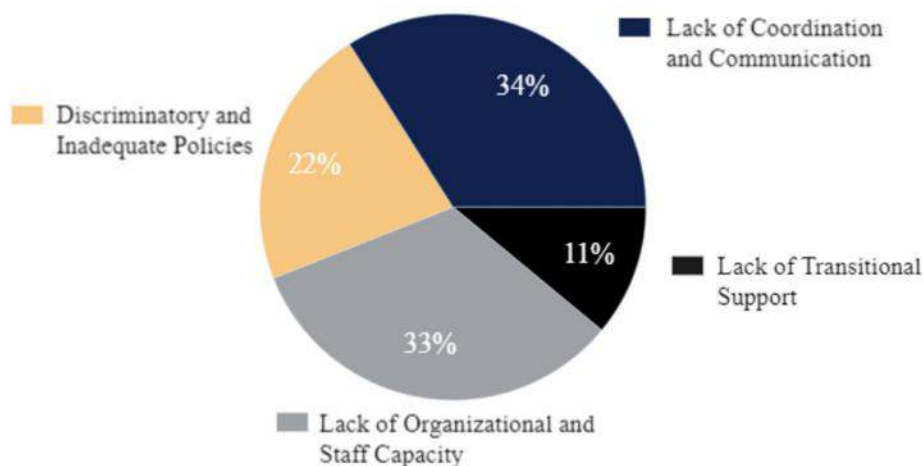
Four distinct 'types' of system failures were identified to have occurred throughout all systems described above. These included: a lack of coordination and communication, a lack of transitional supports, discriminatory and/or inadequate policies, and insufficient capacity. Secondly, the theme of 'impacts' were broken down into 'impacts on the agency' and 'impacts on the participant' which were then further divided into 11 sub-themes. A detailed list of themes and sub-themes is provided below:

Theme	Sub-Theme
1) Types of 'system failures'	1.1 Lack of coordination and communication 1.2 Lack of transitional supports 1.3 Discriminatory and inadequate policies 1.4 Insufficient capacity
2) 'Impacts'	Impacts on participant 2.1 Immediate risk of homelessness 2.2 Deteriorated mental health 2.3 Compromised physical safety 2.4 No access to basic needs 2.5 Mistrust in/of systems 2.6 Access to services on hold  Impacts on agency 2.7 Time and resources spent navigating through other agencies 2.8 'Tied hands' 2.9 'Left in the dark' 2.10 Increased stress on staff 2.11 Increased workload



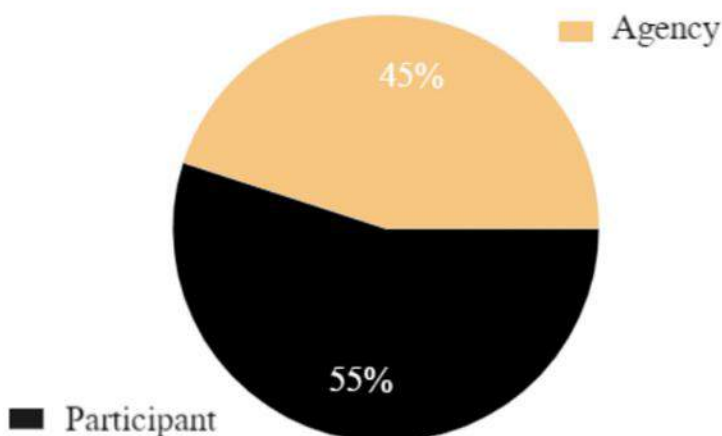
## Figure 1. Themes and Sub Themes

We quantified the codes from the analysis to better understand and visualize the prevalence and pattern of the system fails occurrences. Among the 73 instances coded as “system failures”, most of the instances were a result of “lack of coordination and communication” (34%; N=25), followed by 33% coded as “lack of organizational and staff capacity” (N=24), 22% was coded as “discriminatory and inadequate policies” (N=16), and 11% as “lack of transitional support” (N=8). Of the 60 unique system fails, some were coded into more than one theme resulting in a total of 73 instances of system failures.



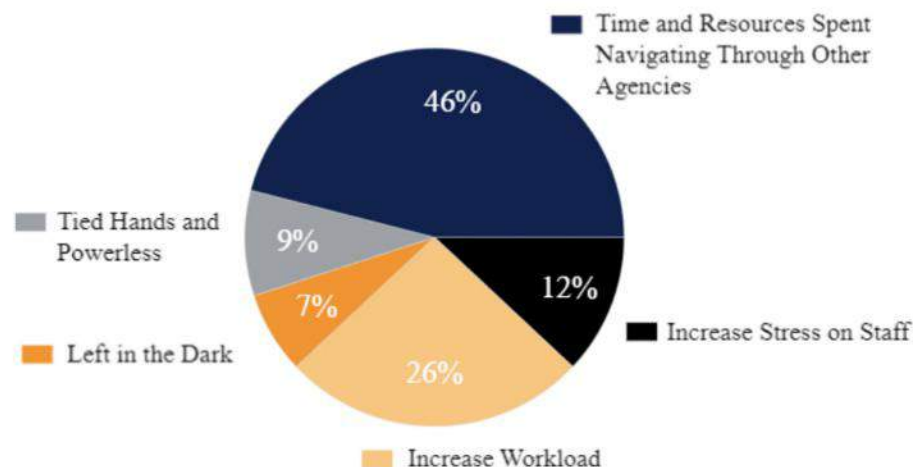
## Impacts

While there were 60 unique data entry points collected, there was significant overlap in terms of instances that impacted both the agency and participant. As such, a total of 95 ‘impacts’ were counted. Of the 95 impacts, 45% (N=43) of them were impacts on the agency and 55% (N=52) were identified as impacting participants.



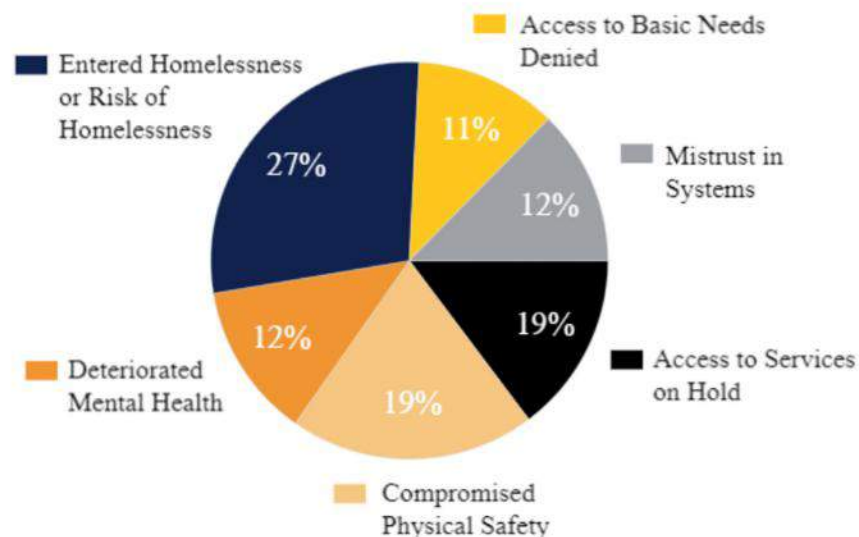
## Impacts on the Agency

Among the 43 instances coded as “impacts on the agency”, the majority of them (46%) were coded as “time and resources spent navigating through other agencies” (N=20), followed by “increased workload” (26%; N=11), “increased stress on staff” (12%; N=5), “powerlessness and tied hands” (9%; N=4), and experiences of being “left in the dark” (7%; N=3).



