

Collaboration in a Time of Scarcity

What we heard about the spaces and movements between homeless-serving service providers in Nogojiwanong-Peterborough Ontario



In 2022 and 2023, the Research for Social Change Lab undertook a review of Peterborough's Coordinated Access system. We set out to learn: What are people's experiences seeking services from Peterborough's homeless-serving system? What are workers' experiences delivering those services? And how can the system improve?

In addition to a formal research report, we are sharing what we heard in a series of zines such as this one. Please visit our website to read the other zines in the series. Every individual quoted in this zine has been given a pseudonym to protect their privacy.

This zine and the research it draws on was supported by Reaching Home: Canada's Homelessness Strategy and United Way Peterborough & District.

The Research for Social Change Lab is a community-engaged research collective in pursuit of justice and equity in Nogojiwanong/Peterborough.

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Collaboration in a time of scarcity

In 2022 and early 2023, the Research for Social Change Lab conducted 48 interviews with local people who had experienced homelessness (service users) and 42 people working in the homeless-serving sector (service providers). We heard much from them about collaboration, which is the activity in the spaces between supports (programs, organizations, or workers) that is necessary for ensuring that service users' needs are met. We heard about the important function that collaboration serves in providing the communications, advocacy, and consistency that service users need in order to be supported. Our interviews showed a wide range of efforts at collaboration that have been made in this community.

However, participants often identified problematic gaps and inconsistencies in those spaces resulting from a variety of factors. (As our Jail zine shows, many spoke in particular about a lack of support in moving from jail back into the community). Service providers reported a discrepancy between the breadth and depth of need in the community and the capacity of homeless-serving supports. In this context, the messiness of attempting to address the crisis of homelessness distracts from the extraordinary scarcity that impedes the success of collaboration.

We heard that everyone in the sector has good intentions and wants to collaborate. "Everyone's doing the best they can," said Heather, a service provider.

"That's the first thing that I realized," said Kendra, another service provider. "People working within the system want to collaborate."

However, we found overall that collaboration can only be successful when service providers have: 1) adequate resources and structures for collaboration itself to happen AND 2) adequate resources to offer to clients.

This zine describes:

- The challenges faced by service users in the absence of collaboration;
- Service provider perspectives on collaboration;
- A brief history of collaboration in our community; and
- People's reflections on what makes collaboration effective or not.

What we heard from service users

Different workers, different rules

Service users told us about the difficulties that inconsistency between service providers — even within organizations — can pose for them. Carl described the extent of the revolving door of workers he has experienced. He told us that he had had at least 20 Ontario Works workers since 2007. Derek had had 5 different workers, who had different expectations. Apart from getting to know and trust new workers, clients have found that they must also adjust to the new expectations that workers bring. “Certain different workers had different rules too,” said Derek. “It wasn’t one standard [set of rules] for the agency, you know. Everything ran on personal opinions instead of fact, or instead of as a whole. To me, that’s not the way it should be. It’s not fair.”

Angus showed how both inconsistency and rigid inflexibility in rules can be challenging. “I have found that people will place rules, but if you fight them, they make exceptions,” he said. “But like how the fight works is still unclear to me [...] The rules with various shelters, in what they decide qualifies as a family or a couple is sort of wishy washy and doesn’t necessarily carry over from shelter to shelter. [...] And you say like, ‘Hey, maybe you want to make an exception because I live with both mental and physical disabilities. And I’m, I’m now a rape victim, who’s navigating the court system.’ And they’re like, ‘Yeah, that’s pretty extreme. We do make exceptions, but not for you.’”

Picking favourites?

Tiffany recognized that workers are limited in their ability to be flexible about rules. While Tiffany perceived consistency between some agencies in how rules are applied in general, she also recognized the risk that workers encountered when they bent the rules.

“A lot of people don’t realise that certain times they’ll say yes to one person, and then they get in trouble, so the next day when someone else asks, they have to say no,” Tiffany said. “And they don’t understand that they just about lost their jobs for saying yes to you and then I asked, and they told me no.”

