# 2023 Well-being Insights: Voices of West Kootenay Service Users and Service Providers

Selkirk College | SELKIRK INNOVATES

## Acknowledgements

The research team would like to thank our partners for the financial and in-kind support provided.

We express our gratitude for, and respect of, those experiencing homelessness for sharing their stories and time with us. We recognize the levels of trust and vulnerability required to speak openly about deeply personal and often emotional topics. Your voices and experiences have profoundly influenced us. Thank you.

We also want to acknowledge the time and experience of the service providers interviewed. Without your candid expressions and appraisals, we would not have been able to discover key emergent themes which, we hope, serve to facilitate improvements in the well-being of those experiencing homelessness.

The research team also acknowledges the feeling of research fatigue expressed by interviewees. Thank you for sharing this important feedback with us. While this report is a form of research, its core purpose is to better understand current conditions to inform decisions on how to best support our rural unhoused population. We hope that by sharing the analysis of the diverse voices in this report, the findings can help support more positive outcomes in our region.

*On behalf of Selkirk College, I (we) acknowledge that we operate and serve learners on the unceded traditional territories of the Sinixt (Lakes), the Syilx (Okanagan), the Ktunaxa, and the Secwépemc (Shuswap) peoples.*

# EXECUTIVE SUMMARY

As part of the three-year Social Science and Humanities Research Council of Canada-funded project, Bridging Rural Homelessness and Well-being: A Sustainable and Collaborative Regional Response, the Selkirk College project team conducts research to support evidence-based decision-making in the region.

This report presents the results of research conducted in the summer of 2023 in three communities – Trail, Castlegar, and Nelson – in the West Kootenay region of British Columbia. The report offers insights into the conditions and challenges faced by the unhoused population (service users) and related service agencies (service providers) during that time period. Interviews were conducted with 26 service users and 18 service providers across the study area. The report highlights how, during the data collection period from July 24 to October 16, 2023, multiple crises were impacting both service users and service providers, including the housing crisis, a toxic supply of illicit drugs, and extreme weather conditions.

This executive summary provides a snapshot of what we heard from service users and service providers about what is needed to improve the well-being of residents experiencing or at risk of homelessness in the rural West Kootenay region.

## What We Heard from Service Users

The service users interviewed ranged from 25 to 74 years of age, with 47% of respondents identifying as Indigenous and 61% of respondents indicating that they have lived in their home community for over 8 years (see **3.1.1 Age & Identity**).

When asked what brought them to their community, 75% of respondents indicated a personal connection to the region (see **3.1.2 Home Community & Housing Status**). When asked about their housing status, 73% of respondents indicated that they are unhoused, and most respondents across all three communities described their current housing situation as being without housing or living rough. Respondents' length of time in their current housing situation ranged from less than six months (31%) to more than two years (31%). When asked to describe what home looks like to them, many service users described it as "simple" and "safe."

Service users' income sources include income assistance, informal work, part-time or seasonal work, and temporary work (see **3.1.3 Income Sources**).

When asked how extreme weather impacts their well-being, respondents indicated experiencing effects on their physical health (38%) and mental health (17%), as well as limited access to services (19%) (see **3.2 Impacts of Extreme Weather**).

Service users described what improved well-being looks like for them (see section **3.3.1**), with top answers including having housing (17%) and having their basic needs met (15%), followed by having a sense of purpose (12%). When asked to describe their greatest immediate need, more than half of the respondents explicitly stated housing.

Respondents across the three communities provided diverse answers when asked **Where Services are Accessed**. The Castlegar Community Connections Centre and Coordinated Access Hub in Nelson were the most accessed locations in those communities, while in Trail, services were accessed most often through the homeless shelter, library, and local businesses.

Service users were asked what is working to improve their well-being and what services are helpful (see **What is Helpful**). Respondents in Castlegar identified the Community Connections Centre (21%), while respondents in Trail identified outreach services (31%). In Nelson, 50% of the respondents indicated that nothing is helping, as some of these service users indicated they have been "banned" or turned away from services.

When asked what services are not meeting their needs and about **Barriers to Services**, respondents identified service provision barriers the most (19%), including a lack of facilities and services being cut back, along with limited hours and bans (14%). Other barriers include stigma, discrimination, and poor treatment (12% of respondents) and government agency barriers (12% of respondents).

Service users described what needs to be different to improve their well-being (see section **3.5.1**). Of respondents, 26% indicated improved service provision, including more facilities and increased service hours. This is followed by more affordable housing (17% of respondents). Security, stigma, and money were other common themes (11% of respondents, respectively).

Service users provided ideas for actions and solutions that will help improve their well-being. The most common suggestions include increased housing availability and affordability (15% of respondents), improved safety and security (13% of respondents), and increased social assistance (9% of respondents).

The complexity of overlapping barriers for service users is helpful to understand so steps can be taken to better support them (see **3.1.4 Experiences of Personal or Institutional Barriers** and **4.2 Complex Needs**).

## What We Heard from Service Providers

When service providers were asked what it looks like from their perspective for people experiencing homelessness to have improved well-being, 48% of respondents shared comments related to service provision, particularly access to basic needs such as bed, food, water, clothing, and healthcare (see **3.3.2 Service Providers**).

Service providers have a range of diverse supports for people experiencing or at risk of homelessness, including assorted service provision (61% of respondents), housing (18% of respondents), community services (10% of respondents), and substance use (8% of respondents) (see section **3.4.1**).

When asked **What is Going Well and Why**, 45% of service provider respondents pointed to actions that result in positive client outcomes, such as arranging referrals in a timely manner, and 42% indicated actions that strengthen interpersonal relationships with various stakeholders, including service users and other agencies.

Conversely, when asked to describe the **Barriers and Challenges Experienced by Service Providers**, 32% of respondents indicated barriers in service delivery, such as long wait times. This is followed by challenges due to substance use and mental health (28%), and a lack of various housing options (19%).

Service providers were asked about what would help them do their job better and the supports they need to better help those experiencing homelessness (see **Needs for Improving Service Provision** ). The top themes that emerged include increased availability of health and social work services (31%), housing (24%), service provider training and collaborative efforts (21%), and funding (14%).

Service providers gave ideas for improvements (see section **3.5.2**). These ideas were grouped into the themes: housing, service provision), mental health and substance use supports, collaborative efforts, and funding. Service providers were also asked about any **Barriers to Improvements**. The top barriers identified included government barriers (47%) and financial barriers (22%).

Service providers were asked how regional collaboration could support their work (see **3.6.1 Regional Collaboration**). Key ideas were all perceived as opportunities to contribute to beneficial outcomes for service users. These include improved information sharing, greater consistency of services, and pooling of resources. Respondents were also asked how Selkirk College students and faculty could support their work (see **3.6.2 Selkirk College**). Responses included mobilizing knowledge from research conducted by the college, optimizing student housing facilities, integrating homelessness response and anti-stigma into student learning, facilitating information sharing, increasing practicum placement opportunities, and encouraging volunteering, fundraising, and advocacy for service provision agencies.

# Contents

# 1.0 INTRODUCTION

This report is part of the three-year social innovation project, [Bridging Rural Homelessness and Well-being: A Sustainable and Collaborative Regional Response](). The overall goal of the Bridging Rural Homelessness and Well-being (BRHW) project is to improve the well-being of residents experiencing homelessness in the West Kootenay region of southeastern British Columbia. This report provides a snapshot of the conditions experienced by both the unhoused population (service users) and related service agencies (service providers) during the summer of 2023.

The study was conducted concurrently between three West Kootenay communities: Castlegar, Trail, and Nelson. These three communities are referred to collectively as the "study region." Data are presented for all three communities unless otherwise identified.

This study aims to inform stakeholders within the study region of the perceptions and challenges experienced by service users and service providers. Additionally, the study aims to motivate dialogue and action for advocacy, collaboration, and coordinated regional response.

The research team acknowledges the harsh conditions experienced by service users and service providers over the summer of 2023. Early in the summer, a toxic supply of illicit drugs hit the region, impacting the physical and mental health of all stakeholders. Extreme weather (heat and wildfire smoke) made it challenging for the unhoused population to find shelter and increased health risks (physical and mental).

As the incidence of homelessness increases, the capacity for services in rural areas is strained, impacting both service providers and service users. Understanding current conditions helps stakeholders in the region better support those experiencing homelessness within the capacity available. This report helps inform current conditions and provides ideas for next steps.

> *"[We] are all a couple of paychecks away from not being able to pay our rent and not having a roof over our head…"* – Service provider expressing how easy it is to become unhoused.

# 2.0 METHODS

## 2.1 Data Collection and Analysis

Semi-structured interviews of service users and service providers were used to collect information on current conditions and ideas for improvement. The research team designed the interview questions with support from community partners. A working group, made up of a selection of community partners, reviewed the questions. The Selkirk College Research Ethics Board approved the study.

Data were collected by the BRHW project outreach team. The outreach team comprised a fourth-year Selkirk College nursing student and one recent graduate of the Selkirk College Rural Pre-Medicine program. These interns were supported by a faculty researcher, research assistant, and registered nurse who acted as the outreach team lead.

Interns performed outreach as well as data collection. Outreach services included the provision of harm reduction supplies, wound care, protein bars, meal replacement drinks, vitamin packs, water, clothing, and emotional support. Interns also aided service users with some system navigation when able.

The outreach interns used the semi-structured interview questions to guide data collection with service providers and service users. See **Appendix 1 – Service User Informed Consent and Questions** and **Appendix 2 – Service Provider Informed Consent and Questions**.

The outreach team engaged with service users at encampments, in parks, on the street, in alleyways, and at service provider locations. Service users were invited to participate in the confidential interview during outreach activities. Service users were given a $20 honorarium in gratitude for their participation. Service providers were invited to be interviewed via email, phone, or in-person at their service location. Informed consent was obtained for all interviews.

When possible, interviews were recorded for accuracy and then transcribed to a document where they were edited for grammar, clarity, and structure. Interviews were tracked by code to ensure anonymity.

The interviews took place between July 24 and October 16, 2023. As shown in **Table 1**, there were 26 service user interviews conducted across the study region. Of these, there were eight interviews in Castlegar, nine interviews in Trail, and nine interviews in Nelson. A total of 18 interviews were conducted with service providers. While these sample sizes are small, the results still provide important information to feedback to the region and inform next actions.

**Table 1:** Interviewees by respondent type, per community and in the study region

| Location | Service User Interviews | Service Provider Interviews |
|---|---|---|
| Castlegar | n=8 | n=8 |
| Trail | n=9 | n=6 |
| Nelson | n=9 | n=4 |
| **Study Region** | **n=26** | **n=18** |

Service user data includes both qualitative and quantitative analysis. Service provider analysis is mainly qualitative. For quantitative questions, summary statistics were used. For qualitative questions, results were compiled and coded for emergent themes.