## Impacts on the Participants

Among the 52 instances of impacts on the participants, most of them (27%) were “entered homelessness or risk of homelessness” (N=14), followed by both “access to services on hold” (19%; N=10) and “compromised physical safety” (19%; N=10), followed by “deteriorated mental health” (12%, N=6), “access to basic needs denied” (11%; N=6), and “mistrust in systems” (12%; N=6).





## 1.1 Lack of coordination and communication

As expressed by the frequency of themes on the previous page, a lack of coordination and communication was perceived by front-line workers as the number one reason as to why systems are failing. For example, one Housing-First service provider explained the following situation:

*“The Winnipeg Regional Health Authority (WRHA) had advised me that [my participant] can walk-in at any time to get anti-psychotic medication. [We] went in Tuesday at 2:30 and no nurses were available to administer the anti-psychotic injection. I tried to advocate to the health care system that [my participant] hasn’t gotten this medication for a while and is in need of it. [My participant] did not have access to the medication that they needed at that time. As it was an anti-psychotic medication, the delay resulted in the deterioration of their mental health. I felt frustrated. I was told that my participant could receive the anti-psychotic injection and a Hep-A shot at any time, but this was not the case. I spent about two and a half hours trying to figure out the situation and providing support to [my participant] while their mental health was deteriorating.”*

*- Service Provider 1, May 10th, 2022.*

As illustrated, a lack of coordination and communication can result in an increased workload that is offloaded to service providers. Faced with barriers, they are forced to re-adjust and spend more time and resources on systems navigation. Here, we can see that instances of poor communication within the mental health system frequently require Housing-First service providers to navigate social services while simultaneously performing crisis interventions. This case also demonstrates that delays on medication delivery can leave clients with a heightened risk of psychotic episodes, deterioration of mental health, and ultimately, increased risk of vulnerability. Events that negatively impact a person's mental health can also lead directly to homelessness by clouding their judgment, impacting their ability to be resourceful and maintain precarious housing situations (Canadian Observatory on Homelessness, 2021).

In addition to navigating systems while simultaneously performing crisis interventions, Housing-First service providers are required to enter tense public-private relationships (Günther, 2021). This includes providing services in other people's homes and living spaces. As such, the provision of Housing First services brings with it a certain level of risk, which is significantly heightened when the recipient of these services has a history of being involved with the criminal justice system. In these instances, coordination and communication between agencies is crucial to ensure the safety of both service provider and service recipient. For example, one Housing First service provider explained:

*“I was performing a home visit for my participant who has gone through the court system on multiple arson charges. While doing the home visit [I] saw an old-style gasoline can and torch within the unit. [I] called the probation officer (PO) to ask whether this violates [the participant's] probation. The PO responded that ‘yes, it does’ but told [me] that he wasn’t going to do anything about it – that they would call 9-11 to perform a wellness check... [but] if a PO is aware that his client is violating his parole, this should be addressed. They should look into it, investigate it, get a visual on this situation.”*

*- Service Provider 1, May 31st, 2022.*



Reflecting on the impacts of this failure, the Housing First service provider expressed:

*“One day [I] fear that [I] will perform a home visit and will find [the participant] dead in his unit. [I] am afraid for their safety and those around them.”*

*- Service Provider 1, May 31st, 2022.*

Participants of Housing First programs have often experienced multiple traumas stemming from turbulent life events both prior to, and as a result of, becoming homeless (Waegemakers & Lane, 2019). By extension of their work, Housing First service providers are often exposed to the trauma of their clients which can result in ‘secondary traumatic stress’ (Bride, 2007) echoed in the sentiments above. Such an impact is concerning when paired with the understanding that secondary traumatic stress can cause front-line service providers to experience burnout, compassion fatigue, decreased quality of life, and even symptoms of post-traumatic stress disorder (Waegemakers & Lane, 2019). Not only was this situation potentially dangerous for the staff involved but could also have led to the participant being harmed unnecessarily because their parole officer was not intervening as they should have when the participant were engaging in risky behaviours.

**“One day I fear that I will  
perform a home visit and will find the  
participant dead in his unit.”**

Similar to the health care and criminal justice systems, CFS was also identified by front-line service providers as demonstrating a lack of coordination and communication. Take for instance the recollection of one mental health service provider:

*“One participant who was under the care of CFS was believed to have Fetal Alcohol Syndrome (FASD) and thus eligible for Community Living disABILITY Services (CLDS). The participant was also receiving support from [another community organization] but the extension of care from CFS had not been extended because CFS’s lack of interaction with CLDS and [the other community organization]. This impacted [my] emotional well-being and left me feeling that there is not much that RaY can do, as this seems to be outside of [our] jurisdiction. The [CFS] social worker could’ve done more research.”*

*- Service Provider 3, April 25th, 2022.*

Within Manitoba, Agreements with Young Adults (AYA’s), often referred to as ‘extensions of care’, serve as an agreement between a child welfare agency and a youth, which grants the youth additional funding and time in care to a maximum of 21 years of age (Lalonde et al., 2021). The extension of care is meant to provide youth with a little more time to transition from adolescence to adulthood. However, as described above, extensions of care are not always adequately planned out by the presiding CFS agency. Crucially, this failure to provide youth with an extension of care has distressing consequences. Once child welfare services have ceased, youth are no longer eligible to apply for an extension in care even if they are under age 21, and without formal supports in place, often struggle to secure safe and stable housing (Lalonde et al., 2021). It is easy to see based on this example how the transition out of CFS can very easily lead to homelessness for young people. If they are not provided with the skill building and supports they require to learn how to navigate income assistance after their time in CFS programming, they are likely to be in a position where they have no financial supports and thus, cannot afford housing.



Finally, miscommunication and an absence of coordination was also revealed to occur when an intersection of three systems are required to adequately serve an individual. For example, one drop-in service provider recalled a time when:

*"[The participant] was previously being housed and accessing services at a halfway house. However, [the participant] came to RaY and completed a pre-intake as they were in need of further support. The reason that [the participant] came to RaY for supports was their Warrant of Expiry ended on Wednesday, April 27th, which means that they will no longer be housed at the halfway house under the purview of Correctional Services Canada (CSC). As a result, [the participant] has been moved by the CSC into [a Living Recovery Unit] along with another woman. Significantly, [the participant] and this woman have a no contact order (NCO). Apparently, the CSC dropped off [the participant] and the other woman into the Living Recovery Unit last Wednesday without keys, furniture, and no way of accessing services. The result of this was that the other woman was hospitalized due to her medical conditions. After treating this woman, the hospital is relying on [the participant] to be the contact and sole provider for the other woman, despite the conditions of the NCO. Currently, [the participant] must stay at the Living Recovery Unit with the other woman and be her care provider, all while having an NCO [against] this other individual"*

*- Service Provider 4, April 28th, 2022.*

This case serves as the perfect example of the 'silo effect', where practitioners from different agencies are operating in isolation and rarely communicate or share the information and knowledge required for successful outcomes (Kelty et al., 2018; Butler & Greer, 2022). Here, we see that a lack of accountability and coordination between the Criminal Justice system, the Living Recovery Foundation, and the Health Care system not only allowed, but required, their shared client to live with an individual they are legally protected from. This instance highlights not only a lack of coordination between systems, but also a lack of concern for the well-being of the participant who was being exited from their halfway house, as they were being exited into a potentially dangerous situation with a person they have an active NCO against.





