Stay In Line
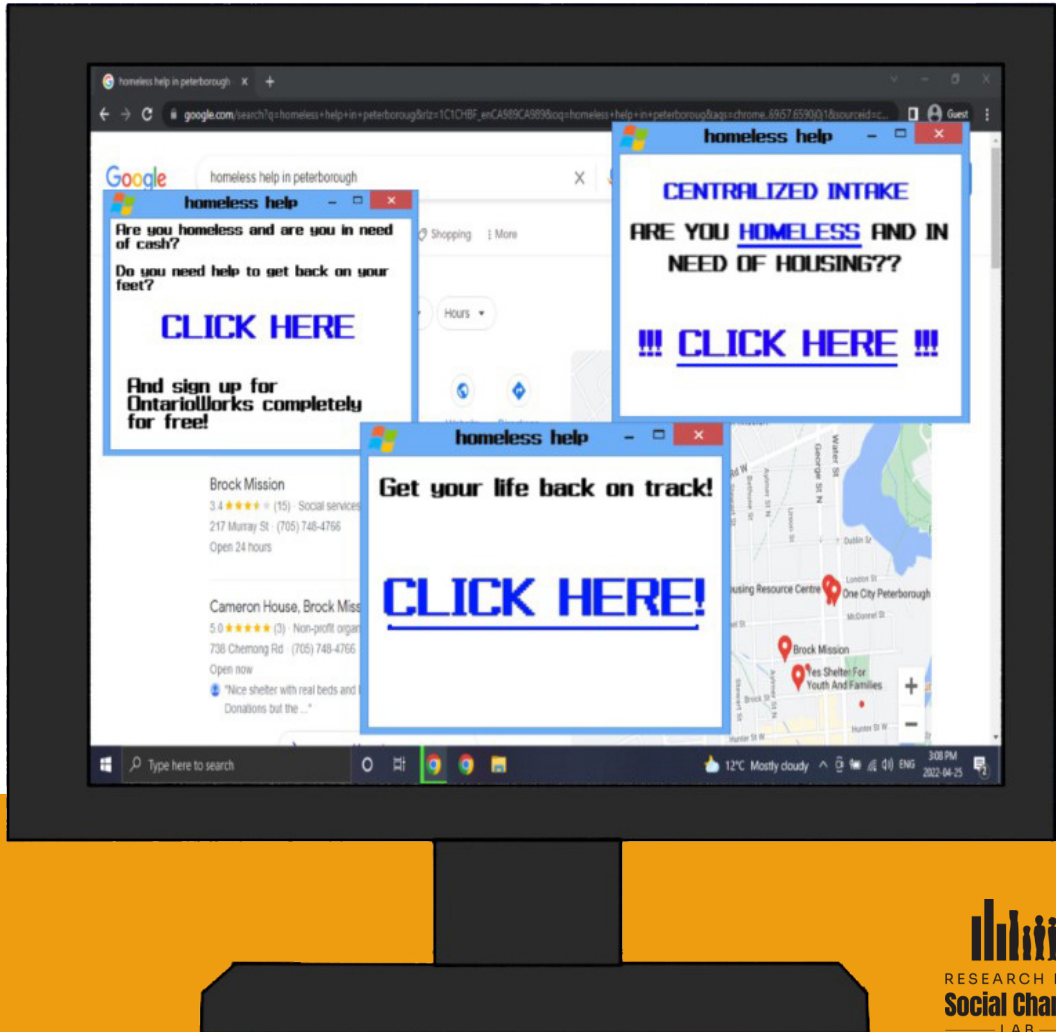
People's Experiences of Coordinated Access
in Nogojiwanong-Peterborough, Ontario

RESEARCH FOR
Social Change
LAB

Stay In Line

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In 2022, the Research for Social Change Lab at Trent University created a guide to Peterborough's system for housing and sheltering the unhoused called **"Get in Line."** This first project documented the local process for responding to an increase in housing precarity and homelessness in our community. In doing our research, we learned that the Government of Canada requires every community receiving federal Reaching Home funding to implement something called Coordinated Access. We also learned that the Government of Ontario requires municipalities to have a By Name List of people experiencing homelessness. From here, we sought to spell out how these two things work, locally, so that service providers and those in housing need had the information they needed to effectively navigate these new changes. Since then, we have been talking to people who work in Peterborough's homeless serving system and those who are homeless about how they experience and understand these reforms, inviting them to identify what's working and not working for people in Peterborough. **"Stay In Line"** synthesizes what we heard about how Coordinated Access and the By Name List work in practice, and why the numbers of people experiencing or at risk of homelessness here in Peterborough have only grown since the government has mandated these changes.

Meet the Research Team

Stay In Line's lead author was Naomi Nichols, who directs the Research for Social Change Lab. Naomi relied on research support from Samantha Blondeau, Joey Lavictoire, Thamer Linklater, Marisa Mackenzie, Mary Anne Martin, and Will Pearson.

Sam Blondeau enjoys lifting the voices of those with lived experience in the community, while raising awareness of the housing crisis.

Joey Lavictoire likes this project because they can finally share their experiences with others and help others who have been in the same spot and learn about their experiences.

Thamer Linklater wants to understand the systems in place and how to change them.

Marisa Mackenzie strives for change in the community by helping others and empowering those around her. It is her hope that this work will help bring about positive change.

Mary Anne Martin wants to ensure that the voices of the people who are closest to challenges faced by communities are central to their solutions.

Naomi Nichols is drawn to this work because the government has created a bureaucratic shelter system that is hard to understand. She wants to make it easier to understand so that the community can assess if it's working.

Will Pearson is curious about how systems work, and he believes transparency is essential to ensuring equitable service provision.