The qualitative data analysis is based on the total number of discrete responses received, which varies between questions, and the number of responses per theme that emerged. The total number of responses (n) is indicated with each analysis.

An outreach intern led the analysis and report writing with support and guidance from Selkirk College faculty. Lived-experience co-researchers reviewed the report before publication.

## 2.2 Limitations

There were several limitations that impacted the ability to collect data for this report.

1) Extreme weather and participant wellness made it harder to connect with service users. When temperatures and smoke from wildfires increased, outreach interns noticed that individuals would move closer to water or into the shade of forested areas.
2) Research fatigue was noted in both service users and service providers. Interview comments indicated individuals are tired of participating in data collection without seeing tangible actions and initiatives that support service users.
3) Interns focused more on outreach support than data collection. It was more important to support service users with their immediate needs than to conduct an interview, therefore this outreach was prioritized and resulted in fewer interviews getting completed.
4) Service provider interviews were limited by staffing shortages, staff burn-out, and strained resources.

# 3.0 RESULTS

## 3.1 Service User Demographics & Living Conditions

There were 26 service users interviewed across the study region. **Figure 1** through **Figure 12** summarize demographic details and living conditions of these individuals, including identity, home and housing, income sources, and personal and institutional barriers.

### 3.1.1 AGE & IDENTITY
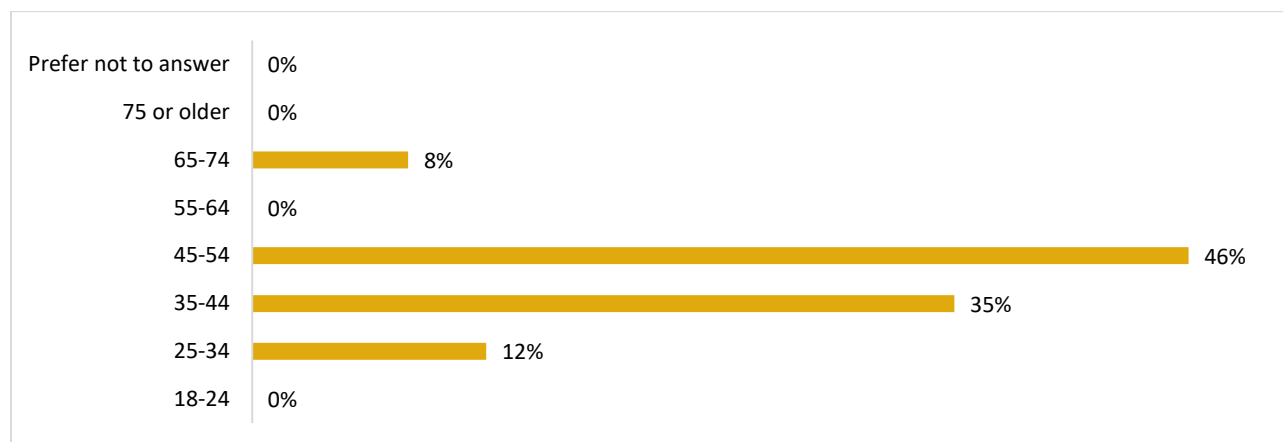


**Figure 1:** Service user age (n=26)
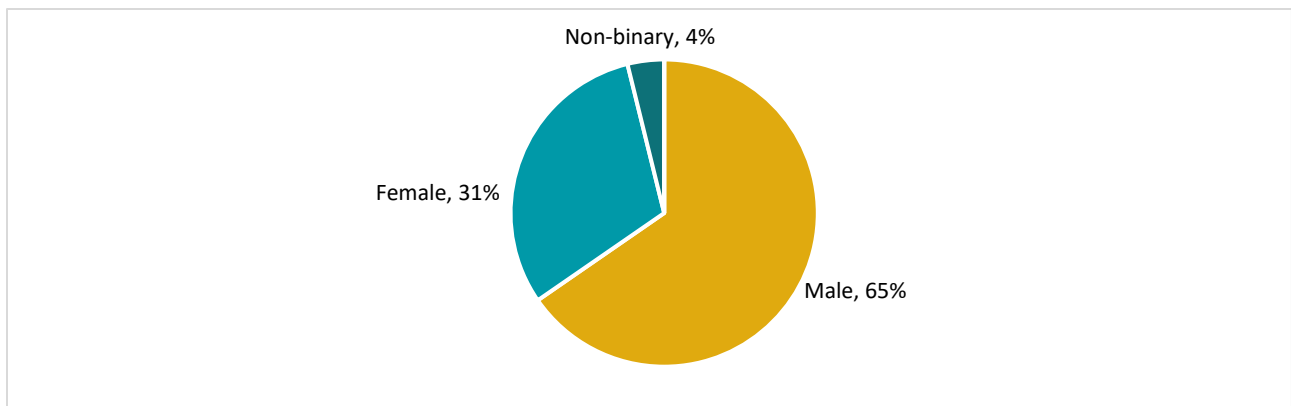
**Figure 2:** Service user gender identity (n=26)
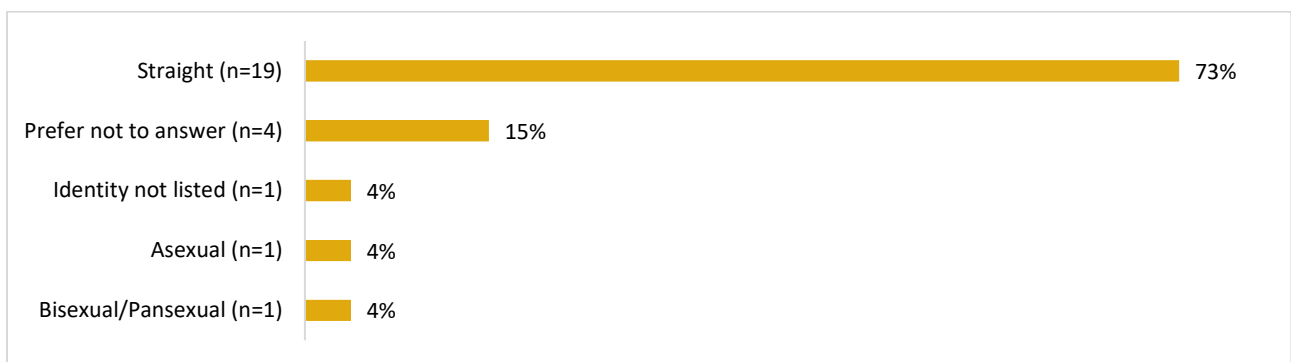


**Figure 3:** Service user sexual orientation (n=26)
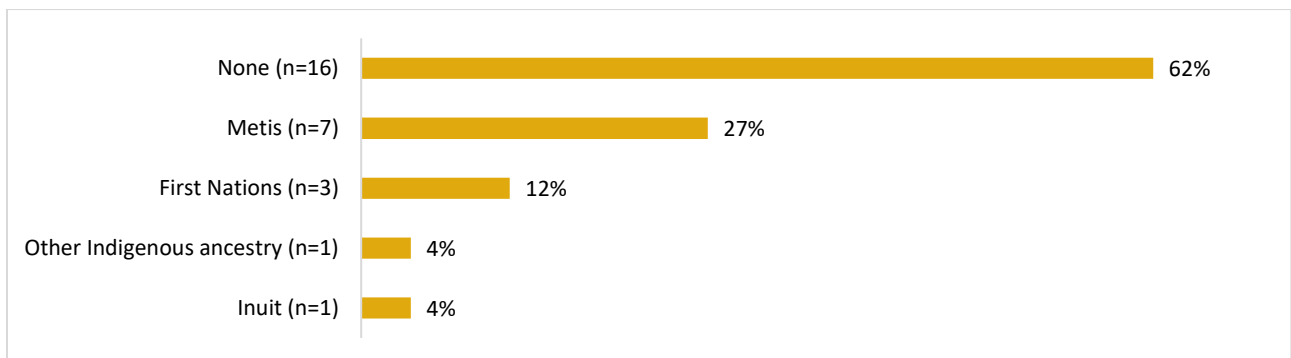


**Figure 4:** Service user Indigenous identity. Selecting more than one identity was an option (n=26)

Other questions on identity were asked. One focused on the relationship service users have with Canada. Of respondents, 92% stated that they were born in Canada (Turtle Island), 4% immigrated as a child with family, and 4% chose not to answer the question. The other question focused on racial identity. Of respondents, 77% identify as white, 15% as Indigenous only, 8% as East Asian, and 4% preferred to not to answer the question.