## 1.2 Insufficient capacity

System failures facilitated by insufficient capacity was the second most common reason why systems are failing. Some failures were a direct result of an agency's organizational incapacity to respond to high demand for services – which resulted in delays, increased processing times, and turning away individuals that were in extreme need of services. By contrast, other failures were perceived to have been the result of an individual staff member's inability to perform their tasks and duties. In one case of organizational incapacity within the Mental Health system, a RaY service provider recalled:

*“A participant had submitted themselves to the Crisis Response Centre (CRC) and was allowed for four hours, then was told it's time to get discharged. [The participant] explained how heavy a user she used to be, and showed the staff at the CRC the multiple cuts on her stomach she had inflicted during harming herself... [The participant] had cried and told them it took so much strength to submit herself into the CRC, but she lives alone and knows she is a harm to herself currently and needs to be in a supervised space. The CRC declined their request and escorted her outside.”*

*- Service Provider 5, June 6th, 2022.*

This instance is an example of a time when someone who was in clear need of medical supervision was unable to access it to the extent they needed. There could be several explanations for this, such as the CRC being over capacity at the time they discharged the youth and/or deemed other individuals needing services more at-risk than this participant. Regardless of why this occurred, it showed how our existing mental health crisis system was unable to effectively meet the needs of a very vulnerable person who was at risk of self-harming or attempting suicide. Under the umbrella of the Mental Health system, encounters with addiction services within Winnipeg also demonstrate a certain level of organizational incapacity to meet high demands. Illustrating this, a RaY service provider commented:

*“[I] made an appointment for [my participant] for detox at Rapid Access to Addictions Medicine (RAAM) and they said that [my participant] was good for an appointment in three weeks' time. RAAM didn't give [my participant] any advice on what to do in the meantime. [I] have to frequently support [my participant] online. [Two transitional housing staff] do home visits and de-escalate [the participant] when they are in crisis & provide support as best as they can until they can enter detox. There are so many addictions resources in the city that it seems to be odd that a three week waiting time is needed. Detox centres should be a revolving door and better communicate with each other to find available beds.”*

*- Service Provider 6, April 25th, 2022.*

The comments from RaY's front-line service providers in both cases point to a pre-existing notion that community support systems throughout Canada do not receive appropriate funding or policy support to meet the growing demand for mental health services (Pepler, & Barber, 2021). They also serve as manifestations of the phrase “the mental health system is broken” and the questioning of the use of the term ‘system’ when talking about mental health services in Canada because the levels of coordination, integration, and accountability needed to describe something as a ‘system’ does not currently exist in Canada (Pepler, & Barber, 2021).



EIA was also identified by front-line service providers as being heavily affected by its own organizational incapacity to keep up with high number of service requests. For instance, a RaY Housing First service provider noted:

*"[My participant] was previously waiting for EIA's payment for the month of May. Neither their rent or basic needs has been released for MaY. [I] have been continuing to follow up and called EIA to see if they could at least give [my participant] an emergency food voucher so they could at least get food. EIA took my name and number so they could call me back, but the call was never returned. [My participant] is still without EIA payment for rent or basic needs, and also without an emergency food voucher. [I] spent countless hours advocating on behalf of [my participant] and waiting for an EIA response, [and] had to deal with the negative emotions from [my participant]. [I] donated food from my personal hamper to make sure that [my participant] does not starve... Can EIA at least have ONE worker that responds to staff emails? Basically, at this point just overhaul the entire EIA system. It is just unacceptable."*

*- Service Provider 1, May 26th, 2022.*

As the sole income for many individuals, EIA payments are relied upon to maintain housing. When these payments are delayed, landlords can, and often will, hold the tenant responsible for the late payment and issue either a warning, eviction notice, or an additional late payment fee, thereby leaving them at-risk of housing loss and homelessness. A similar experience was reflected in another case where a RaY Housing-First service provider recalled:

*"[My participant's] benefits were supposed to be released by the end of last week but didn't receive anything at the end of the week. [I] called EIA again yesterday and they said they are behind. Usually, it takes about 3-5 days to process – but they are weeks behind."*

*- Service Provider 7, April 29th, 2022.*

Significantly, one of the main barriers to successful Housing First programs are the challenges associated with accessing an adequate amount of rent subsidies (Macnaughton et al., 2018), meaning that processing delay times are only exacerbating these pre-existing challenges. Inversely, front-line service providers perceived the network of emergency services as a system heavily impacted by individual incapacities to respond to sensitive situations. For example, one street outreach service provider explained:

*"A participant was physically assaulted by someone they knew. The participant said this has been an ongoing problem and is scared for their safety. The participant came to RaY to call the police to file a claim. They could not get through and only got automated voice messages as a response. As an alternative, the participant, alongside an outreach worker, called 911 to make the claim as the perpetrator was still out in community. The 911 operator was disrespectful and did not let the participant explain the situation. I had to intervene and had to advocate on [my participants] behalf. [We] drove the participant to the police station, which ultimately did not assist the participant in filing their claims. [We] discussed with the participant that we would have to assist them tomorrow in filing the claims online."*

*- Service Provider 2, May 19th, 2022.*



In this case, insensitivity was demonstrated on the part of the 9-11 operator as well as the people who received the participants' complaint once they arrived at the police station. Individual insensitivity was not only shown by 9-11 dispatchers but was also prevalent in another situation with emergency first responders including both firefighters and paramedics. For example, another street outreach service provider recalled:

*"[We] came upon a participant who was immobile on the ground due to severe back pain. The participant disclaimed that they were hit by a truck a month prior and have been bed-ridden up until this point. The participant was trying to go to a walk-in clinic nearby and fell and could not move because of severe pain. [We] called 911 and paramedics arrived on the scene. The paramedics talked with the participant briefly to determine what happened. The paramedics then told the participant that they had to get up and walk to the ambulance so they could be transported to a hospital. The participant continuously reminded the paramedics that they were in severe pain, verbally and yelling out in pain. With back, neck, and head trauma, it is important that the participant try to minimize movement as much as possible. As the paramedics made the participant get up off the ground, walk to the ambulance and then walk to the stretcher, they changed their mind when they realized the participant could not walk up the stairs into the vehicle. They have now made the participant move their body a substantial amount, thereby increasing the potential for causing more harm."*

*- Service Provider 2, April 4th, 2022.*

Not only does this scenario show insensitivity, but also could be jeopardizing someone's well-being in a serious way. If the person who was receiving care had moved the wrong way, serious or long-term damage could have been the result. Concerningly, similar incapacity showed itself in situations of life and death. One street outreach service provider recalled a time where:

*"[I] called 911 for an opioid overdose outside of [a local shopping mall.] We administered Narcan and were successful in reviving the individual prior to paramedics arriving. The paramedics asked us if we were going to be staying on the scene for a while to ensure that the individual did not fall back into an overdose, as well as ensure that nobody else will experience an overdose. While we were planning on being at the location for a few more minutes, we didn't have intentions of staying for an extended period of time because it is beyond our scope of work and capacity. While we and the paramedics discussed the current situation of the increasing numbers of opioid overdoses, one of the paramedics stated to only "call us when somebody dies."*

*- Service Provider 2, March 2nd, 2022*

Such an expression by an emergency first responder is especially shocking when placed in the current context of a national opioid crisis in which first responders - including police, firefighters, and paramedics - play a prominent role in managing overdose risks (Berardi et al., 2021). This kind of attitude may also reflect the compassion fatigue and sense of helplessness to prevent future overdoses that many emergency service providers are feeling as a result of the ongoing opioid epidemic (Pike et al., 2019). Regardless of the reasons why these scenarios took place, there needs to be a response to ensure that vulnerable people or people who use drugs who receive emergency services are receiving the same quality of care as everyone else.