Despite seeing consistency among workers, Tiffany still found that workers treated some people better than others. She felt that doing work around the shelter that put herself at risk gained her more advantage from workers: “Because a lot of people think I’m a favourite there. Well, I mean, maybe I am because I pick up garbage every day and I pick up all the needles. I don’t let the staff do that, because they don’t touch needles.”

Dusko experienced something similar. “I was at the Overflow,” he said. “You’re only supposed to be there for 45 days. I was at the Overflow for over a year. Almost a year. Right? Because they like me down there, and I didn’t want to go. [...] You see the favoritism, and people get treated like shit. I see people get kicked out for like, the dumbest reasons.”

“You have to know the codes to get around places” - Angus

Navigating a complex system of supports and services can be challenging for service users. Being homeless adds to this challenge considerably. Angus: “When you’re homeless and you’re in sort of this survival mode, you’re kind of just day to day but you also can’t be because all of these agencies expect you to like make appointments [...] You can’t really have the stability of a schedule, you don’t have that luxury.”

Not only is it important to ensure consistency and communication between services within the community, but, as Angus demonstrates, there need to be ways to foster this with services in other jurisdictions. Angus moved to Peterborough from Northumberland County, and that meant starting over again at the beginning of the assessment process to get placed on the By Name List for people experiencing homelessness.

“It took about an hour and a half to do all of the intake for registering for the By Name List and for HIFIS,” Angus said.

“[I] came to Peterborough County and found out that I had to do it again, because they don’t transfer the files,” Angus said. “I live with a disability and it saps so much of my energy, then having to manage all of this stuff, it’s exhausting ... It’s sort of disrespectful of the time and energy that is put into these things ... It just doesn’t feel like a system that works for anybody.”

However, for John, relationships that local agencies have with each other and with those in other communities helped to make his experience of

becoming housed much smoother. “Because FourCAST had been doing it for so long. They ended up having liaisons with that office in Oshawa. [So there’s a] professional camaraderie that’s happening between FourCAST individuals and the people at the portable housing [office, in Oshawa].”

In order to navigate the system and have his needs met, Angus observed the importance of self-advocacy and having connections with the ‘right’ people who are already collaborating well. “My experience with trying to access housing in general has been that you need some sort of in in order to get anywhere,” they said. “The reason I was able to get reference to YES so quickly was because I was involved in counselling with PYS, and they work closely with some of the workers at YES, so my counsellor was able to pass along my information to a worker who then got in touch with me relatively quickly. [...] You’ve got to know people that know people.”

However, Angus recognized that this puts some people at a disadvantage: “I feel like it’s, it’s sort of like you have to know the codes to get around places. Because you need to know who to talk to and what to ask for. And if you don’t, then you’re kind of screwed.”

Julia identified the value of having case managers who are already familiar with various agencies and can take on the work of bridging various supports. “I think we should all be assigned some type of worker that covers all the agencies, (that) has some kind of say or pull or something, involvement, with mental health, (with) everything,” Julia said. “Just that would be helpful. To meet with us whenever — night and day.”

When service users spoke about the spaces between supports, they spoke more about inconsistency, favouritism, and knowing the right people. It was not always clear to them what the rules were, why they were in place, or what might lead to positive or negative outcomes in the system.

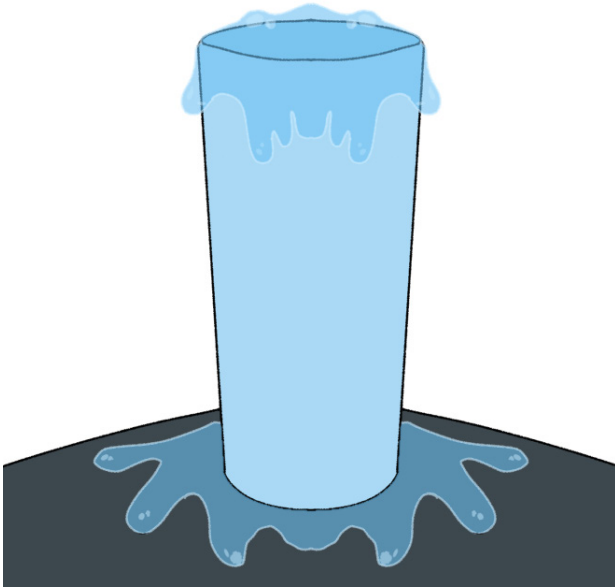
Service providers, however, painted a picture of an inadequate system drenched with service users moving from one overflowing service to another. We share those observations starting on the next page.