## 3.1.2 HOME COMMUNITY & HOUSING STATUS
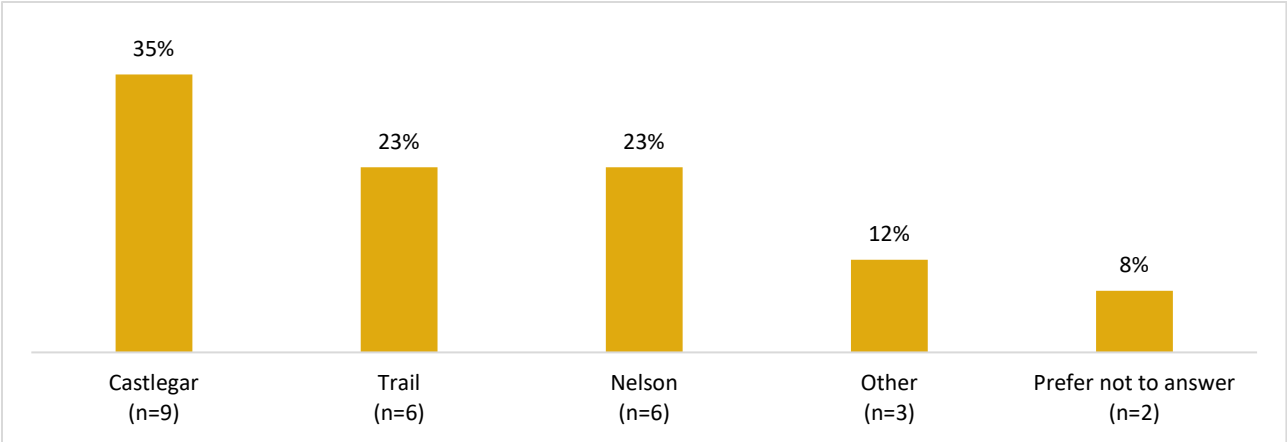


**Figure 5:** Service user home community (n=26)

**Figure 5** is based on the response of the interviewee, not the community the service user was interviewed in. For comparison, the number of individuals interviewed in Castlegar was eight, nine in Trail, and nine in Nelson. Of the respondents who answered "Other," one was from Winlaw/Slocan, another indicated they travel around and have no home, and the last expressed the feeling they do not have a home community.
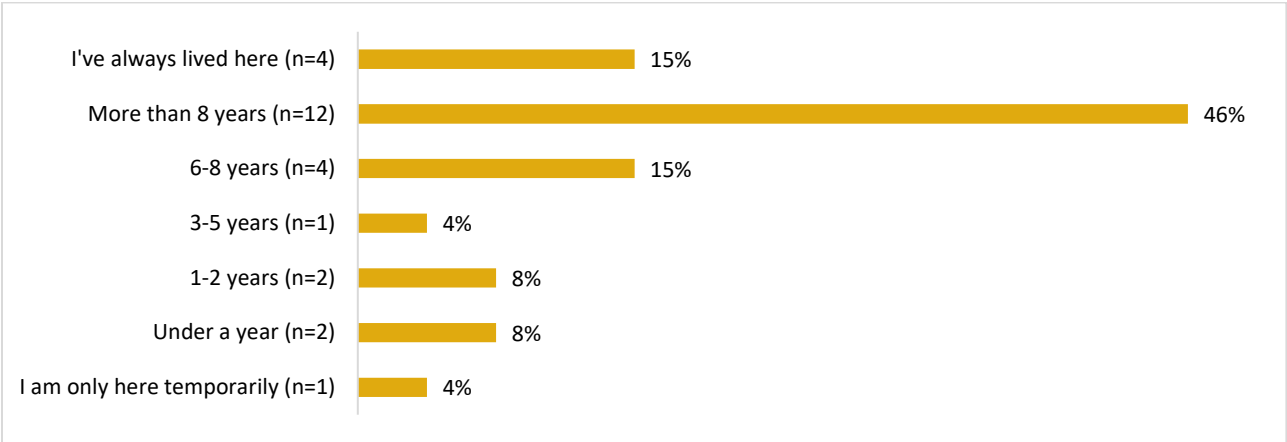


**Figure 6:** Service user length of time living in community (n=26)

Of the 26 service users interviewed, 15% of respondents have always lived in their home community, 19% moved to their home community from another community in the West Kootenay area, and 38% moved from another community in British Columbia. The remaining 27% previously lived in another province in Canada.

An open-ended question asked respondents what brought them to the West Kootenays. **Figure 7** summarizes the themes of those responses. Of all responses, 75% indicate that a previous connection is what brought the person to the West Kootenays. These connections include being born in the West Kootenays and never moving away, moving away and then returning, having family or close friends in the area, and moving to the area as a child.

No specific reason was identified in 11% of responses. For example, one respondent replied with *"Nelson is good for me. So, I decided to come out here."* Of responses, 7% indicate the reason for being in the area was to facilitate personal change. This theme includes statements about wanting to get away from the city and attempting to get away from or stay off drugs.
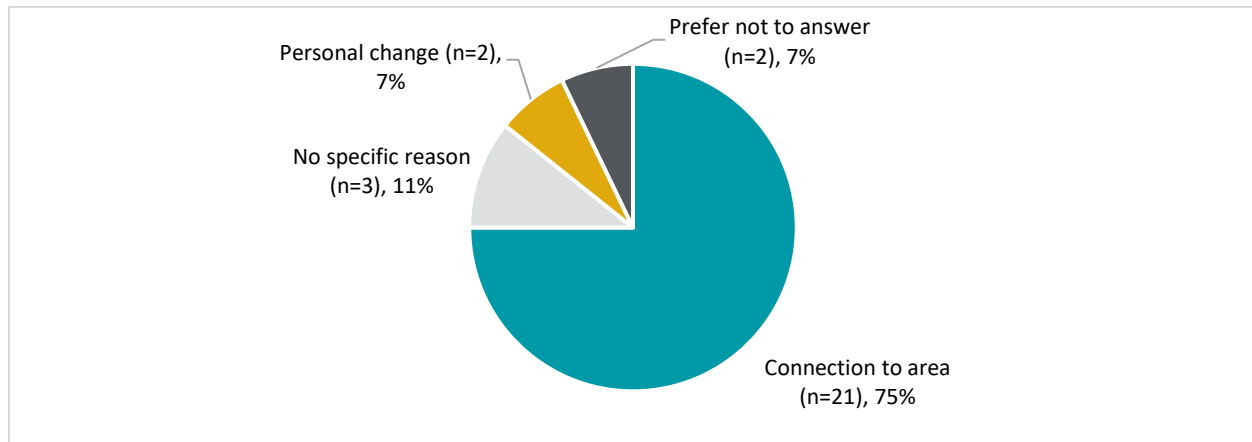


**Figure 7:** Service user themed responses to the question "*What brought you to this community?*" (n=28)
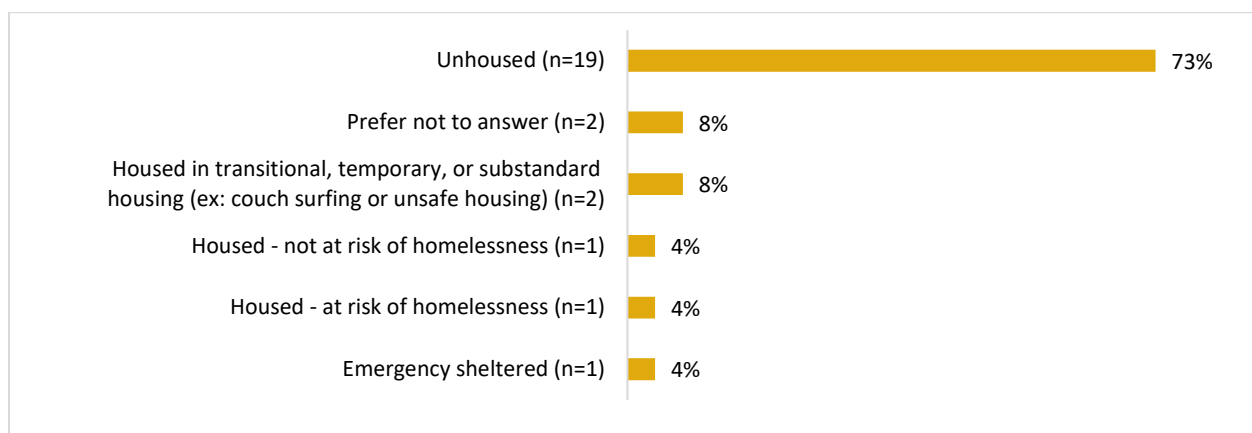


**Figure 8:** Service user current housing status (n=26)
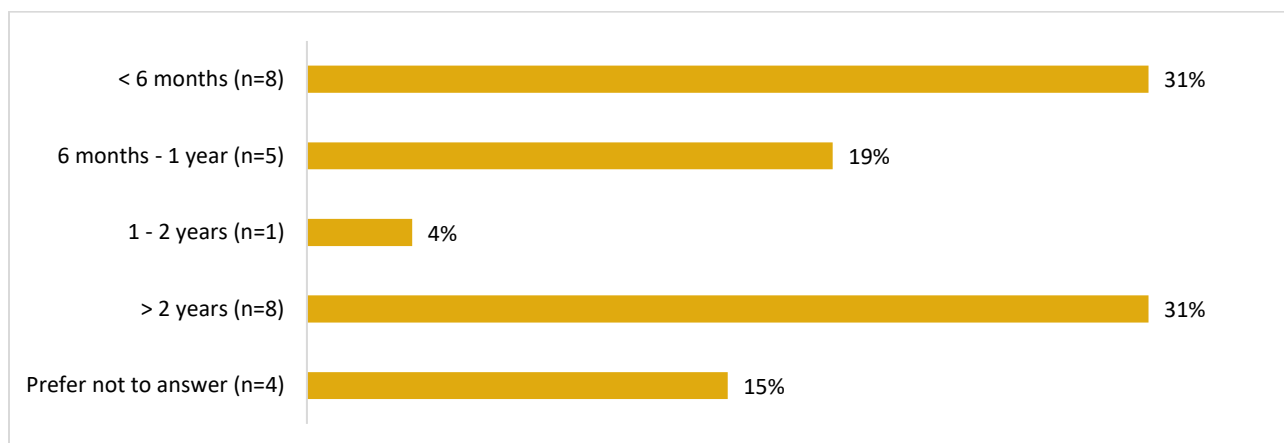


**Figure 9:** Service user length of time in current housing situation (n=26)

In addition to how long service users have been in their current housing situation (**Figure 9**), service users were also asked how many times they had moved where they are living in the past 12 months. 23% of respondents had moved more than six times. Furthermore, 27% had moved between three to six times, 4% had moved one to two times, and 15% had not moved in the past 12 months. Of the 26 individuals interviewed, 31% chose not to answer this question.

**Figure 10** summarizes the themes that emerged when service users were asked to describe their current housing. Results are separated by community. Of the 26 individuals interviewed throughout the study region, there were a total of 27 discrete responses, as one individual noted that they stay both at the emergency shelter as well as camp in the bush. It is an important reminder that data collection occurred during summer months. It is expected that results would be different during the winter. Additionally, the Castlegar emergency shelter was not in operation over the summer months.
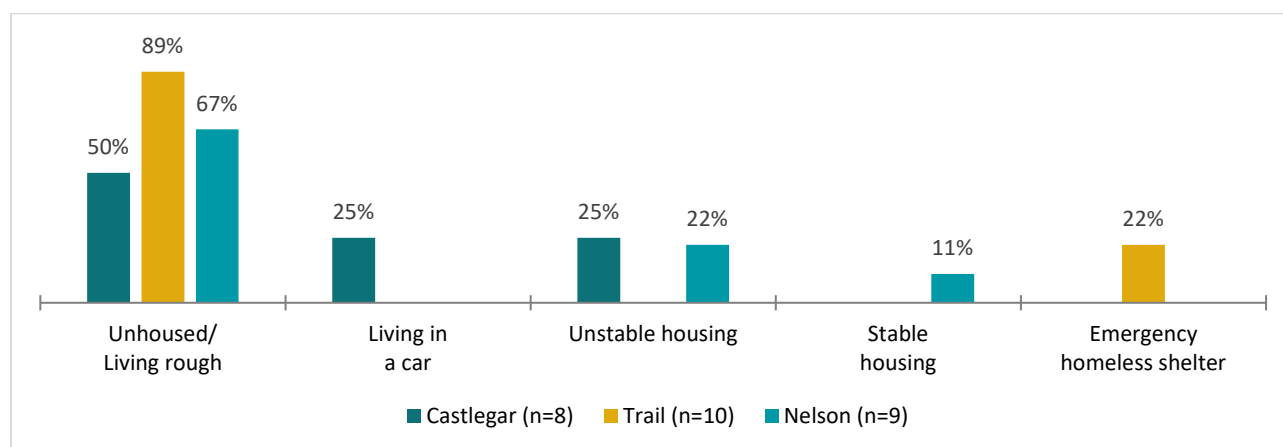


**Figure 10:** Service user themed descriptions of current housing



**Figure 11:** Most common words used by service users to describe what home looks like to them (n=26)

The largest theme that emerged when service users described what a home looked like to them was that it could be simple. Examples of such responses include:

- *"Clean, 4 walls, and my necessities"*

- *"Just a place [where] you can keep your stuff and have your privacy. And you know, shower, sleep."*
- *"Simple, 4 walls, plywood."*

The next most prominent theme referred to safety with responses such as *"a safe place with a bed and shower"* or *"safe place to be."*

Other common descriptions of home include having privacy, a washroom, a proper bed, access to family, a meal, the ability to relax, the ability to have visitors, and the ability to enjoy activities such as gardening or listening to music.