### 1.3 Discriminatory and/or Inadequate Policies

Thirdly, service providers observed that discriminatory and inadequate policies accelerated system failures. Various systems responsible for issuing identification (ID) were often identified as having inadequate policies. For example, one employment and education service provider explained their experience applying for a birth certificate for their participant:

*“When filling out an application for birth certificates, the application requires information regarding the mother and father of the person applying. Many RaY participants do not always know this information, or it is a challenge to uncover. As a result, the youth is not available to fill out the application form and get their birth certificate – affecting their ability to receive other identification such as a passport. [I] must go through additional pathways to support [my participant]”*

*- Service Provider 8, June 6th, 2022.*

There are many reasons why our participants may not know their parents' information, the primary one being that they are, or were, wards of CFS and are unfamiliar with their family history. Similar experiences have been had by front-line services providers attempting to obtain identification for their Indigenous participants because of the need for participants to have a guarantor when applying for registration under The Indian Act to get a status card as an adult. As another education and employment service provider noted:

*“When applying for IDs for participants, a signed guarantor form often needs to be submitted as well. The guarantor signatory needs to be an official of the government or some other professional, a doctor, lawyer, police officer, teacher, etc... the signer also has to have known the participant for at least two years. Needless to say many of the youth RaY serves don't have relationships with people who have authority to sign a guarantor form. Youth are left to find a guarantor signatory on their own, often without success. Youth give up on trying to get their IDs because of the hurdle of getting a guarantor form signed first. RaY staff don't have the authority to sign a guarantor form and often haven't known the youth for two years or more. It's frustrating because staff are unable to get IDs for the participant [and] staff have to spend extra time trying to find a way around the guarantor form process to access IDs for youth. [this process] needs to be streamlined or scrapped altogether... it seems arbitrary and archaic.”*

*- Service Provider 9, May 2nd, 2022.*

**“Call us when  
somebody dies.”**

In both instances, the youth who faced the barrier was also Indigenous, thus highlighting a common dilemma that Indigenous youth and youth experiencing homelessness face – the process of obtaining ID requires possession of other forms of ID. In fact, many cases require multiple pieces of ID (Taylor, 2017).

Transient youth often do not have the means to complete forms such as birth certificates for a multitude of reasons, including not having the necessary parental information, difficulties with reading and writing, not having access to transportation to travel to a service location to apply for their ID, and not having the necessary social connections to obtain a guarantor that can vouch for their identity (Taylor, 2017). While it may not seem like a matter of life or death for someone to obtain ID more easily, not having access to ID can severely impact a person's ability to exit homelessness, which can be a matter of life and death in many respects.

**“We asked mall security if we could accompany the participant inside to use the washroom facilities to clean off and change. The response was ‘No, that is not in the best interest of the mall.’”**

For example, not having ID means that individuals will not have access to many social services, including supplemental income, jobs, setting up a bank account, housing services, medical services and more (Woolley, 2016). Applying for ID can also be a tedious, expensive and barriered process for individuals, especially those with literacy, language, and cognitive challenges, which can result in individuals dropping out of ID application processes, thus missing out on opportunities to access benefits they would be eligible for (Woolley, 2016; Goldblatt et al., 2011).

Front-line service providers also noted how informal policies and attitudes facilitated system failures. Take for instance a specific case in which a landlord’s personal attitude resulted in them denying a rental application from an individual with a criminal background, creating a barrier for access to safe and affordable housing. An education and employment service provider explained:

*“[My participant] was denied housing by a landlord due to a criminal record disclosure. The youth was not able to secure housing in this specific instance, and may be discriminated on the basis of their criminal record again in the future. When applying for housing, potential tenants should not be able to be discriminated on the basis of a criminal background. This should be a protected category ... if it is not, then any individual with a criminal background is likely to be excluded from secure housing.”*

*- Service Provider 10, June 9th, 2022.*

Here, we see the prevalence of stigma against ex-offenders within the housing industry and how this stigma contributes to subsequent discrimination that threatens the ability of released offenders to obtain housing (Berry & Wiener, 2020). However, this did not only occur within the housing sector.



Front-line service providers also mentioned instances in which informal policies and personal attitudes stigmatized and discriminated against individuals experiencing homelessness. As one street outreach service provider explained:

*"[I] came across a participant who was not wearing any clothing from the waist down, inside of a bus shack right outside of [a local shopping mall]. There were security guards stationed at both the entrance and exit to the bus shack. Outreach staff spoke with the security to determine the situation. They stated that emergency services have been called to address the situation. They told us if we wanted to help the participant, it would be best to take them away from the situation as soon as possible before police/fire arrive.*

*"[We] talked to the participant. They stated that they had to use the washroom and security would not allow them into the mall to use their facilities. This resulted in the participant soiling themselves and removing their clothing. All they had was a dirty blanket to cover their body. [We] asked security if there was a spare pair of pants in the mall's lost and found that could be provided for the participant. They stated there was no clothing available that they could provide.*

*"Outreach staff connected with Salvation Army outreach which provided clothing for the participant. We offered to transport [the participant] to RaY for a shower and better clothing and the participant agreed. When we brought the participant the clothing, we asked mall security if we could accompany the participant inside to use the washroom facilities to clean off and change. The response was 'No, that is not in the best interest of the mall.'"*  
- Service Provider 2, May 25th, 2022.

Here, we can observe the existence of informal policies and personal attitudes that exclude people experiencing homelessness from public spaces, reiterating the stigma against homeless individuals and their exclusion from these spaces. Instead, they are restricted to spaces dedicated for individuals experiencing homelessness, such as night shelters, hotels, and encampments (Casey et al., 2008).

The stigmatization of individuals experiencing homelessness, and the policies established from this negative view, are part of a wider socio-political agenda that is anti-homeless and anti-poverty and is an approach to city planning that is not focused on solving the homelessness crisis but instead one that seeks to make it less visible (Cervantes, 2016). Additionally, discriminatory policies of this nature do not only aim to exclude individuals experiencing homelessness from public spaces, but they also criminalize and perpetuate homelessness. As just one example of such a policy, one street outreach service provider recalled when:

*"A participant experiencing homelessness was sleeping outside the closed down Palatal restaurant on Sherbrook Street. The parking lot is a known space for folks to congregate, however it is a public space and the building has been shut down for years. The participant was woken up by the police and issued a 'trespassing' ticket worth \$672."*  
- Service Provider 2, April 15th, 2022.

The use of public space amongst individuals experiencing homelessness is an important component of daily life, just as it is for securely housed individuals. The dichotomy of public versus private space becomes threatened when the implementation of activities often performed in private spaces – such as sleeping – are performed in spaces visible to the public eye (Landmarks, 2016).



As noted in the examples above, public spaces become sites of surveillance, policing, and authority when individuals experiencing homelessness become occupants of that space. The act of issuing tickets can be used by officials “to reduce the visibility of homelessness and maintain a sense of public order” (Landmarks, 2016). Furthermore, most acts that are criminalized are “not for ‘aggressive’ acts and are seldom paid” (Landmark, 2016), as exemplified by the individual in the example above who was issued a ticket for sleeping.

The dichotomic rhetoric and criminalization of persons experiencing homelessness in public spaces not only perpetuates illegitimate societal perspectives regarding homeless individuals, but further act to reinforce ideologies of ‘public spaces’ for ‘private individuals’. As a result, individuals experiencing homelessness are excluded and criminalized for their required use of ‘public spaces’ for ‘private acts’. Ticketing individuals who are already living below the poverty line only acts to further marginalize and can lead to future challenges such as access to housing and social income supports such as Employment and Income Assistance (EIA).