Illustrations by Joey Lavictoire. Mazes by Thamer Linklater. Photos on this page by Thamer. Shelter sketches (Page 6 and 7) by Joey and Thamer.

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Introduction

In "Get In Line", we explained that Coordinated Access is based on a few big ideas. First, it is supposed to be grounded in the philosophy of Housing First (i.e., that housing is a human right) and second, the assumption that having high quality real-time data (i.e., about who is homeless and about available housing resources) is essential to realizing people's rights to housing. But Coordinated Access is also presented as a mechanism for dealing with a housing shortage. There are more people experiencing homelessness than there are housing resources, and so Coordinated Access is meant to help communities decide how to distribute these scarce resources in a time of great need. Coordinated Access embeds these three big ideas into a process that has been designed to match people in housing need to the existing housing resources in a community. But these big ideas sit in tension with one another. On the one hand, the Government of Canada has ratified the right to housing in law; on the other hand, it is requiring Canadian municipalities implement a process for managing homelessness, which is a de facto human rights failure.

In this zine we remind you about how Coordinated Access is meant to work and then explore how it's fallen short of its promises in Nogojiwanong/Peterborough.

Our first zine, "Get In Line"

The Four Steps of Coordinated Access

Coordinated Access is meant to increase the transparency, efficiency, and fairness of housing resource distribution via the following steps:

1 **Access** to the system by connecting with a worker trained to assess people. Here, clients are typically inputted to HIFIS (the City's homelessness database) and added to the By Name List of people experiencing homelessness.

2 **Triage** to ensure the client is safe and to assist with prevention of housing loss or diversion from a shelter stay; and, **Assessment** of the person's housing needs, barriers, and resources. Peterborough uses either the SPDAT or the VI-SPDAT assessment tools.

3 **Prioritization** for housing supports. Clients with higher assessed need are given priority — but only if there are appropriate resources available for them.

4 **Matching** and **Referral** to appropriate and available housing programs.

But … how do these steps work in practice?

After documenting how Coordinated Access is intended to work in **Get In Line**, we wanted to learn how it was actually being experienced by people in Peterborough.

To do this, we interviewed 48 people who have experience of homelessness in Peterborough and 42 people who work in the homeless-serving sector, either in frontline, management, or governance roles. We kept our interviews open-ended, so that people could share whatever they thought was most important. In the pages that follow, we share what we have learned. Every study participant has been given a pseudonym to protect their identity.

Community Access Points

Common community access points are not accessible to everyone in housing need.

The most numerous community access points for Coordinated Access are Peterborough's local shelters, where people are booked into HIFIS (the Homeless Individuals and Families Information System) and added to a list of people experiencing homelessness, called the By Name List.

A shelter worker we spoke with indicated that as soon as a person does an intake to stay in a local shelter, they are added to HIFIS and the By Name List: "When somebody first comes into the shelter, they're signing a HIFIS consent. And as soon as they sign that consent, and it's put in HIFIS, they're automatically on the By Name List." But people can stay anonymously in our shelters and identification is not verified for those who do give a name. This means people may be on the By Name List and never assessed (which means they won't be prioritized for housing), or they may be on the list and assessed but not prioritized for housing because they cannot be reached and prepped (e.g., supported to gather the required documents).

Furthermore, given that many of those without housing in Peterborough are not using our local shelters, these community access points are not accessible to them. According to the 2021 Point in Time homelessness count, the number of people sleeping rough in Peterborough increased by 350% between 2018 and 2021. In a previous zine, we documented what it's like to stay in an emergency shelter and explained why shelters are inaccessible to people who have physical and/or neuro-developmental disabilities; are substance dependent; trans or gender-non-binary; have experienced gender-based and sexual violence in a shelter; and/or do not want to be separated from a loved one or pet.

For these reasons, the shelters do not serve as accessible points of entry to all those in housing need.

Luckily, people can also engage the Coordinated Access process through other agencies.

According to the 2022 Peterborough Coordinated Access guide, the following agencies are official access points: Fourcast, One City, the Housing Resource Centre, CMHA, and Peterborough Social Services. Other local agencies (e.g., Children's Aid Society, the Elizabeth Frye Society) also administer the common assessment and request to have their clients added to the By Name List. This List is our source of real-time data about who is homeless in our community, and the idea is that these community access points enable a "no wrong door" approach to the Coordinated Access system.

But some of these other official access points (e.g., Peterborough Social Services) are viewed as compromised by some service users. People shared concerns about losing access to their shelter allowance through the Ontario Works program (which is also administered by Social Services) if they are recorded as homeless on the By Name List. People are also aware that encampment clearings are facilitated by City staff from other departments. Though it might seem obvious to those working in Social Services that their attendance at encampment clearings signals a desire to help people who are homeless, the distinction between City staff involved in destroying one's things and those staff seeking to help is not always clear.

The community access points do not serve to make the Coordinated Access process more transparent and navigable for service users.

Service user interviews suggest that Community Access points do not make the system easier to understand nor navigate. Their accounts remind us that when a person is unhoused, and survival needs loom large, focusing on understanding a new bureaucratic process may not be a top priority.