### 3.1.3 INCOME SOURCES
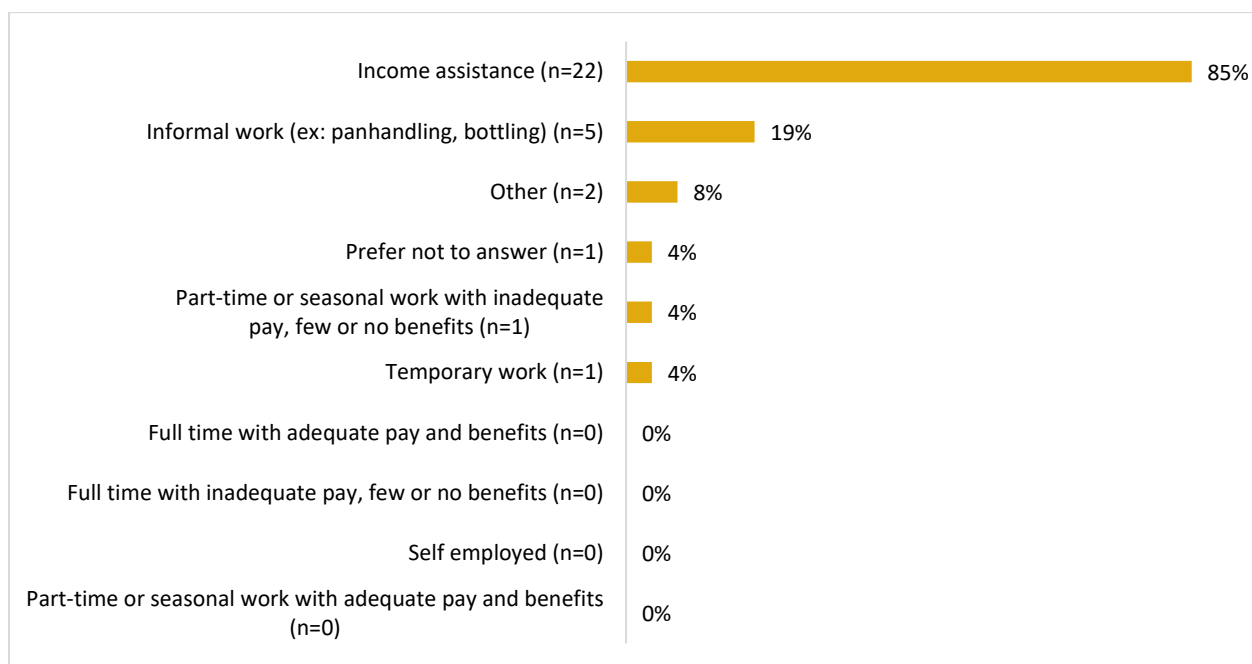


**Figure 12:** Service user income sources (n=26)

For income sources (**Figure 12**) respondents could indicate more than one source of income, therefore the total percentage of responses exceeds 100%. Three respondents indicated they collect and return bottles in addition to receiving social assistance. Another respondent indicated they engage in informal seasonal work collecting firewood for sale in addition to social assistance.

### 3.1.4 EXPERIENCES OF PERSONAL OR INSTITUTIONAL BARRIERS

Service users were asked if they experience challenges in accessing services based on personal psychological, physiological, or logistical barriers. **Table 2** summarizes the findings.

**Table 2.** Percentage of service users who find it difficult to access services due to personal or institutional barriers (n=26)

| Do you experience any of the following challenges that make it hard for you to access services you need in your daily life? | Yes | No | Prefer not to answer/ Unsure |
|---|---|---|---|
| Mental health | 54% | 31% | 15% |
| Substance use | 73% | 27% | 0% |
| Cognitive impairment (ex: brain injury, learning disability) | 38% | 54% | 8% |
| Physical disability/impairment | 65% | 27% | 8% |
| Stigma | 77% | 8% | 15% |
| External barriers (ex: paperwork, hours of operations, exclusion criteria) | 42% | 15% | 42% |

The following comment was heard in response to the barriers question: *"I've become institutionalized from jails and shelters. I don't know how to do things on my own and sometimes I don't ask for help or how to do things. Sometimes I don't even know something [a service] is there."* Another individual expressed that their ability to access services was greatly limited by not having a driver's license or vehicle. A total of three responses indicated that lack of transportation, either personal or public, affected their ability to access services.

Stigma from the medical community, not knowing where to access services, and not having a phone were other themes that emerged when the question about barriers was asked.

## 3.2 Impacts of Extreme Weather

The impact of extreme weather on the well-being of the unhoused population was explored. The responses can help better understand the needs of the unhoused population and inform the implementation of increased support during extreme weather conditions.
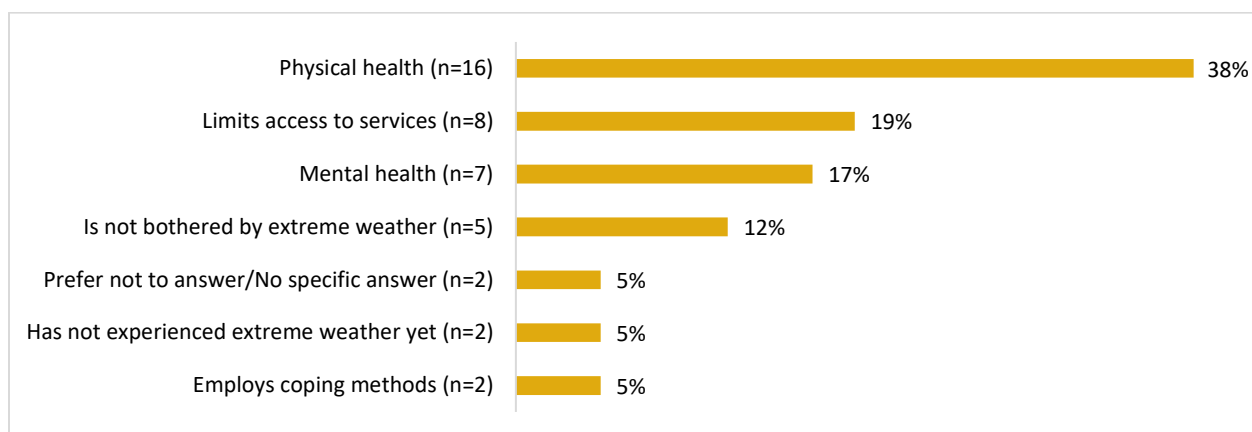


**Figure 13:** Service user responses by theme to the question "How does extreme weather impact your well-being?" (n=42)

**Figure 13** shows the themes that emerged when service users were asked how extreme weather impacts their well-being. From the 26 individuals interviewed throughout the study region, there were a total of 42 discrete responses. The most common impact from extreme weather is related to physical health (38% / 16 comments). Physical health effects mentioned included sleep deficits, pain due to pre-existing physical conditions, pain from sleeping on the cold ground, inability to recover from previous physical exertion, dehydration, and discomfort from being damp or cold. Examples of comments include:

- *"I have COPD. I can't breathe in the summer, and I can't breathe in the winter. The colder it gets, the harder it is to inhale."*

- *"Of course [extreme weather affects me]. I'm exhausted. For a 44-year-old woman, I feel like I'm 90."*

Limited access to services is the second most common impact of extreme weather (19%/8 comments). Respondents who indicated their ability to access services was compromised gave reasons such as not going out as much in the extreme weather. Staying in place limits the discomfort they feel in the heat or cold. Additionally, when attempting to find reprieve from extreme weather, individuals expressed that they get kicked out of businesses, moved from areas where they have tried to set up camps, and have limited access to drinking water.

Mental health is the third most common impact of extreme weather (17% / 7 comments). The ways in which service users indicated their mental health was affected included increased depression due to isolation, a sense of society not caring about what happens to them, increased anxiety, and fear in anticipation of cold weather coming knowing they will not be equipped to care for themselves or others.

Coping methods, such as increased alcohol consumption, are another impact of extreme weather that was identified (5% / 2 comments). One respondent indicated, "*Once I get enough beer in me, I can go to sleep.*" Other responses indicated the individuals are not bothered by extreme weather (12% / 5 responses) or have not experienced extreme weather yet (5% / 5 responses).

## 3.3 Improved Well-being

**3.3.1 SERVICE USERS**

Service users were asked to describe what improved well-being looks like. Of the 26 individuals interviewed, there were a total of 41 discrete responses themed into the categories as found in **Figure 14**.
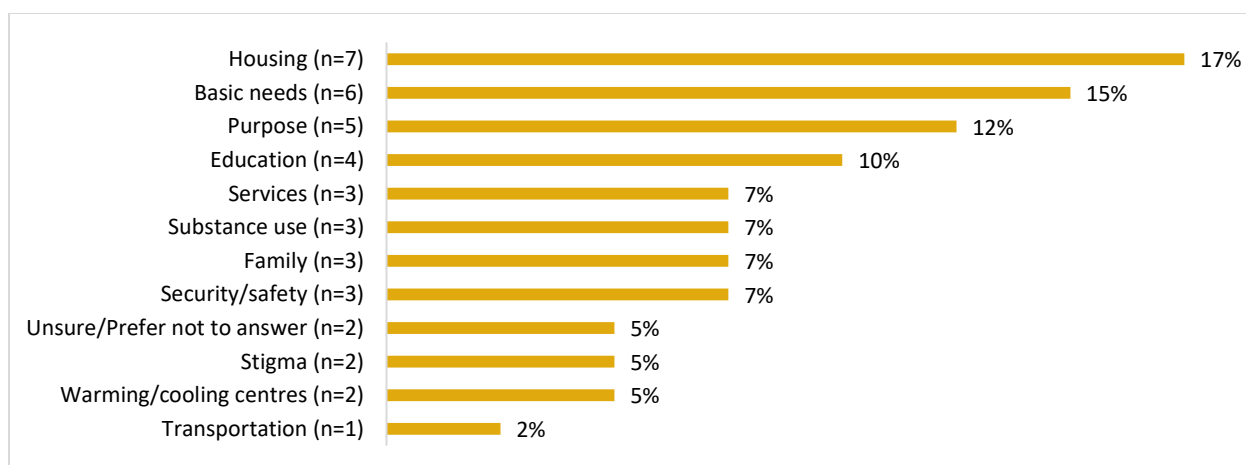
**Figure 14:** Service user responses by theme to the question "*Please describe what improved well-being looks like for you*" (n=41)

The most common theme identified when respondents described improved well-being is housing (17% / 7 comments). These comments included having their own space where they can get away from the elements/outdoors, improved affordable housing stock so they are able to have a home faster, not staying in an emergency shelter, and having a private space that is secure.