Employment and Income Assistance (EIA) was another system that featured heavily in service providers’ discourse on system failures caused by inadequate policies. One illustration of this was when EIA temporarily shifted their rent payment policies. The previous policy was that they would receive a rental agreement from a client showing the amount owed per month for rent, then they would transfer this amount to the landlord while transferring any remaining money the client was eligible for directly to the client. These were called rent adjustments. The new policy saw EIA temporarily stop doing rent adjustments, instead sending all eligible funds directly to landlords without any clarity as to where the difference was going if the eligible amount was greater than the rent amount. One housing service provider reflected on the impact of such a policy, stating that as a result, participants now experience:

*“a lack of understanding on exactly how much to put aside for their utilities. This puts them in a compromising position. If participants don’t know how much to pay for their hydro, they could end up in the cold. They also can’t properly budget if they don’t know how much they’re going to receive.”*

*- Service Provider 12, July 10th, 2022*

EIA policies were not only found to be inadequate, but also inherently discriminatory. One staff member recorded through their work with a participant that EIA has a policy that currently requires applicants to go through Legal Aid and work out custody if they are applying for financial support as a single parent. Succinctly put, the case worker highlighted that:

*‘A policy of this nature does not acknowledge that some people may be single parents for their safety, nor does it acknowledge that for some families, it is in the best interest of the family to not involve the courts and other financial arrangements.’*

*- Service Provider 11, February 12th, 2022*

The issue with this approach is that in order to work out custody, courts generally require parents to come to an agreement or engage with the legal system to settle disagreements (Community Legal Education Association, n.d.). To engage in these processes, both parents need to be present throughout and likely must occupy the same physical spaces at times. In situations where there is violence, abuse or other serious threats to one party’s safety, this may be a dangerous thing to do. While this case may constitute an extenuating and rare circumstance, it draws attention to the need for greater flexibility and support in the EIA system. The issue of lacking support pathways for individuals in extenuating circumstances was a trend that will be further discussed in the following section.



## 1.4 Lack of transitional support

Finally, RaY's front-line service providers also identified several system failures facilitated by inadequate transitional support between systems. Notably, this occurred frequently within the Criminal Justice system. As one drop-in service provider explained:

*"There was an individual that came to drop-in and had just been released from Stony Mountain Correctional Institute. From what the individual had said, Stony had driven them into the city and dropped them off at Walmart Unicity and left them there. No resources were given to him prior to, or at the moment that he was dropped off within the city"*  
- Service Provider 11, April 25th, 2022.

This is a particularly disquieting case, as individuals recently incarcerated face a multitude of urgent needs, such as the need to find affordable housing that is safe and sustainable, stable employment, help with navigating community services, reconnecting with family, meeting conditions of release, and addressing immediate health care needs (Hu et al., 2020). Not only is this a challenge for individuals not connected to any agency prior to being released from incarceration, but the failure of corrections services to provide transitional supports can greatly impact individuals who do have access to supports from external agencies. For example, one mental health service provider explained:

*"[My participant] is connected to Program Assertive Community Treatment (PACT) and has been in jail and chronically homeless. [I] reached out to PACT to see what outreach they were doing to help [my participant] find housing, and it seemed like they haven't been doing anything. They were requiring [the participant] to work for himself to find housing. He was released from jail back into homelessness."*  
- Service Provider 6, April 20th, 2022.

Both cases reinforce the idea that locating affordable housing is one of the most significant obstacles individuals face upon release from incarceration (Hu et al., 2020), and that if the transitional supports in place are not enough to help individuals overcome these existing challenges, there is an inherent risk of being entered back into homelessness. Additionally, the risk of recidivism, the term used to describe when someone returns to jail after release, is significantly reduced when a person is housed upon release from jail. One study from the United States notes, "when an individual has adequate housing upon release, recidivism decreases by 19%" (Fallis, 2020). Thus, by not supporting transitions out of the correctional system, institutions are actually further burdening themselves in addition to negatively impacting the people they serve.

**"They were requiring the participant to work for himself to find housing. He was released from jail back into homelessness."**



Similar transitional failures were regularly observed by front-line service providers working with participants needing the support of the Health Care system. As one mental health service provider explained:

*"[My participant] entered [Health Science Centre's Mental Health ward] PX2 through emergency for mental health related issues. Since [I] have been working with them, they have been in and out of PX2 for around three or four months. They stay there for usually a week at a time, but then are usually just discharged into the community without a plan. PX2 doesn't seem to care about his release. [My participant] ends up in the same cycle of being released into homelessness and ending up in the psych ward, repeating the same cycles, never being able to find stability in any aspect of his life. Their mental health is not properly taken care of when they are at PX2.*

*"[I] frequently visit PX2 when [my participant] is there, approximately once a week, and I have also spent time doing housing intakes with them, trying to help them with their housing situation and finding stability. When you are discharged from a psych ward, there should be a safety plan in place for an individual so that they do not just end up in the same ward, but this is not happening – it should be."*

*- Service Provider 12, June 13th, 2022.*

In this case, it is evident that mental health institutions can easily become 'revolving doors' for patients who are not appropriately diagnosed and treated. The failure to properly attend to this individual's underlying mental health issues, as expressed by the service worker, results in the participant immediately entering homelessness and being at an increased risk of having another psychotic episode. Poor mental health – which is associated with poverty, disaffiliation, and personal vulnerability – can create situations that make an individual more susceptible to becoming homeless (Homeless Hub, 2021).

Ironically, homelessness amplifies poor mental health (Homeless Hub, 2021). Here we can see that both causes and effects – homelessness and poor mental health – feed into one another creating a cyclical pattern (Homeless Hub, 2021). Compounded with the additional stressors and barriers that are associated with homelessness, persons with mental health experience increased levels of vulnerability which could ultimately lead to life-or-death situations. Social services, such as mental health care need to be low barrier and respond not only to an individual's immediate needs, but to better advocate and address the needs of all diverse groups of people.

Inadequate transitional supports within CFS, often enabled at an individual level, can also leave individuals at an elevated risk of entering homelessness. This was highlighted by a service provider who recalled the moment when:

*"a CFS worker had emailed [me] at 9pm stating that one of their youth will be 'without a home tomorrow...' The message was sent the night prior and would not have been received by [me] until the next day [so] the youth would enter homelessness. Now, [I] feel responsible for the youth's situation. I have feelings of being the youth's 'last resort' and had to try to make everything happen to get this youth housed. Individual CFS social workers need to be more proactive in finding supports for their youth."*

*- Service Provider 7, February 18th, 2022.*



As expressed on the previous page, this service provider experienced heightened stress as they attempted to house the individual at the last minute before they became homeless. In this incident, the level of associated stress was compounded by Winnipeg's local context of a full waitlist for affordable housing units which has only become worse as the pandemic has continued (Froese, 2020).

One significant factor that should also be considered when analyzing CFS involvement data includes the demographic breakdown of the populations that this service is designed to assist. Indigenous youth are largely overrepresented in the CFS system (Homeless Hub, 2016) in Winnipeg, as corroborated by the Here and Now Report: The Winnipeg Plan to End Youth Homelessness, a report released by community stakeholders to develop a sanctioned approach to mitigate the structural and systemic causes of youth homelessness. Of all youth in care, Indigenous youth represented just under 87%, many of which "experience[d] housing instability while in care, including running away and placement breakdowns" and furthermore, "exit CFS care largely unprepared for life as an adult" (Homeless Hub, 2016).

Despite the six-year difference between the completion of the Here and Now Report and this study, the narrative has seemingly unchanged. Comparatively, in 2014, RaY participated in a 360° Agency Evaluation completed by an external party, part of which included a breakdown of the demographics and social characteristics of the youth who access RaY's services. Indigenous youth who reported being wards of the CFS system at some point in their life comprised 65.3% in comparison to their non-Indigenous counterparts (29.8%) (Resource Assistance for Youth, 2014).