What we heard from service providers

“Overflowing” and “stopgapping”: When need exceeds capacity

Organizations do not have the capacity to address the needs of all the people they are seeing. Exceptionally low vacancy rates, unlivable wages and social assistance rates, a surge in housing costs, and rampant renoventions leave many people without a place to live. The supply of available and affordable housing has dwindled, but demand for it will persist as relocations, housing breakdowns, and institutional discharges continue. Compounding these challenges is the pandemic legacy of escalating health, mental health, and drug poisoning crises which reconstructs the livability of cities.

Given these conditions, people who have housing may be afraid to move out, reinforcing the already-low vacancy rates. We heard that, without other more permanent housing units available, even people receiving short-term supports like transitional housing and shelter beds are relying on them on a longer term. And other individuals who have no place to



live are staying on an unwelcomed basis with those who do.

Public sector institutions (e.g., jails and hospitals) discharge people into shelters or to homelessness more broadly. Jackie saw part of the problem as being a lack of advocacy or advocates. “We discharge to homelessness a lot,” she said. “Probably not as much as we used to, because it’s an organisational risk. It’s a personal risk for patients, for sure. [...] The problem is that most of these folks don’t have anyone to fight for them. If it was you or me that were discharged in that manner, our families would step up. There’s no one to step up for these folks.”

With only 106 emergency shelter beds and over 300 people living in homelessness in Peterborough in any given month, the shelter system cannot come close to accommodating everyone who needs housing. This discrepancy sees a portion of the local population regarded as ‘surplus’ as they ‘overflow’ the capacity of existing and new services and are actively ‘dumped’ into services and circumstances ill-equipped to meet their needs. Kendra explained that people were overflowing from the Overflow shelter to the Stop Gap drop-in program — and then overflowing from the Stop Gap into a makeshift space in the Stop Gap’s vestibule.

The end of the line: “Just waiting for them to die.”

A few service providers questioned whether others working in the system saw it as even worth it to try to help some people.

Bryan: “And it’s probably not fair and it’s just how my head goes sometimes, but I feel like for certain individuals in our community, people are just waiting for them to die. So lots of nice things are said, and lots of stuff about harm reduction, etc., etc., but they’re still being left because I think people just feel like it’s not worth the investment. Nobody will say that, and I’m saying [it] in very, you know, direct terms, but that is how it feels sometimes.”

Payne: “Sometimes it feels like there are ways for those numbers [homeless numbers] to go down that aren’t putting people in houses. It feels like genocide. [...] It feels like if people die outside, their numbers go down and that’s measured as success. That’s the only way I can wrap my head around why there’s no action.”

People described as “hard-to-serve” are flowing downstream

Not only is the system overwhelmed with the sheer numbers of people requiring housing, but it is ill-equipped to provide the supports required for specific populations, who are sometimes referred to with terms like “high acuity,” “high-risk,” “high-vulnerability,” and “hard-to-serve.” Regardless of the language, service providers recognized that the supports that are available locally are inadequate for meeting the needs of some people.

Cheryl asked, “Where’s the best place to support an individual who can’t access shelter because of legitimate safety concerns? [...] You look and you say, well, where else do we put somebody when it’s freezing cold? I get it. I don’t know what the answer is.”

Another example is older adults with health conditions who are not eligible for other services and end up in shelter. “We have the issue of individuals who have been living rough, whether that’s sheltered or unsheltered, [who] prematurely age,” said Bryan. “So, when they hit 60, it’s more like they’re 75. So lots of issues that they really should be in long-term care facilities, but long-term care facilities aren’t designed for [them].”