Having basic needs met is the second most common theme (15% / 6 comments). Basic needs mentioned include having access to hygiene facilities, proper sleep, access to food, and improved nutrition. Having a sense of purpose is another identified description of improved well-being (12% / 5 comments). A sense of purpose was described as including creative outlets, employment, and helping others. One respondent simply stated that they want to feel like they are living again. The education theme (10% / 4 comments) embodies both formal education and having access to information about what services are available, municipal initiatives, and knowing the hierarchical structures of government and NGOs. Some specific comments include:

- *"I'd like to possibly try to get into apprenticeships."*
- *"To get my GED upgrade."*
- *"Just educate myself more."*

Four themes were tied at 7% of the total comments (3 comments each). These themes are services, substance use, family, and security/safety. The service theme includes ensuring accountability for service providers and consistency in services. Service users indicated that when they experience unsatisfactory services or have personality conflicts with service providers, they are not aware of other avenues through which to access those services or who to speak to about improving services or service provider training. Comments indicate improved well-being is having access to timely substance use treatment. Other responses describe improved family well-being as experiencing less worry about family wellness, increased support from family members, and having access to their children. Security/safety responses included feeling safe and warm and having a place to securely store personal items.

> *"So, whenever I found myself having problems, with [service provider] or when I thought they weren't adequate enough, I had no one to turn to because I didn't know where to go to get them to be able to fulfill their needs for themselves, [or] to fulfill our needs."*

Other less common themes include descriptions of experiencing less stigma, having places to go to warm up, having access to electricity or drinking water, and better transportation options (having a bike, having easier access to public transit, and having a personal vehicle).

**Figure 15:** Most common words used by service users to describe their greatest need (n=26)

**Figure 15** shows the words most used by service users to describe their greatest need. More than half of the service users interviewed explicitly stated that housing is their greatest immediate need, with many indicating that they would accept any available housing option. Some service users mentioned they have access to travel trailers but have no place to park them. Other frequent responses in describing their greatest need were money, transportation, one-on-one support, and connection with family and friends. Less frequent responses include access to a phone, a sense of security, creative outlets, a sense of purpose, substance use treatment, and hygiene facilities.

### 3.3.2 SERVICE PROVIDERS

Service providers were asked how they perceived improved well-being for service users. A total of 18 service providers were interviewed across the study region.
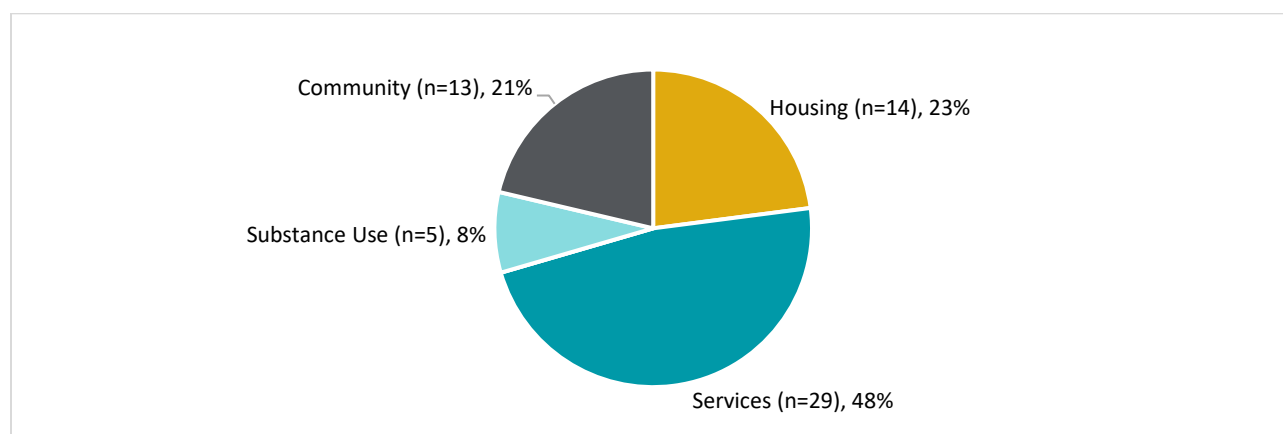


**Figure 16**: Service provider themed responses to the question *"Please describe what it looks like, from your perspective, for people experiencing homelessness to have improved well-being"* (n=61)

**Figure 16** shows the themed responses for how service providers perceive improved well-being for those experiencing homelessness. The most common theme is around service provision (48% / 29 comments). These services are further broken down as shown in **Figure 17**. Access to basic needs was the most common sub-theme under services. This includes access to a bed, food, water, clothing, and healthcare. Other sub-themes include the need for more services, increased awareness for services that do exist, more barrier free access to services, and more wrap-around care.
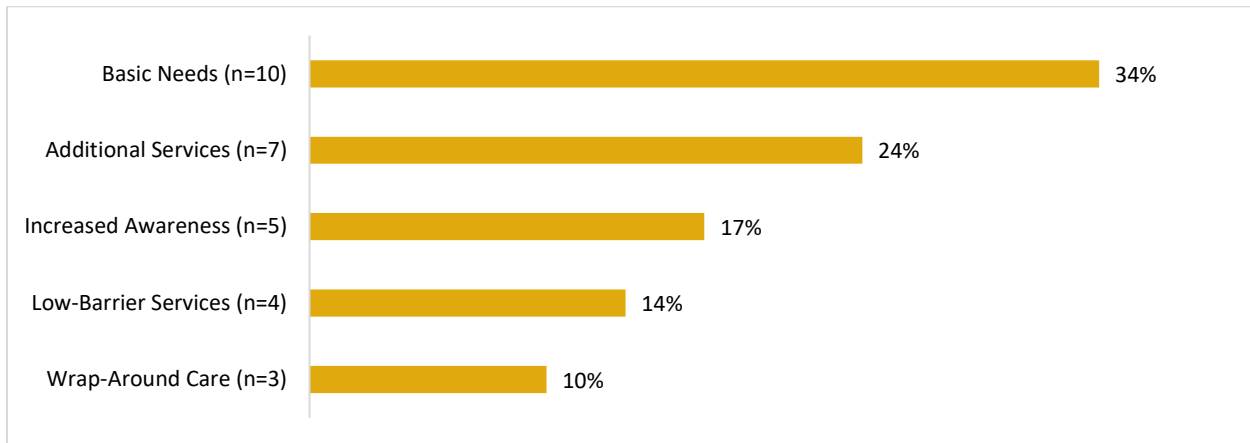


**Figure 17:** Services sub-themes, as identified by service providers, to the question *"Please describe what it looks like, from your perspective, for people experiencing homelessness to have improved well-being"* (n=29)

Housing is the second most common theme identified by service providers as a description of improved well-being for those experiencing homelessness (23% / 14 comments). These housing comments are further described as the need for increased affordable housing stock, additional supportive or transitional housing, additional subsidized housing for people with low-income, and low-barrier housing for those with complex needs. One specific comment is:

> *"Housing, but with wrap-around supports for sure and that's different for different people. Different for everybody. Life skills. Medical appointments. Help with shopping. Help with just the different things that people need to do to survive."*

The theme of community was showed up in 21% of all responses (13 comments). Mentions of community include decreased stigma and discrimination, improved advocacy, improved safety, better social connections and interactions, and having a variety of places for individuals to go (rather than a single location). A couple quotes include:

- *"…a lot of our guests, their hands are very dark and very black, and immediately there's a prejudice. Oh, this person is coming in, they're just going to use the bathroom for drugs, or they're just going to try to get some hot water and no drinks."*

- *"Even though [they] stole 20 years ago, [they're] still getting judged for that…because the landlord is still the same landlord…"*

The fourth theme, addressing substance use, was mentioned in 8% of the responses (5 comments). These responses spoke to increased and faster access to treatment, having local treatment centres, and improved access to harm reduction.

## 3.4 Service Provision

### 3.4.1 SERVICE PROVIDERS

#### SERVICES PROVIDED

Service providers were asked what services they provide those experiencing homelessness. These responses are summarized by theme in **Figure 18.**
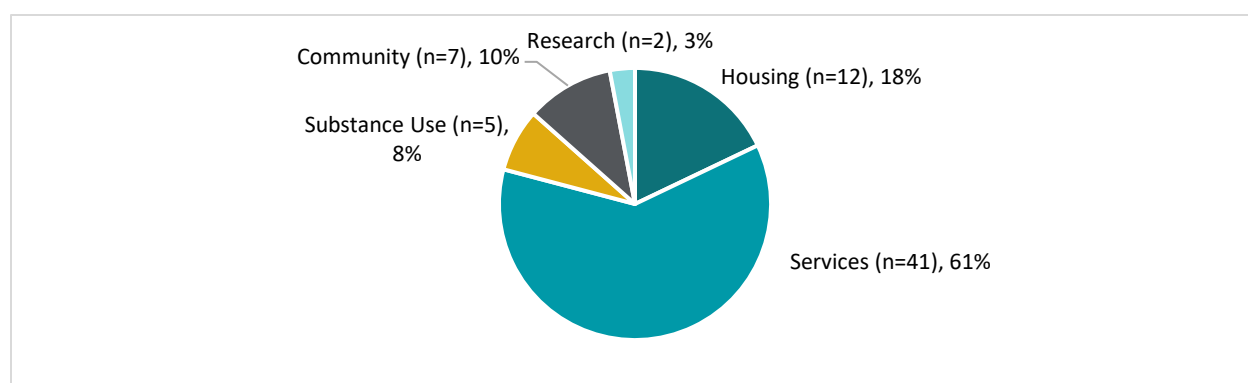


**Figure 18:** Service provider themed responses to the question *"What services do you provide those experiencing, or at risk of, homelessness?"* (n=67)