Most of the homeless individuals we interviewed (33/48) did not understand how the Coordinated Access process worked nor the importance of the By Name List. Some knew they had completed the standardized assessment, but they had never heard of the By Name List; others knew about the By Name List, but they had not heard of the assessment; others knew about both parts, but not the requirement that they update their housing status to stay active on the By Name List; and still others had no idea about any aspect of the process.
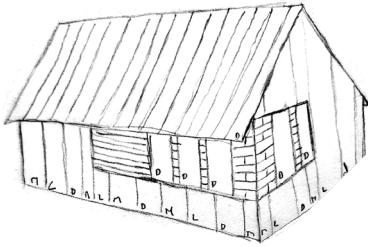
For example, when an interviewer asked Sam, "Did you ever have to participate in something called the By-Name List?" His response was typical of what we heard from
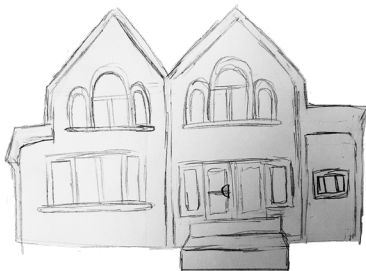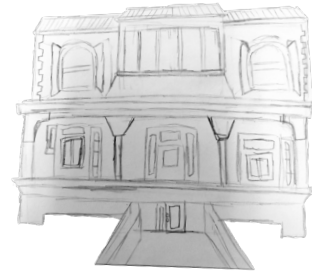

The Overflow Shelter

Cameron House

The Brock Mission

YES Shelter

many we spoke with: "No, that sounds familiar, though. Like, I feel like I should know what that is."

Carl was also unsure whether he was on the By Name List. To a question about this, he explained: "I think one of my workers [might have put me on the list] -- I've had so many workers. I've had at least 20." When the interviewer sought to clarify, Carl elaborated: "I think they put me on because they were asking me where I lived, what parts of town I live in." But went on to explain that he has yet to update his status: "I haven't yet. Every time I to go down there though, it's hard. Either your case worker's in or she's not."

The most common responses we heard from service users were that people had been assessed using the standardized tool employed in Peterborough – a tool called the SPDAT – but that they had never heard of a By Name List nor its significance to getting housing.

When an interviewer asked Aiden, "did someone sit down with you and do a survey called the SPDAT?" Aiden affirmed that he was assessed about a week after seeking emergency shelter: But when the interviewer inquired about the By Name List, Aiden said: "Nobody told me that that, no."

## The community access points do not serve as efficient pathways to housing.

People's confusion about Coordinated Access is a problem because service providers are meant to use the By Name List to match people to housing. If people are not updating their status on the list (nor even aware of its existence), Coordinated Access is not serving as a transparent and accessible means of enabling access to local housing resources. When most people who are unhoused don't understand how Coordinated Access works, it does not improve transparency and fairness and is not experienced as empowering.

One service provider who works with unhoused people in a healthcare setting observed that the people they work with do not know what the By Name List is, questioning the accessibility and utility of the Coordinated Access process: "Maybe I'm not seeing the actual strategy of all of it. And I'm sure that's the truth. But then if it's not transparent, what good is it to the people that need it, and can use it? When I ask patients, 'are you on the By-Name List?' They say, 'I don't know; what's the By-Name List?' 'Well, did you ever fill out a VI-SPDAT?' 'What's a VI-SPDAT?' 'Well, it's a form that asks this and that' 'Oh, yeah, they did that at Brock for me.' So, if they don't even know why they're being asked those questions or what those questions are leading to, how do you ever have hope of thinking you're on something and you're not?'"

Furthermore, the community access points only ensure access to the Coordinated Access process; they do not ensure access to housing. The community access points ensure there are no wrong doors to a complex process for managing the distribution of scarce resources, but for people who are unhoused, this is not the access they are seeking.

As one local service provider put it, "In a system that claims to have no wrong door, it seems to have a lot of wrong doors."
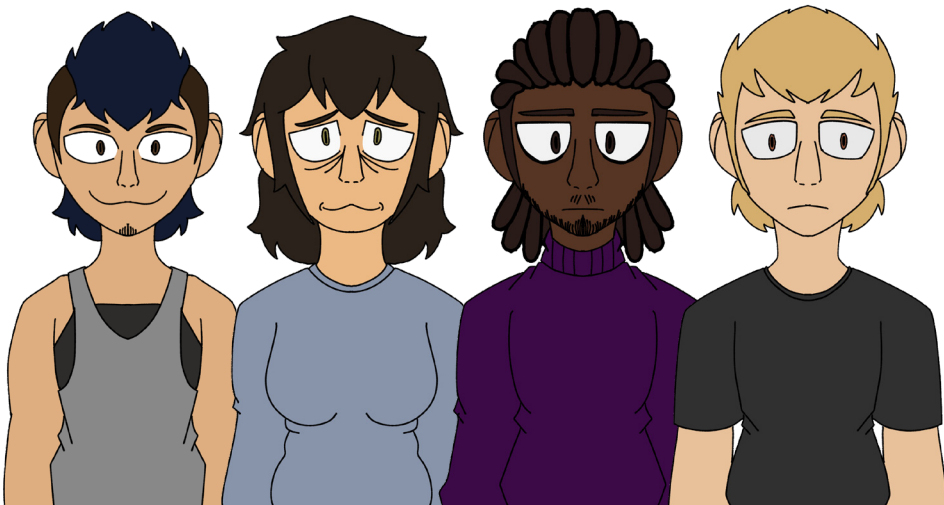
Standardized Assessment Tools

High staff-turnover makes it challenging to ensure consistency in how the standardised assessment tool is understood and administered.

The standardized tools used in Peterborough to assess people's vulnerability to homelessness are the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) and Service Prioritization Decision Assistance Tool (SPDAT). The service providers we interviewed suggested that the VI-SPDAT did not produce valid nor reliable results -- a view supported by academic researchers, who note the VI-SPDAT is deficit-based and inaccurate in reflecting client vulnerability.

Responses like Bryon's were common: "I don't understand the use of the so-called VI-SPDAT. It's the short form ... I don't accept those scores. Because it's not intensive enough. Like you need more intensive information to figure out what to do. So, we do try to make sure that we've done a full SPDAT on everybody."

People expressed more confidence in the reliability of results produced through the full SPDAT tool, in terms of assessing people's vulnerability to homelessness, but were concerned that the instrument is not trauma-informed.