Underfunded emergency services, like shelters, are not equipped or financed to provide personal care to residents, but are being called upon to do so when residents require it.

One method of dealing with limited capacity is applying restrictions on shelter access. But being involuntarily discharged from shelters disrupts people’s continuity of care, requiring them to start over when/if they eventually return. Lily told us about the process she sees at the shelter where she works. “We’re trying to get you connected and housed,” she said. “Right, so somebody who’s always getting restrictions — as an example based on their behaviour — just prolongs the process. [...] If you’re discharged because you can’t be safe in the shelter, there’s not always somebody following up on the street to continue that work. When they come back into the shelter, you’re starting all over again and it’s kind of just the cycle, the cycling in and out can be really difficult for them — for everybody — but especially them.”

Shelters become catch basins, responsible for serving those whose needs aren't met by other agencies

When other social systems fail, shelters are expected to meet the diverse and often severe needs of everyone who is directed to them. Unfortunately, when shelter staff reached out to other agencies to problem solve, there was little reciprocal effort to engage in interagency communications. “We get dumped on because we’re not serving this person,” said Bryan, speaking from a shelter’s perspective. “But we can’t in our environment, it’s not working. But we have no place to send that person. Even just like, can we have a discussion about what to do with them, you know?”

Shelter staff describe having to prove the severity of residents’ needs in order to get them access to essential supports, for example, by communicating the imminent risk of death for a youth in order to secure an individual’s access to psychiatric services.

Lily explained the services a shelter provides go well beyond what they’re funded for. “Basically, the funding is to provide basic needs: a roof over the head, get them some blankets, feed them, make sure that people are safe,” she said. “But we’re way beyond that. We’re helping people find housing, we’re doing Case Management supports, we’re sitting in case conferences, we’re holding other agencies accountable. We’re full Case Management supports and we aren’t resource[d] to do that.”

Shelter staff observe that even when case conferencing occurs, if a shelter cannot accommodate someone and that person ends up on the street, the shelter staff are often blamed. This pattern takes a toll on workers and requires more accountability from other agencies. Bryan elaborated: “It’s like, ‘okay, you want to bring them in [to shelter], but we know they’ll last three to four days. So what’s the plan?’ Because can we get them out before it becomes a disastrous situation for them, too, not just the staff or not just, you know? Anyway, what will happen is when it’s somebody who already isn’t able to be served by anybody, then it’s crickets. And there we are. So they end up in shelter. And then it falls apart, and then shelter’s to blame. And that’s really difficult on frontline shelter staff because they’ve already put up with a lot, more than most people will.”



Not for lack of trying

To strengthen the consistency, communication, and efficacy of the housing support system, various forms of collaboration have been tried in Peterborough. Discharge planning, case conferencing, and circles of care are some ways in which workers come together to help optimize service provision for clients. Over the years, service providers in Peterborough have also developed numerous coordinating tables to address the needs of people in need, including people experiencing homelessness. These have included:

- Homelessness Coordinated Response Team (HCRT)
- System Navigation Group
- Collaborative Housing Information Table (CHIST)
- Built for Zero
- Community Advisory Board (CAB)
- Familiar Faces (based at PRHC)

Homelessness Coordinated Response Team

The Homelessness Coordinated Response Team allowed homeless-serving agencies to gather in order to do dedicated case conferencing to, as Kate said, “review cases that were sticking in the system,” and make decisions to help people get the support that they needed. However, Jackie shared the perception that decisions at HCRT were based on the strength of workers’ advocacy rather than the urgency of client needs themselves. Jackie said that at HCRT, people “would meet, they would discuss an apartment coming up, and then, basically, it was like a lottery at that point, try to convince whoever had it in whatever housing complex, who was best for that person.”

We heard various reasons for ending HCRT during the COVID-19 pandemic. Kate stated that the current set of tables is “way more fractured” than it was when the community’s needs were smaller and when there was less bureaucracy, fewer service providers and a smaller homeless population.