Of the total responses, 61% (41 comments) focused specifically on the diverse services they provide. These services are further separated into distinct service types in **Figure 19** below.
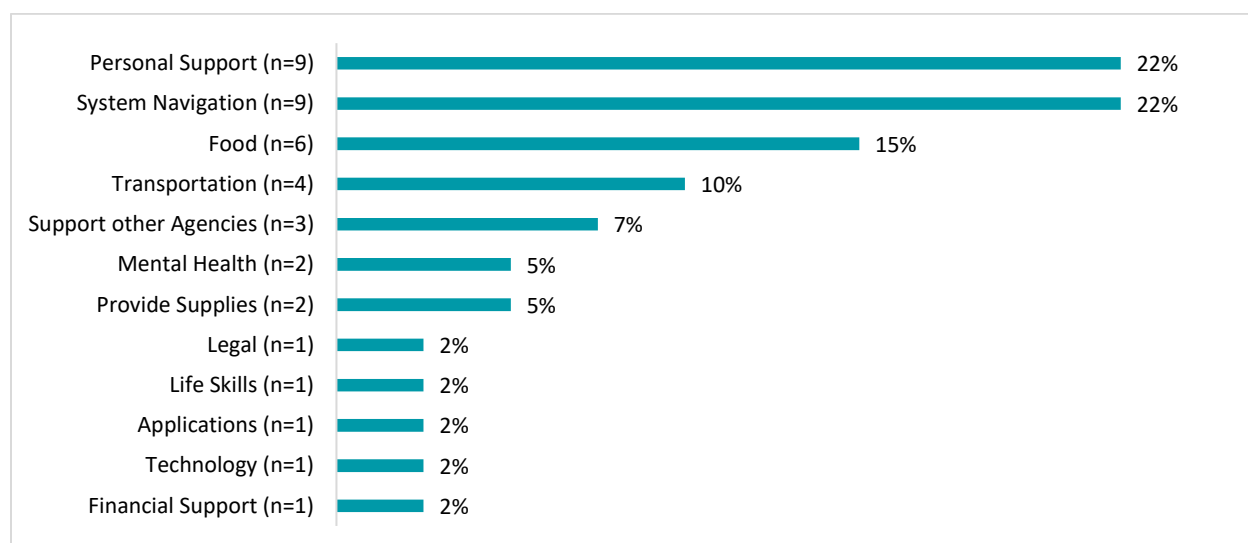


**Figure 19:** Relative service type breakdown as identified by service providers (n=41)

Out of the 41 discrete responses in reference to services provided, service providers frequently name system navigation and personal support (both with 22% / 9 comments) as services they offer to the unhoused population. System navigation includes referrals and support accessing other services (legal

aid, healthcare, government identification). Personal support encompasses customized supports depending on the needs of the individual. A couple of specific comments on personal support are below. Other services mentioned range from food provision to financial support.

- *"[We] help people just with their day-to-day needs."*
- *"Sometimes all they need is a hug."*

Service providers also offer housing supports (18% / 12 comments). Housing supports consist of housing coordination, tenant advocacy, and temporary shelter. Additional services fall under the community theme (10% / 7 comments). Community services include references to education and training, stigma reduction initiatives, service user safety, emergency response (e.g., fire, ambulance, police), and managing community impressions.

Other responses address substance use (8% / 5 comments). Responses include offering addiction support through opioid agonist therapy, overdose response, and harm reduction.

A couple of comments from service providers address applied research as a service, such as collecting statistical data on service users and housing availability (3% / 2 comments).

### WHAT IS GOING WELL AND WHY

Service providers were asked "*What is going well?*" Their responses covered three different themes – client outcomes, relationships/communications, and service provider outcomes (**Figure 20**).



Service Provider Outcomes (n=4), 13%
Relationships (n=13), 42%
Client Outcomes (n=14), 45%
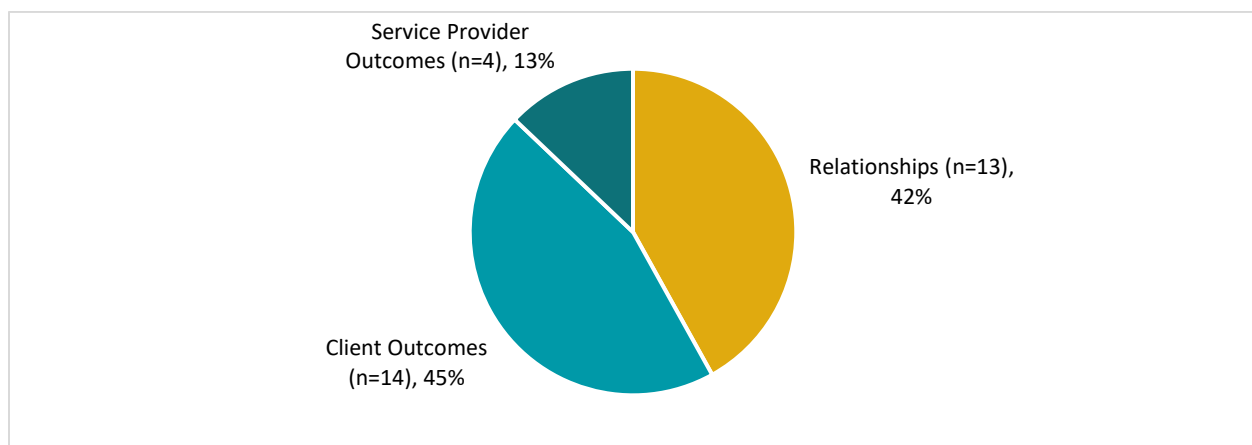
**Figure 20:** Service provider themed responses to what is going well (n=31)

Things going well that have a positive impact on client outcomes (45% / 14 comments) include service providers' ability to engage with service users, arranging referrals in a timely manner, helping service users access additional services, providing early intervention of mental health concerns, housing individuals, facilitating service user processes for access to income tax or GST benefits, and providing necessities.

> *"The more I started reaching out, the more effective I became and the better outcomes there were for my clients. …The more I know, the better it is to send people to the right place."*

Relationships with different stakeholders (42% / 13 comments) were identified as another element of what is going well. Responses include having interpersonal relationships with service users, between staff, with the community, and through collaboration with other agencies.

> *"So, it's a hard slog, but again, the most important thing I've learned from this job is how important it is to work with other service providers, and then what's grown from that is working with other communities as well, not just service providers within Castlegar, but service providers within Nelson, Trail, [and] the West Kootenays."*

Other things identified as going well were specific to service providers (13% / 4 comments). These include service provider training, consistency and quality of care, and data collection.

> *"One of the things we do is a document we put out every week with all of the different available rentals from online resources and then we email that out and provide it on a paper copy so that folks can just see what's available really easily and then respond quickly. That's one thing that's been working out for us."*

Service providers were asked why they thought they were achieving positive outcomes. Of the 26 discrete responses, most were attributed to relationship building or communications (46% / 12 responses) Comments related to seeing positive outcomes include inter-agency collaboration, good relationships with co-workers, and community engagement.

> *"Connecting with other service providers. [It] does two things. With permission and consent, it allows me to get a bigger picture, [and to] also feel like I'm not the only one working with them because it's easy to feel like I can't do this on my own. But if I know there's other service providers, and then I'll see that [service users] need something that I can't provide, I can help by referring to [other service providers]."*

Other comments included service providers' personal commitment to support the vulnerable population, staff training, one-on-one regular support for clients, and service accessibility (e.g., service locations, reduced rates for accessing aquatic centres).

## BARRIERS AND CHALLENGES EXPERIENCED BY SERVICE PROVIDERS

Service providers were asked to describe the challenges or barriers they experience, with **Figure 21** summarizing the key themes that were heard.



| Category | Percentage |
|---|---|
| Barriers in Services (n=15) | 32% |
| Substance Use/Mental Health (n=13) | 28% |
| Housing (n=9) | 19% |
| Bureaucratic Barriers (n=3) | 6% |
| Community Barriers (n=3) | 6% |
| Lack of Safety/Security (n=2) | 4% |
| Financial Barriers (n=2) | 4% |
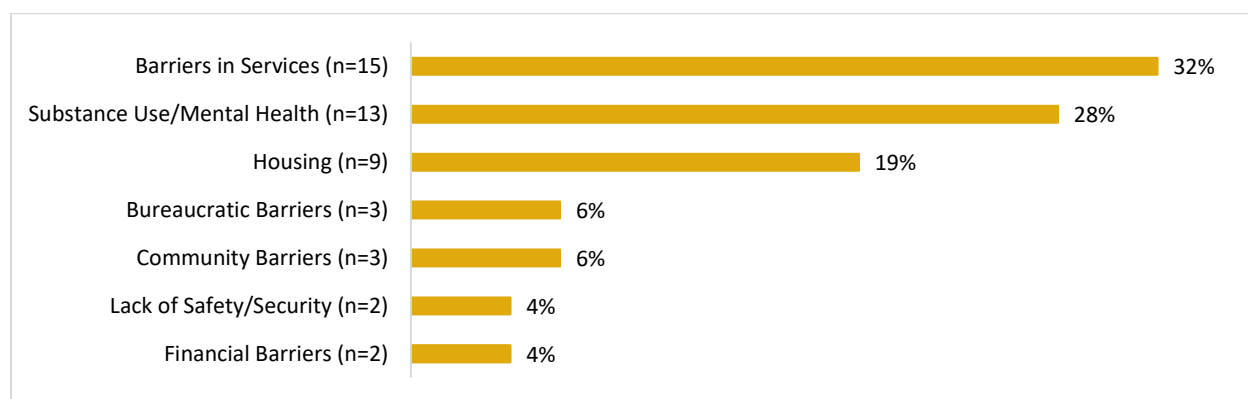
**Figure 21.** Service provider themed responses to the challenges and barriers experience (n=47)

Service providers indicate a variety of challenges in their work. Barriers in service delivery were identified in 32% of the responses (15 comments). These include long wait times, the need for 24/7 supports, the need for additional supports for clients in mental health crises, personality challenges with other service providers, lack of family doctor for clients, client difficulties in accessing technology, difficult government paperwork, and lack of transportation to appointments. The complex needs of service users often require the attention of training beyond just one service provider: *"…people like me have been turned into social workers, nurses, and addiction [counsellors], and that's not what we are."* Other comments related to barriers in service delivery include:

- *"We have so many people burning out [rapidly] because they are trying to do it all themselves."*

- *"And [sometimes] the government paperwork is very overwhelming for people who are either unhoused, facing the possibility of being unhoused, [experiencing] mental health [or] addiction [concerns]. Sometimes the government processes are very difficult because they all have very strict timelines."*

- *"The [service provider] should be much more of an open, caring sort of environment, right? And unfortunately, it becomes very adversary."*

Substance use and mental health is another main challenge (28% / 13 comments). Responses include poor access and long wait times for treatment, an increase in overdoses, under-reporting of overdoses, lack of post-treatment wrap-around care, and the complexities associated with concurrent mental health and addiction issues experienced by some service users.

Housing challenges (19% / 9 comments) include the overall lack of housing in the West Kootenay region as well as the absence of housing for those with complex needs (supportive housing) and affordable housing (low income/subsidized housing).

Community discrimination (6% / 3 responses) is another barrier service providers mention. Service providers describe these biases as impacting service users' finding housing and staying safe. *"People do not want to rent to clients that have a 'worker'."* A related challenge that service providers mention is the spread of misinformation by community members.