One former service provider explained they "felt like it was detrimental to clients in some ways, because we were always asking them for this highly highly highly personal information, putting it into a national database. The SPDAT is like a traumatising tool, especially for young people."

People also expressed concerns that high staff-turnover in the homeless-serving system means that new social service workers, straight out of school, are expected to deliver the SPDAT assessment, often with insufficient training and experience. One service provider explained there are, "A lot of really green staff ... [there were] two people in [the train the trainer session for SPDAT administration], that have never even done a SPDAT themselves, they said. But you're going to train them [to train others]? So, then I was bringing forward some of my concerns with the SPDAT stuff and they had no idea what I was talking about."

Not everyone understands the purpose nor significance of the SPDAT assessment.

In one interview we learned that a former service user was asked to administer the assessment to other service users. After doing this three times, he now refuses to participate in any aspect of the Coordinated Access system. Devin's account reveals problems with how the assessments are administered and with how people are trained to administer them: "So, if somebody doesn't understand the word, it's like,

oh, 'I don't understand this. Can you explain it?' 'No, sorry, I can't.' Okay, so now we're testing people to see how smart they are. Like, so I gave three SPDATS. Two short forms one long form. And then I refused … I said, no. I said I've done it, but nobody should be doing this in an unsafe environment. It should be done in a safe place."

The SPDAT is designed to assess people's vulnerability to homelessness; it is not an assessment of people's comprehension of the questions. Nor should it be administered in formats nor locales that induce stress. Our interviews suggest that some organizations have learned to use the tool in more flexible ways than Devin was instructed to use it, but variation in how the tool is administered creates variation in the responses (or data) it elicits.

The standardised assessment tools produce unreliable results, which undermine their utility.

Because of challenges with staff-turnover, training, and clinical knowledge, some service providers expressed skepticism about the validity of the scores produced by assessors from outside their own organization. One service provider noted, "A big one we find is that SPDATs are not always accurate when we get them off the By-Name List, I would say pretty much every time. Because so many community partners are doing SPDATs, everyone's doing them from a different kind of lens and mindset, and you've got part-timers doing them full-time. Different staff have different mentalities. People who have never done SP-DATs are thrown into doing one, like there's just so much [variation]." (Cheryl)
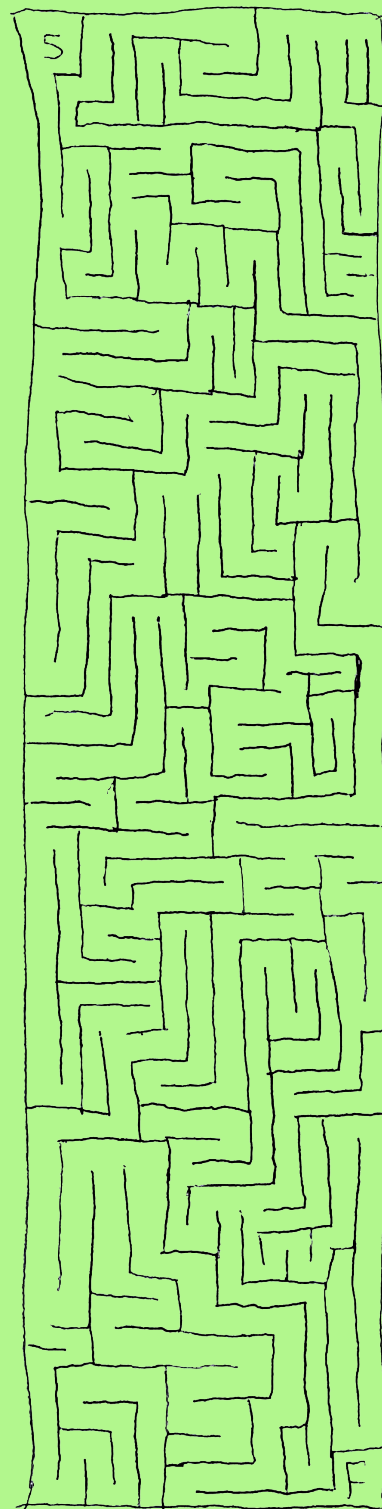
Cheryl went on to explain that important information to contextualize the numerical score is not being added to HIFIS, making it challenging for her and her colleagues to assess whether someone is suitable for the housing their organization provides: "We're also finding that when you open them up off HIFIS, they're just the generic kind of SPDAT that doesn't have any meat and potatoes, it doesn't have any information, just scored numbers ... We do a full SPDAT with tonnes of information, collateral, everything to try to capture to the best of our ability the client's presentation and concerns and areas of need and support. But not every community resource is doing that, and so it creates a lot of barriers. You could get somebody that's mid-acuity, we start to put them in a Permanent Supportive Unit. You house them with a landlord, it breaks down, they should be Transitional [Housing], but at this point Transitional is full. You're supporting an individual and doing a dance where you don't want to take them off your caseload, but you have nowhere to house them and you keep having to tell the client, 'I have nowhere to put you right now because you need a higher-acuity support, a landlord that has a lot of flexibility around some of these concerns while we get you stabilised,' and we don't always have that."

The standardized assessment tools are assumed to improve objectivity in service provision and resource allocation. But people continue to exercise professional discretion, even as they use decision-making tools like the SPDAT. Our own research suggests that professional knowledge and judgement are assets to be cultivated, rather than subdued. Indeed, the greatest failures people associated with the tool are where service providers assume the standardised assessment tool does the work for them.