Furthermore, homelessness experienced by Indigenous youth in Winnipeg is largely influenced by the failures of CFS to adequately prepare individuals for the transition into adult life. Without the proper guidance and support from CFS, Indigenous youth are experiencing exacerbated levels of homelessness and can be further compounded by intergenerational trauma, systemic discrimination, racism, and inadequate public policy.







## Section 2 – Solutions to System Failures

As explored in the previous section, system failures are prevalent within Winnipeg, and stem from the lack of coordination and lack of transitional support, discriminatory and inadequate policies and insufficient capacity. Each of these system failures affected the lives of youth in unique and distinct ways as well as unnecessarily increasing the workload of frontline staff at RaY. While the exploration of how and why systems are failing youth within Winnipeg is important, exploring the solutions to these system failures is equally crucial. Thus, we attempted to expand our understanding of the solutions to the system failures uncovered in section one of this research project by undertaking another round of data collection focusing on identifying solutions.

### Method

This second set of qualitative data, centered on finding the solutions to the system failures explored in the first set of data, was collected in a series of focus groups between August and October of 2022. The same front-line service providers that were initially interviewed regarding system failures were divided into the department which they belonged to – Housing, Education and Training, Mental Health and Addictions, or Street Outreach – and participated in small focus groups. A focus group was the chosen method of qualitative data collection as their purpose aims to identify a range of different views around the research topic, and to gain an understanding of the issues from the perspective of the participants themselves (Hennink, 2007). During these focus groups, participants were asked a list of questions specifically created to invoke solutions for each type of system failure that was previously identified.<sup>2</sup> As per the methods described in section one, we utilized thematic analysis (Braun and Clark, 2006) and inductive/deductive techniques to code the data. We also followed the steps outlined in section one to establish the trustworthiness of our data (i.e., member checking; inter-coder analysis; peer debrief and support).

### Findings

#### 2.1 Solutions to Lack of Coordination and Communication

As expressed in the first section of this report, a lack of coordination and communication was perceived by front-line workers as the number one reason why systems are failing. When asked about the possible solutions to a lack of coordination and communication between social service agencies and community organizations, front-line workers came up with several different ideas on how to prevent this issue. A shared solution identified by front-line service providers across department lines was the need for a centralized, coordinated access database. One housing service provider referred to the need to further implement coordinated access and expand the Homeless Individuals and Families Information System (HIFIS) to all housing programs.

*“I’ll give you an example. Housing First started implementing the use of [the Homeless Individuals and Families Information System] HIFIS. So, that takes information of a particular of a person, and they put it on this platform that any agency could read, in terms of SPI-DATS, their acuity levels, any documentation to show how transient a person is, is all on there. So right now, it’s only accessible to Housing First & Non-Housing First programs, but it’s not across the board. Making it so is a step in the right direction.”*

*- Service Provider 12, September 23rd, 2022.*

<sup>2</sup>Please see Appendix A for a complete list of questions

One mental health service provider, who had seen how HIFIS was helping to coordinate services within RaY's housing program, expressed the idea that something similar needed to be applied and adopted to mental health and addiction services within Winnipeg.

*"I'm thinking of something like HIFIS, like I guess, like a database that's shared between organizations that's used to its potential. Some programs use it within organizations, some organizations use it and it's mandatory, some places it's not. I think it would be a good tool to use across organizations."*

*- Service Provider 3, September 7th, 2022.*

Education and training service providers, who, in response to the multitude of barriers associated with helping their clients acquire identification, also point out the need for a centralized database.

*"Yeah, something where you can access the information for that person in one place. Like if they're on multiple funding streams, or if they are with multiple agencies working on multiple different things, just having a core system or database that all agencies can access...like HIFIS or something like that."*

*- Service Provider 13, October 3rd, 2022.*

The need for a centralized, coordinated database, and why it would be so beneficial for coordinated services within the youth serving sector was succinctly put by this housing service provider.

*"So far, I think if everybody was on [a coordinated database] it would be a lot easier for us to all correspond and have all the information, so that we're not doubling the work. Because some agencies do the same things as we do. But in a lot of cases, you wouldn't, know that there are other agencies connected to our participants, or these other agencies wouldn't know that their participants are connected to us. If there was one universal database and if everybody is using it, and inputting information and using it the way they should, it would be so helpful and beneficial."*

*- Service Provider 7, September 23rd, 2022.*

The idea of a province-wide coordinated database is appealing, but could be extremely difficult to implement in practice, especially considering the need for protection of privacy for young people. However, there is a clear need expressed in these sentiments for some form of improved information sharing and collaboration across systems to be implemented.



## 2.2 Solutions to Insufficient Capacity

Section one highlighted that system failures are facilitated by the prevalence of insufficient capacity on behalf of both organizations and individuals. Some failures were a direct result of an agency's organizational incapacity to respond to a high demand for services, while other failures were perceived to have been the result of an individual staff member's inability to perform their tasks and duties in an appropriate and respectful manner. In terms of an agency's organizational incapacity to respond to the high demand for services, front-line service providers shared that the solution was simple – an increase in funding. For example, one housing service provider, while reflecting on the failure of insufficient organizational capacity to respond to the number of service clients, expressed the need for more staff.

*"I was talking to a CFS worker who told me her docket was 140 people... for one person. How do you take your time and be able to give it efficiently to 140 people? And try to navigate everything? You can't. You're gonna miss things and not produce work of good quality. There needs to be more bodies, they need to hire more people, they need more funding, and more people to handle the amount of services. Because if you alleviate even 40 people off somebody's caseload, that is a huge break for you know, that one person, and they can efficiently try to do their job properly."*

*- Service Provider 7, September 23rd, 2022.*

The need for increased funding to increase staffing levels was also expressed by a mental health and addictions service provider:

*"Honestly, the easy one is just more human resources. I mean, the more people you have, the more capacity you have to do things. If you can only have three participants in the building because you have one or two staff... that's not enough. So, the solution would be just overall more resources for agency sectors and social services."*

*- Service Provider 6, September 7th, 2022.*

In instances where system failures were perceived to have been the result of an individual staff's incapacity to respond to situations in a sensitive and respectful manner, one solution as expressed by a housing service provider was an increase in education.

*"You go to an EIA worker today, for example, who was hired 25 years ago, they are less likely to refer to an individual by a they/them pronoun. And that's a classic. Or maybe it's a society at large thing. But since we're particularly describing systems, that's a big, big, big factor, depending on when they were trained and how they were trained. I don't think it's a standardized process. But education is a number one need. And orientations that include sensitivity training for sure."*

*- Service Provider 12, September 23rd, 2022.*

**"Education is a number one need.  
And orientations that include  
sensitivity training for sure."**



Interestingly, this housing service provider also elaborated on the fact that education and training was needed for community organizations, who, in some ways, have a responsibility to educate their clients who are likely to be discriminated against.