Other challenges that service providers experience includes bureaucratic barriers (6% / 3 responses), financial barriers (4% / 2 responses) and a "*lack of safety or security*" (4% / 2 responses). Specific comments related to these barriers include:

- *"[All levels of government] need to take a good hard look at their communities and recognize that this is their responsibility."*

- *"…the government, they need a verification process, but it's very difficult. Lack of identification [is] a huge [barrier]."* [In reference to barriers experienced by service users due to lack of government-issued identification]

- *"We lose funding at the end of December 2023. Finances, there isn't enough funding."*

- *"Because we've had enough experiences where weapons are being pulled on us... that's a big awareness for us, because more and more of the vulnerable population have a weapon of some sort with them."*

Service providers were asked what would help them do their job better and what supports they need to better support those experiencing homelessness. The summarized responses fall into the six themes shown in **Figure 22**.
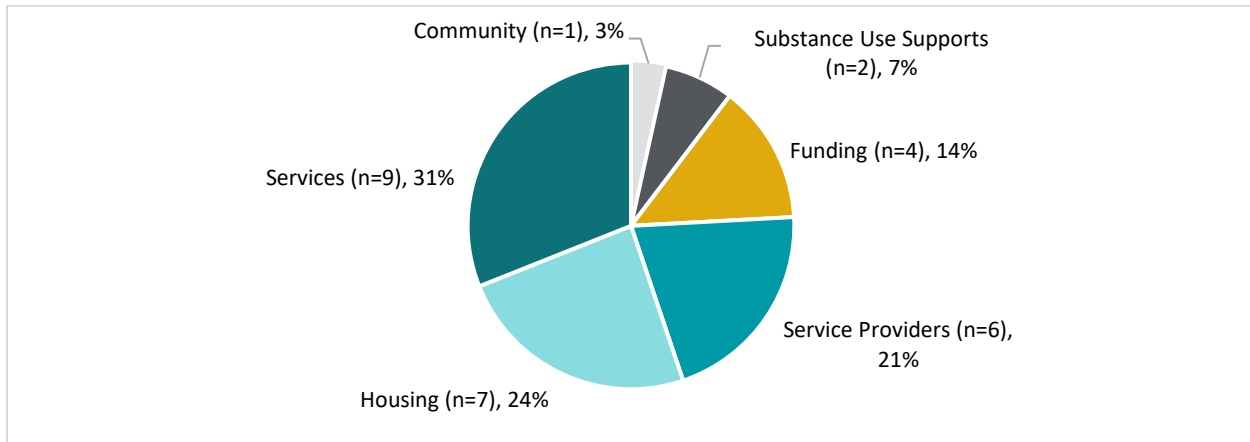


**Figure 22:** Service provider themed responses to what would help them do their job better and supports needed to better support those experiencing homelessness (n=29)

Service providers identified needs categorized as services most frequently (31% / 9 comments). These comments include increased mental health outreach, improved access to health services, increased social work outreach, and increased nursing outreach. One respondent indicated, "*If someone was on call, let's say if someone's having a mental breakdown. We need a counselor right away, like, hey, can you come down, talk to this guy, he's having a bad day.*"

Housing was identified in 24% of the comments (7 comments). This includes the need for housing with wrap-around supports, increased affordable housing stock, and more low-barrier housing.

> *"You can't expect homeless people to not use drugs. I don't think that's fair. Drugs are [a part of] life. Like, I think all of us would use drugs if we were homeless as well."*

Needs identified specific to service providers (21% / 7 comments) include increased training (i.e., proper overdose response and trauma-informed practice), improved collaboration, improved knowledge of other services and supports available, and additional administrative support.

Funding needs (14% / 4 comments) include additional financial resources for service users and increasing the budgets for service provider programs. Needs related to substance use supports (7% / 2 comments) include follow-up care after overdose events and easier, faster access to substance use treatment. One comment referenced the need for the community to hear the stories of people who are unhoused.

> *"That would make my job a lot easier – if some of the folks that are complaining about what's going on actually had an opportunity to meet some of the people that*

*they see as the problem. Hear some of the stories. Understand that, but by the grace of God, that could be you tomorrow. Who's to say that your job is going to last forever? Who is going to say that your economic situation isn't going to change overnight? Who's to say that you're not going to have an industrial accident and suddenly find yourself without work, on [workers'] comp[ensation], not enough money to pay for your rent and you're out on the street. Who's to say? You know these people are individuals. They are amazing people. They have amazing stories. I just wish [community members would] take the time to get to know them. I really do. It would change a lot of things."*

### 3.4.2 SERVICE USERS

#### WHERE SERVICES ARE ACCESSED

Service users were asked where they access services. **Figure 23** summarizes these response themes by the community the service user was interviewed in.
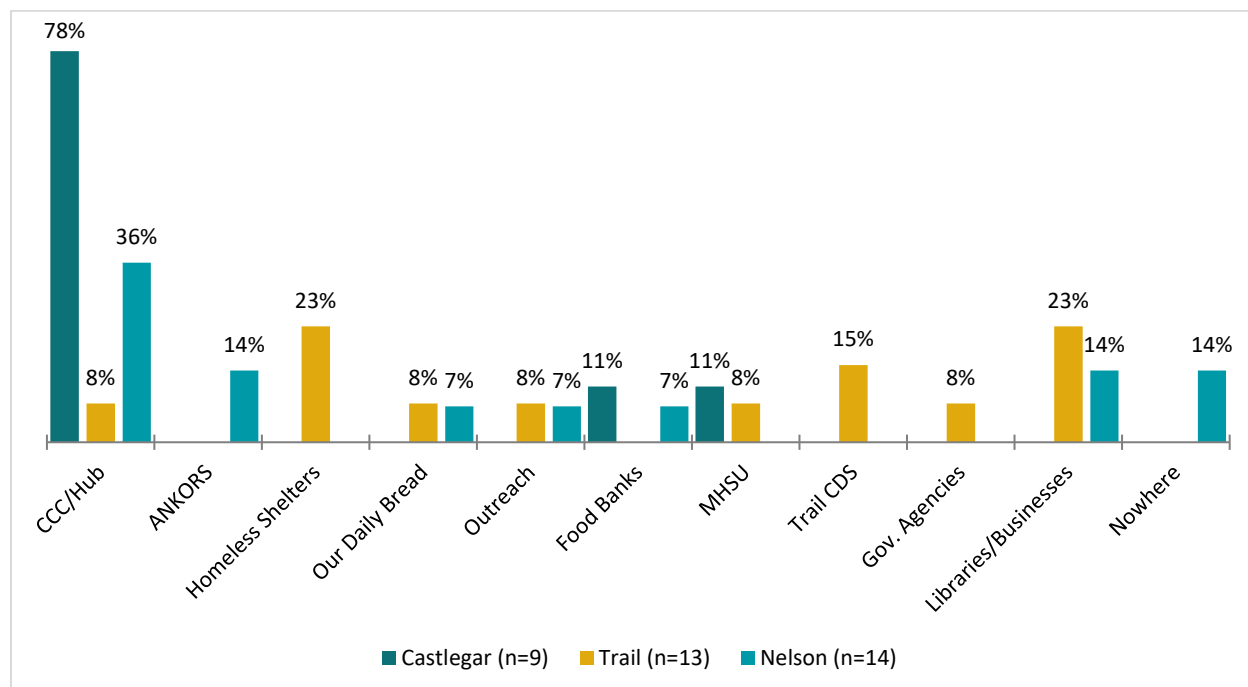


**Figure 23:** Service user themed responses, by community, for where they go to access services (n=36)

Out of 26 service users interviewed, 36 discrete responses were collected. The Castlegar Community Connections Centre (CCC) and Coordinated Access Hub (Hub) in Nelson were identified as the most common locations where services are accessed in Castlegar and Nelson. In Trail, services were accessed most often through the homeless shelter and a mix of the library and local businesses.

As of summer 2023, the CCC runs one day per week and is managed by the Castlegar & District Community Services Society. All community members are welcome to access social workers, housing coordinators, harm reduction, health and wellness education, hot meals, and personal support. Nelson CARES Society oversees the Hub, which provides similar services seven days a week from 1 pm -5 pm. The ANKORS office based in Nelson offers harm reduction services throughout the study region. Our

2023 Rural Homelessness Well-being Insights
March 2024

Daily Bread provides hot meals in Nelson at a substantial discount five days a week and is managed by the Kootenay Christian Fellowship.

Outreach services are available in different capacities throughout each of the communities. Government agencies mentioned include Service BC and Work BC. The Mental Health and Substance Use department of the Interior Health Authority was identified as a location for services in both Castlegar and Trail. Services from businesses included access to washrooms, reprieve from the weather, and in some instances, free food after hours.

Service users are mobile between communities, as seen in the responses where individuals interviewed in Trail mention accessing services at the CCC, Hub, and Our Daily Bread.

Those who do not access services indicated they were "banned" from services at the time of the interview or do not access services because they must leave their belongings unattended.

### WHAT IS HELPFUL

Service users were asked what is working to improve their well-being and what services are helpful. **Figure 24** shows the themed responses by community where the service users were interviewed.
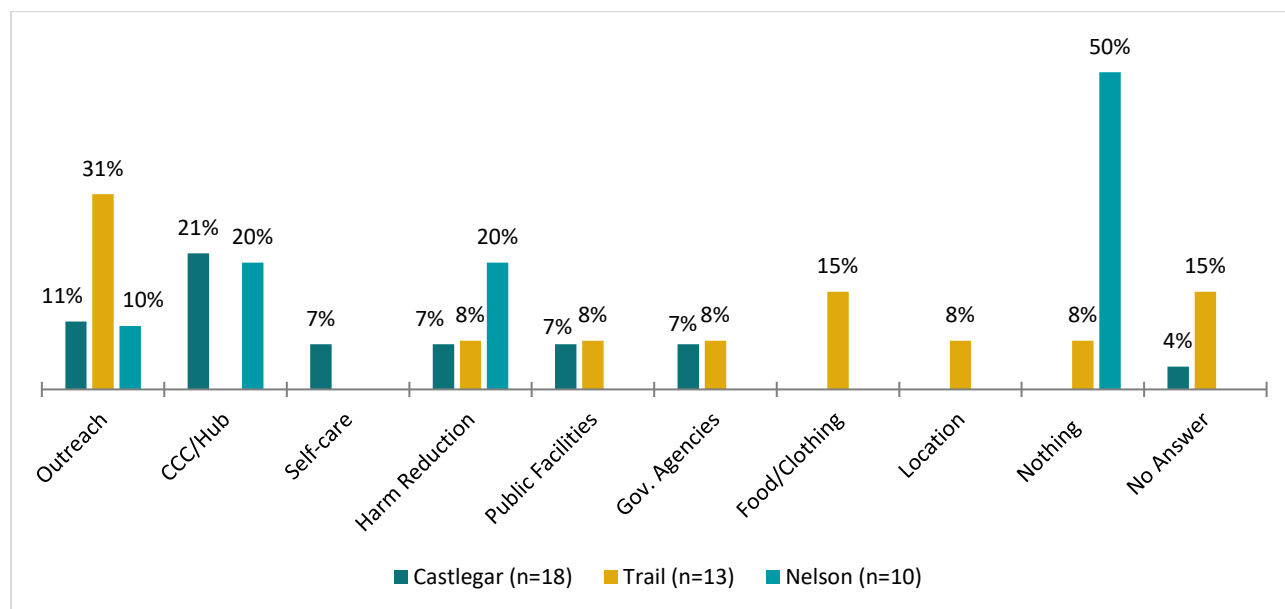


**Figure 24:** Service user themed responses, by community, to the questions "*What is working well to improve your well-being? What services are helpful in improving your well-being?*"

Of the 26 interviews, there were 43 discrete responses across the study area regarding what is working well to improve service user well-being. Of the respondents in Castlegar, the CCC was identified as most helpful. This was followed by outreach. Outreach services include both community and Selkirk College Nursing outreach programs. In Trail, outreach was the most helpful service identified. This is followed by services that provide food/clothing. One respondent in Trail was specific in naming the benefit of the thrift store gift certificates allowing them to get what they need. In Nelson, 50% of the respondents expressed that nothing is helping. Comments within these responses include being "*banned from*

*services*," turned away from services, or services no longer being available. Helpful services identified by service users in Nelson include harm reduction and the Hub.