As a service provider named Kate explained, "Every assessment tool is flawed, right? Like we put so much stock in the SPDAT or the VAT or whatever assessment tool you're using, whether it be mental health or substance use or whatever it is. And they are decision assistance tools, right? If you and I did a SPDAT right now or did some mental health screener, based on our frame of mind right now, we would score in a certain way. If something stressful happened tomorrow morning and I re-did the test, I would score in a different way. Right? That's the whole idea of an assessment is that it's a point in time. And it also is really reliant on the skill of the assessor and the relationship that the person has with the assessor. Right? And the people who wrote them would say the same thing."

When presented as the solution to homelessness, Coordinated Access implies that service provider decision-making is a key problem to be fixed. A standardized vulnerability assessment instrument is thus proposed as a central aspect of the Coordinated Access process.

But the increase in chronic homelessness across Canada is not the result of service providers' inabilities to objectively assess people's vulnerabilities. Chronic homelessness is caused by resource deficits within the public system and a lack of affordable housing. While it is easier to support someone's tenancy with a fulsome understanding of the range of things might undermine it (e.g., dependence on criminal-

ized substances), homelessness is not simply a failure on the parts of service providers to know their clients; homelessness results when our society prioritizes the commodification of housing over people's human rights, and when our public systems fail to comprise an adequate social safety net.

The standardised tool is not trauma-informed. It can be distressing for those who receive it and those who administer it to others.

One service provider we spoke with offered a sharp critique of the tool and the harm it causes:

"I think it creates many barriers. I think putting people through the By-Name List and the process of the SPDAT is disgusting, dehumanising. Being a person with 20 years of lived experience in substance use, mental health and homelessness, I think it's a horrific programme that I have no choice but to utilise … To sit down with an individual who is currently living in crisis and survival mode, asking them about sex work, substance use, mental health, family issues, as a person who maybe doesn't know them that well. In fact, I for sure don't know them that well, because it's a part of our intake process. Thankfully, as a person with lived experience, I know how important it is to build a little rapport with the person, but what I'm seeing in staff who don't have lived experiences is that they're not making those connections as easily. And so people are more closed off. It's really easy for me to relate to people because I have similar experiences. If you don't have similar experiences, it's more work for you to utilise your compassion to build that bond. Whereas for me, I'm just like, fuck yeah, I did that. I get it, you know? I've been there. So it builds the bond faster. And then when I'm asking questions that literally remove humanity from your life, as far as society is concerned, it's a little less shameful for you to sit while you're crying, going through this horrific test. So that's problematic in itself. And then to tell them that we've scored them on a scale of 1 of 28, or whatever the number is, depending on which test it is. Then they ask what that means and what that looks like and I have to give them an honest answer, because that's how I stay true to myself today. I have to let them know that I've put them in a box on a risk scale. And depending on how high a risk they are – and I can assure you that everybody that comes through my office is high-risk, because it looks at your past, not where you're at, but your past within the last year or so. So, letting them know that you've just been put in this box that says you need a lot more supports than you probably actually need, and you might not actually even get pulled off this list [and offered housing]."

People who had received the standardized assessment had far less to say about it than service providers who were adminis-

tering it. Some unhoused individuals who were assessed described it as: "pretty invasive. They literally ask you — and they bunch it with a different question — if you've done sex work, with other questions where you answer "yes." If you're an addict, do you do drugs? Do you do this? Do you middleman? Do you sell? Do you buy?" (Tiffany).

Tiffany elaborated that part of the problem was with how the questions were grouped together in ways that did not allow for nuanced responses. She explained, "You know, they shouldn't be asking like, 'do you middleman for drugs, or have you sold your body for drugs' in the same [question]. Well, I've done both of those, but I no longer do one of them. And I feel like when I had said that one of the girls [administering the assessment] gave me the dirtiest looks ever ... I was humiliated by it."

More commonly, people expressed ambivalence about the SPDAT, simply noting how long it was: "It was a bunch of pointless questions that didn't apply to us at all" (Pablo).

Or indicating that the assessment was long, but it was "Alright. If you are honest with it ... I didn't lie about anything. Like I could have lied on a few questions there. It's nervousness right. I'm a private person" (Rick).

Prioritization

The prioritization process is undermined by the reliability of the vulnerability assessment results and a lack of suitable housing options.

Each Reaching Home community is meant to prioritize populations for housing. As we documented in "Get In Line," Peterborough prioritises youth, seniors, the chronically homeless, and those with co-occurring physical and mental health challenges, including diagnosed substance use disorders.

The way it works is that the community then sets aside units for people in these priority groups who are documented as homeless on the By Name List. If a housing unit for youth becomes available, for example, a local data administrator will pull the top 4-8 names from HIFIS, based on age-based eligibility as well as "acuity" as indicated by the SPDAT assessment. Acuity, in this case, references someone's risk of homelessness as evidenced by several vulnerability indices. A service provider describes the process like this:

"We get a list from the city, we get what's called a By Name List. Anybody who is experiencing homelessness goes into the HIFIS system. And then the city does that pull of who's the highest acuity. If I do a pull for my programme for the high acuity programmes, we'll get a list of 4 names and 4 alternatives of people who have basically the highest SPDAT scores. Unfortunately,

there's a lot of gaps there. Because we'll have kids who are in the shelter who haven't been homeless for very long or haven't been connected to workers or any of that, so they don't come up on the list. Or if someone hasn't done a SPDAT with them, they won't come up on the list. A lot of times our kids think that they're better off than they are, so their SPDAT scores won't be high enough, so then they don't come up on the list. But yeah, basically, they'll come up on a list and then we connect with them, we start out with an application, and then we do an interview process. And then we'll select who's gonna go into the housing."

In Brenda's explanation of the prioritization process, it's clear that challenges with the common assessment tool undermine the efficacy of the prioritization and matching process.