*"I was gonna say [education is] needed on both ends. Our participants also need that education. Because you create awareness for them. They've already experienced [discrimination], but some of them don't even know what subtle racism looks like, or what sort of subtle discrimination looks like and how to combat it. The ones that have experienced it from the justice system, right off the hop, it's - become aggressive, because that's all they know. Right? So, if you educate them, they become more aware of what's going on around them and they're better positioned to advocate for themselves."*

*- Service Provider 12, September 23rd, 2022.*

Street outreach workers, who often interact with emergency first responders and other health care providers who are experiencing compassion fatigue resulting in insensitivity expressed the need for further education and training. As one service provider recalls:

*"We've Narcaned [a participant] because their breathing was so shallow, we were almost at the point of CPR. And [fire] responds, and, you know, they tell one of us outreach workers only to call them when somebody dies. I think it just goes to show like the lack of sensitivity training and cultural awareness and trauma informed care, and harm reduction that should be implemented into emergency services."*

*- Service Provider 2, October 4th, 2022.*

Elaborating on their first solution of improving education for service providers, the same street outreach worker put forward another possible solution – the provision of better screening processes when training and hiring for emergency first responders and health care practitioners who will end up working with vulnerable, at-risk populations:

*"I also have questions about hiring processes for even getting into some of these programs. It's strictly academic based on what your transcript says, whereas others are interview based, but do you have that kind of connection where you can talk to somebody person to person? Do you have bedside manners? You know, things like that. Because you can look great on paper. But do you have those personable skills? Are you empathetic?"*

*- Service Provider 2, October 4th, 2022.*

As many front-line service providers have experienced compassion fatigue themselves, some see the need for mental health support in areas of health care and emergency first response as larger solutions to combating compassion fatigue, and in turn, insensitivity towards clients within the social service sector. As one mental health and addictions service provider explained:

*"I know in police, if you're involved as an officer in a serious incident, they have a behavioral health department that reaches out to you and that's just something that has to happen. You have to check in with, I don't know, some kind of therapists or psychologists or something like that. But I don't know how far that goes. I think it would be good to extend that to other services."*

*- Service Provider 3, September 7th, 2022.*



This RaY staff member identified the potential benefit of improving support for front-line workers so they can deal with the high level of vicarious trauma they experience on a day-to-day basis in a better way. In order to provide these supports however, service providers, like police, need access to mental health professionals who have the expertise to lead discussions or debriefs after staff witness or are part of serious events. This is uncommon though because many social service organizations do not have the fiscal capacity to employ mental health professionals, so they require more funding to do this.

**“We need to stop utilizing tactics of colonization and the things that we do that are making things more difficult for Indigenous people.”**

### **2.3 Solutions to Discriminatory and Inadequate Policies**

As explored in section one, service providers also observed that discriminatory and inadequate policies accelerated system failures. Policies found as discriminatory most commonly fell within the systems responsible for issuing essential identification such as birth certificates and passports. More specifically, it was the criteria these systems used to define ‘guarantors’ which created numerous hurdles for front-line staff to navigate around. Notably, it was participants of Indigenous ancestry that were disproportionately affected by these policies. As a result, one education and training service provider reflected on the need of policies that better reflect the population that they are intended to serve:

*“Government policy needs to change who can sign these forms and making it more Indigenous friendly. We need to stop utilizing tactics of colonization and the things that we do that are making things more difficult for Indigenous people. Why isn't the Chief on the list [of guarantors]? Or why can't you use a community member instead of a professional? What does being a professional have to do with validating somebody's identification? Or a family member? An Elder, a family member, a friend, a roommate that you've had for six months? As if your roommate of six months doesn't know who you are? Right? Maybe the easiest answer is eliminating the ‘professional’ aspect of the requirement.”*

*- Service Provider 13, October 3rd, 2022.*

The need for policies that better reflect the demographic they are intended to serve was a reflection also shared by a street outreach service provider, who expressed that policies and practices within the shelter system need to better reflect the reality of homelessness and addiction.

*“I think in a perfect world, shelters would have a safe consumption site. I know a lot of shelters are dry, meaning no alcohol or substances, which doesn't cater to a lot of folks who are accessing shelters. But then people go to a shelter and they have substance abuse challenges. So, then they go into a room by themselves and they use, they could overdose. Whereas if you have a safe consumption site attached, you can go to this place, it's safe, you get harm reduction supplies, using clean supplies, people are on site right there, if anything does go wrong, they can monitor you. And then you can go to your room after... when they know they'll be safe.”*

*- Service Provider 2, October 4th, 2022.*



Other service providers saw the solution to inadequate policies as less about formal policies and more about establishing normative behavior grounded in humanity. In response to witnessing multiple people overdosing right outside hospital doors and not receive any care, one street outreach service provider wants to see compassion at the center of health care policies.

*"When somebody overdoses outside the hospital, and [health care providers] don't go outside those doors? That's alarming to me. When they have nurses and doctors, and they're not allowed to go outside those doors and help somebody. This is all stuff that we've seen ... everyone is more worried about dirty bags and chips and something on the ground than they are about these people dying all around you... that's what people are concerned about. They don't want to see a mess, I get that. They don't want that mess in their backyard. I get that. But at the same time, it's like, I don't think I know one person that doesn't know or love an addict, right? So how do you just love that one person, but you turn your back on everybody else?"*

*- Service Provider 14, October 4th, 2022.*

Whether this is a stand-alone event or a common occurrence, the staff who recalled the event has indicated the need for service providers to exhibit higher levels of empathy towards substance users. Proper screening ought to be done to ensure there are fewer barriers to workers' willingness to provide life-saving interventions to people in need, regardless of where that person is when a crisis occurs.

## **2.4 Solutions to Lack of Transitional Supports**

A lack of adequate transitional supports was the fourth and final type of system failure that front-line service providers identified. Specifically, a lack of transitional support was perceived most frequently in the Criminal Justice system, CFS, and the Health Care system. Many front-line service providers had a shared understanding of the solution to this issue – timely and well-coordinated exit strategies. For example, one housing worker reflected that the Justice system needs better transitional support and services for those about to exit incarceration.

*"Exiting a jail system should start in the jail and not outside of the jail. That's why everyone fails when they come out is because there's nothing for them and no one sets anything up for them. They need EIA, they need a place to stay, they need all the essentials, because they're starting over again. But if they were to help them in the institution and set that all up, I think they'd be more successful transitioning out of jails."*

*- Service Provider 12, September 23rd, 2022.*

Another housing worker expanded on this, stating the specific need for education and training programs to be a part of transitional planning within the Criminal Justice system.

*"They need to employ social prisons, jails as part of an exit strategy. They need to have social workers. Right now, they only have case managers – POs or COs. and depending on the CO, they don't even care about people. It's another person another number, they'll even tell you, I'll see you again in like a few weeks. So, they need to have something for them to build skills in jail. They can do their GED, but like the women's jail has nothing in there for them to do besides school and cook in the kitchen and clean the units. That's it."*

*- Service Provider 1, September 23rd, 2022.*



This statement points to a need for more life skills building and system navigation focus while someone is in jail in order to prepare them for life upon release, and set them up to be able to access the services they will require to get back on their feet. One education and training service provider expressed a similar sentiment regarding supports needed to successfully help youth transition out of CFS care.

*"I also think the social worker preparing like a year prior, rather than a month prior, I know a lot of people who have been two months away from being 18. And they're like, I don't have my IDs to apply for this place, I'm not set up for this yet. That should have been done a long time ago by social workers.*

*"When a kid is put in care, their social workers are their primary contact throughout their time and care. They're [social workers] the ones that are supposed to situate them and support them. Other places they come and go, but a social worker is supposed to be there for the whole duration, right? Well, they're their legal guardian, right? So that should entail a significant amount of responsibility. Because as a legal guardian, it is your job to prepare them for adulthood, just as it is a parent, and when you've taken them away from their parents, now the responsibility is on you.*

*"But social workers are overworked and underpaid, and can't put in the time and the energy and effort into preparing these kids to transition out of CFS. There's a lot of supports and resources in place for younger children than teenagers. And then they slip through the cracks. They get put in group homes; the group home staff have high turnover rates. So you're getting constantly new staff until they turn 18 and are forced to go back into their toxic living environment with their biological family. Yeah, because they've got nowhere to go and CFS didn't set them up for success."*

*- Service Provider 10, October 3rd, 2022*

Once again, there appears to be a lack of life skill development and pre-emptive actions to help ensure young people have what they need to be able to live independently when the time comes for them to exit CFS. Even if there is high turnover with staff, the system should have something in place to ensure youth have even the most basic requirements to access services and resources that support their transitions out of CFS. Again, this attitude was shared by a mental health and addictions supervisor, who views the need for better exit strategy/plans to be created for exiting the health care system.