Others observed that HCRT was replaced by Coordinated Access. “HCRT doesn’t exist as it did before, and for lots of reasons,” Heather said. “One,

we have a coordinated access system, shared database, like a lot in the system has changed since then.”

Lily indicated that HCRT’s success in fostering collaborations actually contributed to its end. “HCRT was created because we were very siloed,” she said. “And so that was an effort to break that piece down. And then so much coordination was happening out of that table. Because of the relationships that were created and the collaborations that were created, that we started moving away from it, and then COVID hit. That really just dissolved it.”

System Navigation Group

The System Navigation Group, comprised of frontline supervisors of homeless-serving programs and services, has filled the gap left by HCRT. Heather describes the table as “a lot of ... talking about people who are experiencing homelessness, people who are falling through the cracks: who’s supporting them, who’s doing what pieces.” She went on to explain that information from the System Navigation Group was not being relayed to staff from the agency representative who attended those meetings, which is a shortcoming of the group. “I don’t know what they talk about,” she explained. “It’s not something that’s shared even amongst us as a team, which I think speaks volumes to the divide through the community as a whole.”

By bringing together service providers who can make decisions on service provision, the System Navigation Group can address the needs of people who might otherwise go unserved. Lily gave an example of why she finds the System Navigation Group helpful: “I’m thinking of a particular individual who was a level five¹ who, through that collaboration and ability to make decisions that maybe frontlines were unable to make, we were able to shelter that individual, safely and effectively.” Lily explained more generally, “One example of why it works is because there’s conversations that are happening, collaborations, and decision makers that can make outside-the-box decisions.”

1 the highest level of restriction from shelter services, at least fifteen days

System Navigation Group AND Collaborative Housing Information and Support Table

Lily described the difference between the System Navigation Table and the relatively new Collaborative Housing Information and Support Table (CHIST) which, she explained, both meet biweekly and concern housing. She shared that, while housing support outreach staff gather at the CHIST to work on the practical aspects of housing people, the System Navigation Table provides a space for agencies to make higher-level decisions to support individuals with more complex needs.

In addition to case management, collective learning is a benefit of participating in the tables. Leylah described how helpful the CHIST has been for providing educational opportunities for workers. For instance, she described the chance that workers had to learn at the CHIST about how to support someone who needed a trustee.

Another benefit of the tables, particularly for part-time or relief workers, was the sense of coordination and opportunity for problem-solving among workers. Leylah found the initiation of the CHIST helpful. “For me, it’s good to kind of have a ... high-level overview of what’s going on because ... I’m not in the shelters every day. I’m not, you know, seeing clients every day [...] And it also, I think, saves time in terms of communication. If there’s something that has changed that everybody needs to know about, then it means that everybody finds out about it together.”



Hopefulness after the COVID-19 pandemic

We heard that the pandemic forced agencies and institutions to come together to work to address challenges. Stacey said the pandemic “made us have to get around the table to support each other because we couldn’t work in those silos anymore. [...] and I have seen better outcomes for clients since then.”

Several participants spoke of the hope they feel as people have returned to working in-person and connecting face-to-face in ways that make communications smoother. For example, Sarah felt a surge in prioritizing collaboration: “We’re hearing a lot of people talking about collaboration and true collaboration and coming together and having the conversations that we need to have [...] Sometimes it feels like that’s a perpetual conversation. But I think there’s a lot of energy coming out of the pandemic to really make change.”

We also heard of the power that bringing workers together in-person to learn and network can have for revitalizing them. Stacey provided an example of an event (Situation Table training on HUTs¹ offered by Peterborough Drug Strategy) that was particularly valuable after the isolation of the COVID pandemic because it brought service providers together and allowed for some relief to the compassion fatigue that many were feeling. Stacey: “All the community partners, there had to be 100 of us there. It was really good. It was the first time we’d all seen each other too since COVID. So it was like amazing to like network with people [...] And I think that kind of stuff is helpful for compassion fatigue for like, just to feel like you’re not alone.”