And, as Brenda goes on to explain, it does not always work that the four people who have been prioritized from the By Name List will ultimately be selected for housing:

"So right now, I have a room in the upstairs programme that's for rent. The youth that was in there has just moved out. So we have sent the email to the city saying we

have a space in our high acuity programme, like a spot. They have to be fairly high on their SPDAT score. I just got the By Name List yesterday. So we have, again, our 4 main names and our 4 alternative names. Already off that list, I know 3 of the kids and I know they're not going to come into housing. One is already 24. So even though we don't discharge when people turn 25, to move somebody in when they're already halfway through their 24th year is just kind of pointless for us because we don't have time to get anything moving with them. And plus, this youth has come up numerous times on our list and just does not want housing, along with the other 2 names that are on there. The 4th name that's on there is a youth that we will most likely house."

As Belinda explains why she can't house three of the four people prioritised from the By Name List, it becomes clear that the prioritisation and matching process is more complex in practice than theory. First, people who are homeless retain their autonomy. We spoke to many people who did not want the housing they were offered – most often because it was connected to a programme (like the one Brenda is referencing above) with rules that were untenable to them, because they do not get to choose their roommates or live with a partner, and/or because the units are unsafe.

Mari could very well be one of the three youth Belinda observed, "just does not want housing." But Mari's account suggests that it may not be that a person doesn't want housing; it may be that the housing which is offered is unsuitable to a person's needs: "Apparently I'm on the [By Name] list. Apparently, I'm really like right there.

The only reason I hadn't taken [By Name List housing] before was because like I'm a very co-dependent person. So, like, just from all the stuff that happened as a kid, I have like, major separation issues and like abandonment issues. So, like, I got offered transitional housing and I denied it like three times because, like, I knew that my boyfriend wouldn't be able to be there. And we've been together for almost four years … So, like, I just couldn't … See, and like, right now, with my boyfriend in jail, still, I'm tempted to take it."

After experiencing horrific abuse as a child, Mari exited the Child Welfare System into homelessness. Inter-dependence is one way she manages a Complex Post-Traumatic Stress Disorder. Sometimes people turn down an offer of housing – not because they are being "choosey," but because they know what they need to feel safe.

Locally, the prioritization process does not attend to housing inequities resulting from settler colonialism.

Tiffany identifies as Indigenous and Two-Spirit. She and her partner have been homeless and on the By Name List for the past year. During an interview, Tiffany explained that she was homeless for the first time 14 years ago, as she exited the Child Welfare System.

Today, she is a peer-support worker with a local organization. But she was still living outside the Overflow Shelter at the time of her interview because she is no longer able to find a place she can afford to rent and has not been able to secure housing through the By Name List: "We're not being offered any places … We do our SPDAT every 3 months [at the Overflow Shelter] … I'm thinking, what if maybe they're not even entering [our updated scores] … They don't tell you what number you are [on the list]." When asked what would help her right now, Tiffany responded by expressing that she has lost hope that she and her partner will ever be prioritised for housing: "There is no hope for us. They just want us to move on. Everyone in town wants us to die from overdosing. I see jokes about it on Facebook." When it feels like everyone wants you to die and you fail to be prioritized for housing in your community, it is hard to remain hopeful.

In some communities, Indigenous people are prioritised for housing supports. Indigenous people are not a priority group in Peterborough despite 27% of Point in Time homelessness count respondents identifying as Indigenous and despite the ongoing impacts of exploitative treaties in these regions.

Even though Tiffany is chronically homeless and substance-dependent, and actively participating in Coordinated Access, she and her partner remained unhoused at the time of her interview.
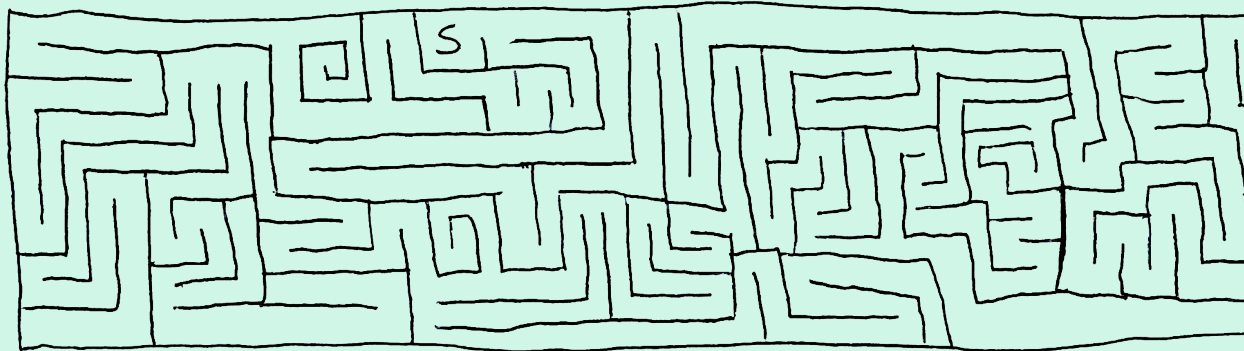
Prioritisation is viewed as an opportunity to address housing discrimination. Prioritision also entrenches the idea that resource scarcity is unavoidable.

The one aspect of Coordinated Access that the people we interviewed appreciate is our local commitment to prioritise housing those who face the most known barriers to housing stabilisation.

As Heather noted: "when someone who's experiencing homelessness goes and has to compete for a unit or a rental or whatever, they aren't generally selected over other people; whether it's students, whether it's other people in social systems, whether it's somebody who's working or someone who has ODSP, because they have higher income. Also, some folks have quite a history. Peterborough is small enough that the landlords all know each other, and they know people. So, the reputation piece is very challenging. So those pieces haven't changed, but I think what's changed is when we introduced the Coordinated Access system, and we had dedicated units and dedicated units of service, we were able to say, 'We have this high acuity person that nobody will work with, and we have this designated unit; we're going to put them in this unit."