*"When someone's being exited out of the hospital, for example, I think we do our best to keep in touch with the hospital, social workers, the nurses, things like that, to make sure that a really solid discharge plan is created... But a lot of the times people are released, and then we don't know why or where they are. And we don't know what or who they've been connected to. So, we need more effort put into discharge planning and finding what supports this person connected to and how can we help them to reconnect with them before we discharge them into going back to what they were doing before they entered the system".* Service Provider 6, September 7th, 2022.

Ultimately, the sentiments shared above demonstrate the fact that poor transitional supports feature across the entire web of the social service network and that according to front-line service providers, one strategy to combat this would be to ensure that adequate exit planning becomes a cornerstone of all service activities.





## Section 3 – Conclusion and Recommendations

As this research project has demonstrated, the prevalence of system failures is a significant contributing factor to youth homelessness within Winnipeg. According to the front-line service providers at RaY, social service systems are failing youth in four common ways: they lack the ability to coordinate and communicate amongst each other, have an insufficient capacity on behalf of both organizations and individuals to respond to the distinct needs of our community, harbour discriminatory and inadequate policies, and fail to provide transitional supports to individuals exiting their systems.

As shown, these failures can impact both front-line service providers and the individuals these service providers are trying to serve. Service providers expressed that because of these failures, they spend more of their time and resources on system navigation, face an increased workload, feel an increase in stress, and are often left feeling powerless over the situation they face. However, given their already vulnerable state, more important are the impacts faced on behalf of the participant.

The included findings illustrate that because of system failures, youth face a heightened risk of entering homelessness, face a hold in their access to services and basic needs, experience compromised physical safety and deteriorated mental health, in addition to feeling that they can no longer trust the systems that are designed to serve them.

So, how can we move forward from here? Based on the solutions expressed by RaY's front-line service providers, we encourage the public sector in Manitoba to consider the following recommendations:

- 1) The Government of Manitoba establish a province-wide, coordinated information sharing system, either through collaborative tables with system representatives or a centralized database, that can be utilized by all social service and community agencies serving under-housed individuals.
- 2) The Government of Manitoba increase funding in the core areas of Child and Family Services, Employment and Income Assistance, and health care so that these systems can have adequate staffing levels to respond to the needs of our province.
- 3) The City of Winnipeg implement sensitivity, cultural awareness, trauma informed care, and harm reduction training for all emergency first responders.
- 4) Better screening processes in place when training and hiring staff who work with vulnerable, at-risk populations to identify negative attitudes and biases towards individuals who require support.
- 5) All social service systems make holistic mental health support available for staff in areas of health care and emergency first response to combat compassion fatigue.
- 6) The Vital Statistics branch of The Government of Manitoba examine their criteria requiring 'guarantors' for people to apply for ID and change the policy to better reflect and honor the experiences of Indigenous communities.

7) Manitoba Public Insurance reassess the guarantors' requirements for photo ID applications, particularly the length of time (i.e., 2 years) the applicants have known the listed professionals to reflect the experiences of street-transient folks.

8) Emergency shelters adopt policies that better reflect the needs of individuals who both use substances and are unhoused.

9) The Criminal Justice system integrate exit planning strategies into all their service activities, including education and training opportunities, so that incarcerated individuals are better prepared for life after their exit.

10) Child and Family Services develop more comprehensive transitional planning strategies to ensure youth exiting care are set up for success.

11) The Health Care system, specifically areas of mental health, develop more thorough discharge plan strategies so that individuals are not discharged before being connected to other support systems.

12) Direct support staff in the social service fields (e.g., social service department in the government sectors) are difficult to retain due to low wages and high workload, which significantly impacts service quality. Thus, more funding be provided to increase wages for direct support staff and reduce staff turnover rates.

We encourage our community partners and different governmental departments to consider enacting the above recommendations along with recommendations that have been provided to them by the Indigenous community, especially through the MMIWG Calls to Justice and the TRC Calls to Action. Following through on these recommendations will undoubtedly result in a reduction of the barriers experienced by marginalized youth when accessing services and the prevention of further system failures within Winnipeg.



## Next Steps

At RaY, we intend to use this report to not only guide our own services and advocacy efforts, but also as a guideline for continual assessment of the systems and services highlighted throughout the document. We believe that all systems and services, including our own, ought to be examined by the people they impact so they can respond to areas of weakness and improve outcomes for the people who access them. The recommendations listed here will be revisited on an annual basis to determine whether or not progress has been made. These reports will be released in the form of report cards and will be made available through RaY's website. We will also make an effort to gather feedback directly from the individuals receiving services from the systems examined here, as RaY staff experiences only provide one piece of the puzzle.

This report provides a broad, overarching view of several social service systems and the barriers that exist for the individuals accessing them. While we believe this report will provide important context and guidance for systems to move forward in a better way, future research should also be done to examine each of these systems from a closer lens. This may include internal or external service audits by systems such as EIA, CFS, Health Care and Justice to gather feedback and guidance directly from the individuals and communities they serve most prominently. In order for audits to be effective, these systems need to be open and willing to respond to the criticisms they receive and view feedback as a launch point to improve from.



## Appendix A

### System Failures Interview Questions

1. Which system were you dealing with?
2. What happened?
3. What was the impact on the participant?
4. What was the impact on the agency?
5. What are your suggestions for improvement?

### 'Solutions' Focus Group Questions

1. Lack of Coordination
  - i. What are some possible solutions to the lack of coordination between community organizations who serve youth experiencing homelessness? (Prompts: What has worked well for you when collaborating with other orgs? What hasn't?)
  - ii. What methods of communication do you think would result in improvements for communication across and/or within social service systems? (Prompts: What kinds of communication result in the highest level of follow up? Which level within the systems needs the most improvement?)
  - iii. If services for a participant are located at the intersection of multiple governmental systems (Health, Justice, CFS) what processes could be undertaken to improve coordination? (Prompts: what might lead to better collaboration between systems?)
  - iii. How do you suggest we eliminate the 'silo effect' within and/or between social service agencies?
2. Lack of Transitional Supports
  - i. What supports are needed to provide adequate transitional support to participants exiting the criminal justice system? (Prompts: which system plays the most important role for successful exits?)
  - ii. What supports are needed to provide adequate transitional support to participants exiting Child and Family Services (CFS)? (Prompts: Which system plays the most important role for successful exits?)
  - iii. What processes should be in place to ensure individuals exiting mental health systems are safely transitioned to other support systems? (Prompts: Any factors could potentially impede with the transitions?)
3. Discriminatory and Inadequate Policies
  - i. When faced with policies/practices that are seemingly discriminatory against your participant, what pathway/route would help you ... (Prompts: What actions do you take to mitigate that?)
  - ii. What needs to be changed within the organizations/governmental sectors to decrease the chance of staff being discriminatory?
4. Insufficient organizational and individual capacity
  - i. How can the social system services best address their lack of capacity to eliminate long processing times/ service back logs that have resulted from the covid-19 pandemic?
  - ii. In instances of individual incapacity and/or insensitivity towards the participants you serve, what do you think should be done? (Prompts: what about emergency services?)



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