1 HUTs, or housing unit takeovers, occur when someone who is not a tenant continues to live in a unit despite not being welcome.

What hinders good collaboration?

We heard that, even in the best of circumstances, collaboration can be challenging. Beyond a general need for everyone to work together, which we heard often, participants also described more specific challenges that need to be addressed if collaboration is to be a useful, sustainable and inclusive model.

Challenges with getting to the table

- Cost of participation
- Lack of resources, such as staff time, to collaborate
- Being on networks but never invited to meetings
- Some agencies not included in information loops
- Privacy restrictions

Challenges with communication

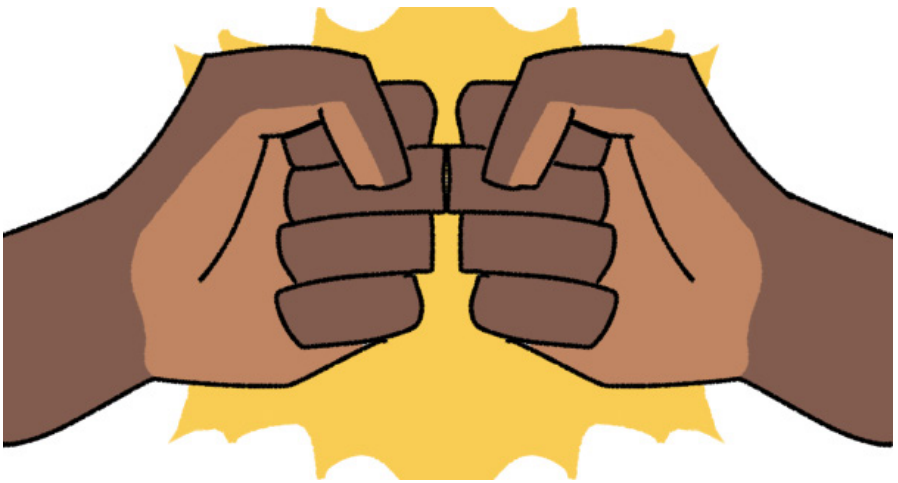
- Lack of listening, clarity, communication, awareness/understanding about what each participating organization does
- Need for more streamlined referral processes/'warm' transfers
- Need for necessary conversations among and with participants

Challenges with decision-making

- Lack of resources and public supports to action decisions
- Ineffective and unfocused meetings
- Lack of common goals and principles
- Tables need structure and solution focus
- Tables need to be evidence-based
- Tables depend on the "one nice person" model that puts the onus on one person or agency to be flexible
- Competition and turf wars between partners instead of trust-building

Collaboration can only be effective when there are sufficient resources along with the capacity and willingness to mobilize them.

Stacey spoke about the many tables that have been developed over time and feeling like they have not been effective. “There’s been so many of them over the years,” she said. “And they start up and they shut down. [...] the last year the tables have gotten like, ‘are we coming here to do something? What are you offering at this point?’ Because we all like, you can walk downtown, you know what the issues are.” She pointed out that while there have been a lot of tables, a lack of structure and resources have limited their effectiveness. “So, it’s like, what resources do we have to bring to the table? If we don’t have any, why are we here? [laughs] So I think the tables need structure around solution focused: how much money do we have? What properties do we have? What can we do versus acknowledging like, we already know what the issues are. How do we get Council on board? Like these are the bigger questions, I think. How do we not have a panicked approach to solving emergency housing in winter when winter comes every year?”



The lead author of this zine was Mary Anne Martin, a post-doctoral researcher at the Research for Social Change Lab. Team members included Samantha Blondeau, Sally Goodwin, Joey Lavictoire (who did the illustrations), Thamer Linklater, Marisa Mackenzie, Naomi Nichols, and Will Pearson.

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COLLABORATION IN A TIME OF SCARCITY is one of many zines produced by the Research for Social Change Lab to share what we heard from community members during our review of Peterborough's Coordinated Access system.

Visit our website to learn more: www.socialchangelab.ca