Similarly, Doris observed that the Coordinated Access process has allowed service providers to prioritise "those who are at highest risk of death or have the highest depth of need related to chronic homelessness. So, that population is going to be the substance using population. And that population is often excluded — either overtly or covertly — in most housing programs and mental health programs." Because her organisation only houses "people off the By Name List," they are "absolutely targeting people with the highest acuity and highest depth of needs. And those people have chronic homelessness. They have long criminal justice histories. They are, you know, highly
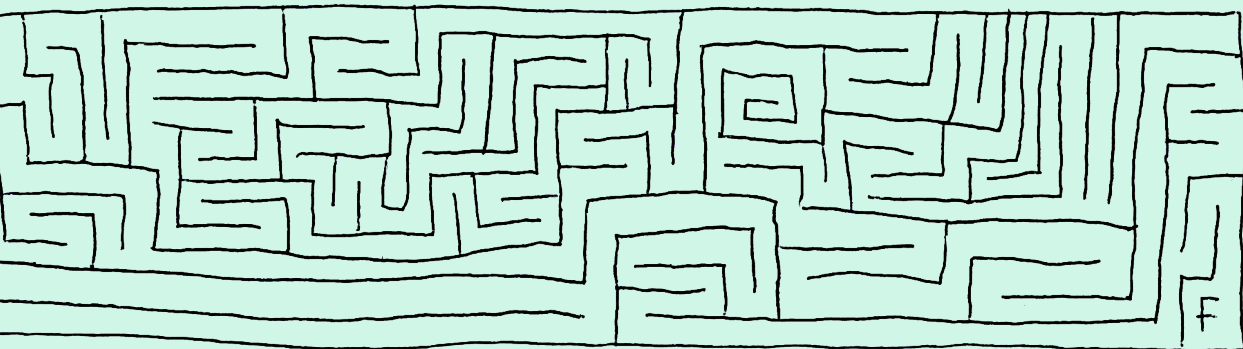
traumatised individuals, with complex mental health presentations, complex primary care needs, and they are also substance using."

Across several interviews, service providers observed that dedicating units of supportive housing to the By Name List and ensuring these units are prioritised for those with multiple barriers to housing is a very positive potential outcome associated with the Coordinated Access process.

Unfortunately, problems with the standardised assessment tool undermine the efficacy of both the vulnerability assessment and the prioritisation process. Further, continued housing resource scarcity means that even if a person is assessed to be within a priority group, they may wait a long time to get a housing unit. Prioritisation is only needed because there are not enough resources to address people's needs.
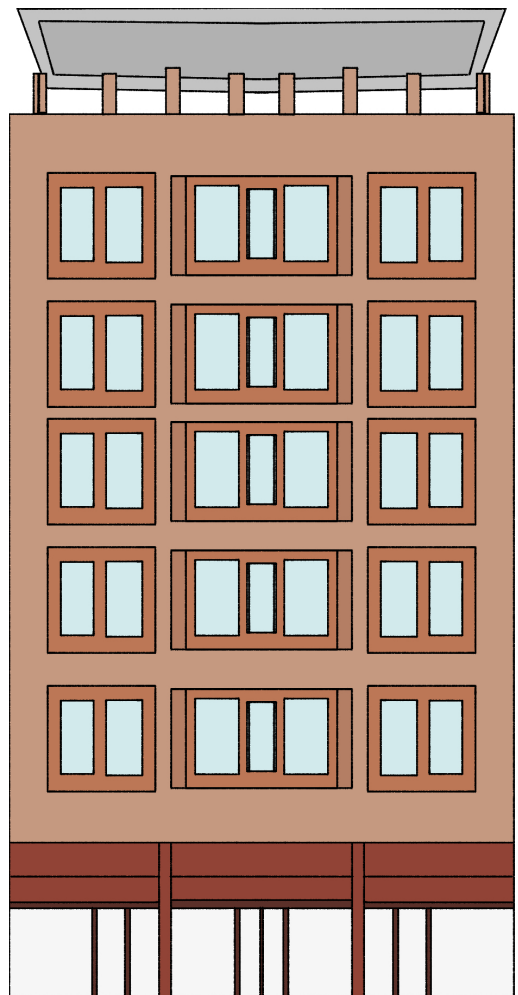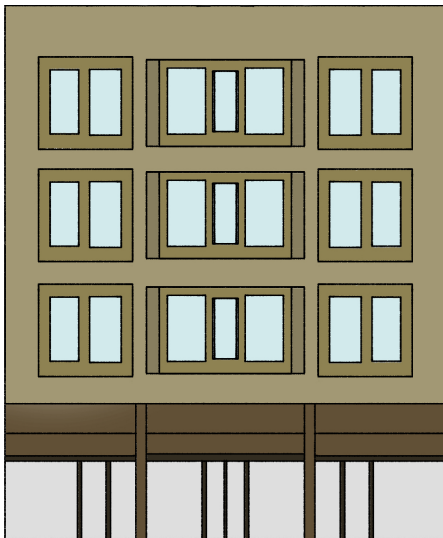
Matching and Referral

The matching and referral process is undermined by a lack of suitable housing supports with which to match people.

Coordinated Access is framed as an evidence-led process for ensuring people without housing are matched with housing resources that suit their needs. But our research found that there are far fewer housing resources for people experiencing multiple barriers to housing stability (people described as "high-acuity" in relation to their SPDAT score) than are needed in our community. There are also far fewer affordable housing units than there are people in core housing need, placing people at risk of episodic homelessness and increasing the risk of chronic homelessness for anyone who becomes homeless in this rental market.

Resource scarcity undermines the matching and referral process and prevents us from being able to use our local prioritisation matrix to ensure that people who are most vulnerable to homelessness get prioritised for housing support. There simply are not sufficient resources available for the "highest acuity" individuals in our community nor are the resources offered always suitable for, nor desirable to, the people who need them. Furthermore, living on the streets and in shelters erodes people's mental and physical health, increases their risk of victimization, and their expo-

sure to criminalization -- thereby making them more vulnerable to homelessness and increasing the likelihood they will be assessed as high-acuity.

In addition to these structural challenges, almost everyone we spoke explained that the matching and referral process is far more nuanced and relational than what can be enabled by a simple reading of a SPDAT score.

In many cases, the housing on offer is in congregate settings, where some aspects of a living environment are shared. Relational dynamics among residents must be taken into consideration if the housing placement is to be sustained.

Furthermore, sometimes people who are homeless are offered units that are not suitable for them and they feel pressured to take them – even though they are aware that the housing that is offered might (for example) destabilise a substance use disorder.

When an interviewer asked Ron if he had completed the SPDAT assessment, he explained: "Yeah, they do it every so often ... And it's all about finding housing. Doesn't matter where, it can be the worst crack house in the city, and they'll shove you in it. Well, excuse me, I don't live in one

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of those buildings. I'll sleep on the street before I sleep in a crack house … Because part of my medications are narcotics, and that makes me a prime target for being mugged and having my meds taken." Ron had been living at a local emergency shelter for more than a year when this interview took place. At 67 years of age, he is within an age-based priority group. He is chronically homeless. And he has several diagnosed health challenges. But service providers have failed to successfully match Ron to housing because he wants to live somewhere he feels safe.

Unfortunately, sometimes an individual's refusal to accept an offered unit is interpreted as a choosing not to be housed, rather than choosing not to participate in a particular housing program.

Matching and referral is not simply a technical process; it is a highly relational process requiring a commitment to flexibility, communication, and self-determination (from people in housing need).

In our research we learned that the human-centred aspects of social service work remain essential to enabling stable tenancies. Indeed, best practice for Coordinated Entry (the US system upon which Coordinated Access has been modelled) continues to include a case conferencing model for moving people off the By Name List and into suitable housing. Case Conferencing is not without its potential pitfalls (e.g., those who advocate more effectively can be more effective at getting their clients into housing), but it also acknowledges that service providers have relationships with service users and service users have relationships with one another – all of which may impact a person's capacity to retain their tenancy.

Some service providers we interviewed explained that this Case Conferencing approach is how it works within their individual agencies, but this is not how it works across agencies within the wider homeless-serving system, where problems of transparency (e.g., regarding data); data quality; a lack of infrastructure for timely coordination of resources; and governance challenges continue to undermine collective participation in the matching and referral process.

City staff we interviewed agree, suggesting that internal transfers (e.g., where people are moved from one By Name List unit to another) have shown promise as a way to help people acccess housing that is more suitable to their needs, preventing housing loss, and a return to the By Name List. At the same time, these transfers open up other units for people who are more suited for them.

Getting Into By Name List Housing: The Work Continues

Ultimately the challenges with access, assessment, prioritization and matching undermine the efficacy of the Coordinated Access process in Peterborough/Nogojiwanong.

This means that service providers continue to struggle to use the Coordinated Access process to help service users secure timely and sustainable tenancies.

As Sarah notes: "We know from other communities that to do landlord engagement work really well, you need to provide a financial incentive to the landlord. So you need to know that the client's rent is going to be paid, they need guaranteed rent, they need to know that if there are extensive damages that there are funds to cover that. And those aren't resources that our community has right now. So, landlord engagement work is really hard, because housing is an investment for them. It's a commodity. They need to have a financial incentive. And they've told us that."

In the absence of sufficient publicly owned and operated affordable housing resources, housing providers rely heavily on private landlords who require assurances from the social service organizations who rent units on behalf of their clients. This work-around gets people into housing programs and off the streets, but can undermine the autonomy of housing-insecure people, accessing By Name List housing (e.g., people must agree to abide by no-guest policies).

For their parts, service users struggle to understand and effectively navigate the new bureaucracy so that they can effectively self-advocate and secure housing that is adequate to their needs.

The conditions of a life lived on the streets can evolve quickly, rendering an assessment out-of-date and irrelevant. Even after a person is housed, supports are often required to ensure tenancies are maintained.

In many cases, a whole lot of relational, social, and health work is required to keep people in housing in the current rental market. This represents ongoing work that the Coordinated Access system does not account for. New units must be secured and more helping professionals hired to help people re-stabilize after extensive periods of street-involvement, which are known to deteriorate people's mental and physical health.

Summary: People expressed that Coordinated Access falls short in the following ways.

Community Access Points

Service users and service providers both expressed concerns about the accessibility of the community access points. "In a system that claims to have no wrong door, it seems to have a lot of wrong doors," said one service provider. Many service users were unsure whether they were on the By-Name List. Most service users did not fully understand the process.

Standardized Assessment Tools

Service users and service providers shared concerns that the SPDAT tool is not trauma-informed. Service providers further observed that the tool is used inconsistently and produces unreliable results that can undermine the efficacy of the prioritization and matching process.

Prioritization of individuals and families for housing

Service providers described the prioritization process as unreflective of the needs they were seeing. They noted challenges with matching the people prioritized on the By Name List with available housing resources.

Matching and Referral of people to housing and support services

Service providers struggled to match people with housing resources that were appropriate to their needs and could be sustained. Service users did not always want to participate in the housing programs they were matched to, nor stay in housing that was offered.

The Research for Social Change Lab is a community-engaged research collective in pursuit of justice and equity in Nogojiwanong/Peterborough — the traditional territory of the Michi Saagiig First Nations.

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