Public facilities include libraries, recreation centres, and private businesses that allow use of washrooms or provide food. Government agencies include having a good relationship with family doctors or nurses or accessing social workers and other healthcare teams. The location of services close together is also helpful to service users.

### BARRIERS TO SERVICES

Service users were asked what services are not meeting their needs, why, and what barriers exist. **Figure 25** and **Figure 26** summarize the themes that were identified. **Figure 26** shows the themes by community to show how barriers differ between communities.
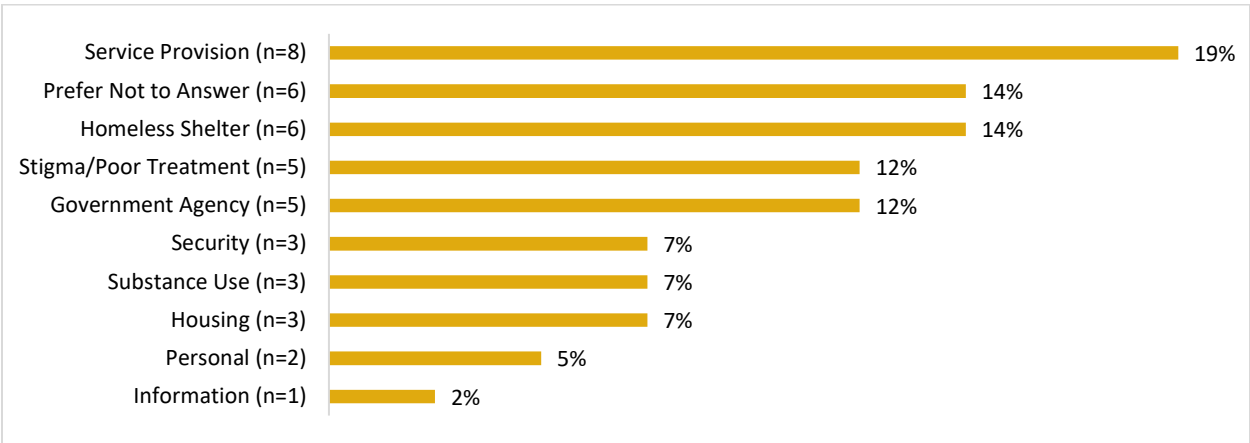


**Figure 25:** Service user themed responses, by full study area, to the questions *"What services are not meeting your needs? Why? What barriers exist?"* (n=42)
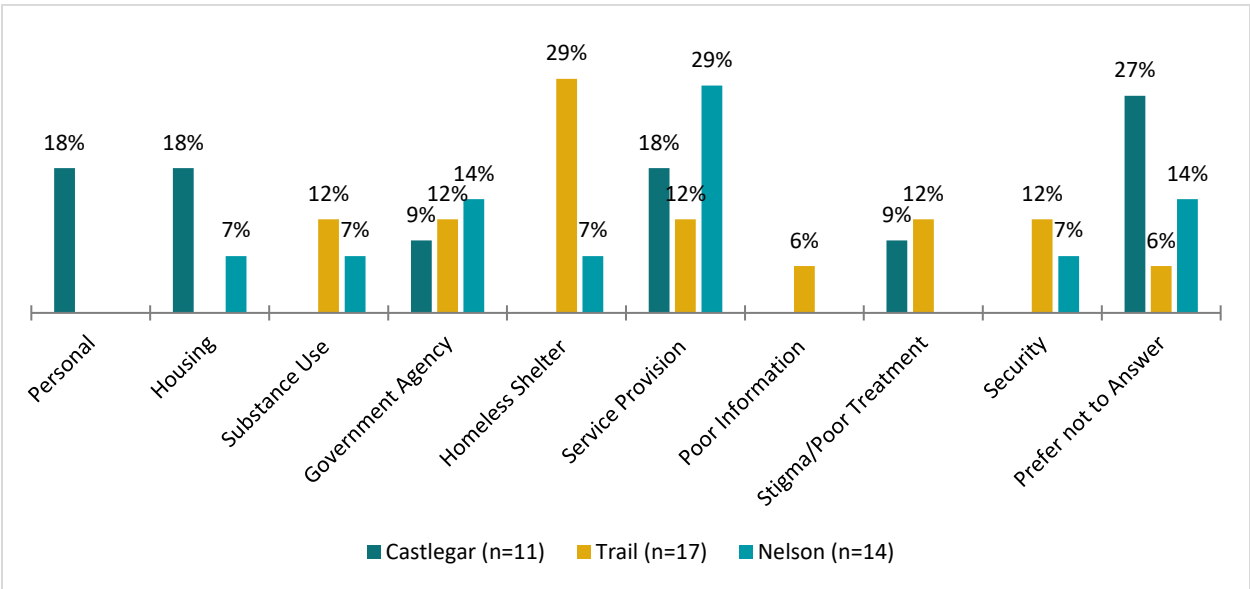


**Figure 26**: Service user themed responses, by community, to the questions *"What services are not meeting your needs? Why? What barriers exist?"* (n=42)

Of the 26 respondents interviewed, 42 discrete responses across the study area were received regarding services not meeting needs and barriers to services. The most common theme for responses was service provision (19% / 8 comments). Service barriers include recurrent themes of lack of hygiene facilities, restrictions or cutting back of services, service users being "*banned*," and limited hours of available services. A couple comments include:

- "*[Service provider's] open times. You know being sort of subject to the bus schedule, you basically have to walk around with a big, heavy box full of food for hours.*"

- "*Well once they started taking away the [service provider] breakfast, where there was food and everybody had food for the morning, and they could take some home with them. You know, and things were good, but then they started taking them away. And now even the [service provider] is shutting down [their drop-in food program]. And so, there's no food for us.*"

Homeless shelter barriers (14%/6 comments) include limited access due to closures, being banned, lack of consideration for dietary restrictions, and insufficient amounts of food. One respondent indicated:

> *"I'm vegetarian, and so they have an awful time feeding me here."*

Stigma, discrimination, and poor treatment (12% / 5 comments) were the third most frequent barriers mentioned with comments including, *"People think you are a thief when you are shopping."* and *"The stereotyping and the labeling that happens from these people down to the taunting. People yelling things out their window as they're driving by."*

Government agency barriers (12% / 5 comments) include the insufficient amount of social assistance funding as well as the lack of one-on-one support. Other comments related to government agency barriers include:

- "*I mean, I can't even go to my appointment. I forget. It's just overwhelming.*"

- "*So, I mean, the biggest problem I find is that there's so many different types of lives out there that there's just a need for so many resources for so many different types of people.*"

Security barriers (7% / 3 comments) include the lack of secure storage for personal items. Substance use barriers (7% / 3 comments) include experiences of discrimination due to active substance use, difficulty accessing opioid agonist therapy, and increased overdose rates. Housing barriers (7% / 3 comments) referred to an overall lack of housing availability as well as affordability.

Personal barriers (5% / 2 comments) included illness and a lack of a sense of self. One individual expressed how trauma from previous history of being in a controlling relationship is reinforced by rigid rules in emergency shelters: *"…being able to make your own choices and not being so governed…the further controlling environment [feels] like you've just moved locations…"*. Some other comments about personal barriers include:

- "*Like, if you're sick, look out. If you've got the runs or something, it's not pretty.*"

- "*… being able to smell nice and you know, like the things that girls like.*"

Lack of accurate and accessible information about services was also mentioned as a barrier for services being able to meet individuals' needs.

## 3.5 Ideas for Improvements

### 3.5.1. SERVICE USERS

Service users were asked what was needed to be different to improve their well-being. **Figure 27** summarizes the responses by themes, with **Figure 28** showing the response themes separated by community.
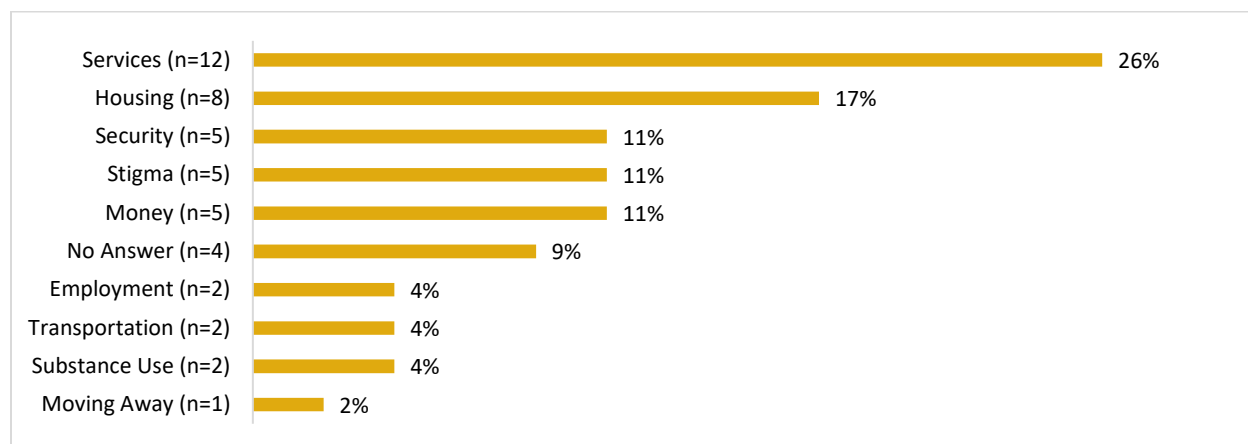


**Figure 27:** Service user themed responses, by full study region, to the question *"What needs to be different to improve your well-being?"* (n=46)
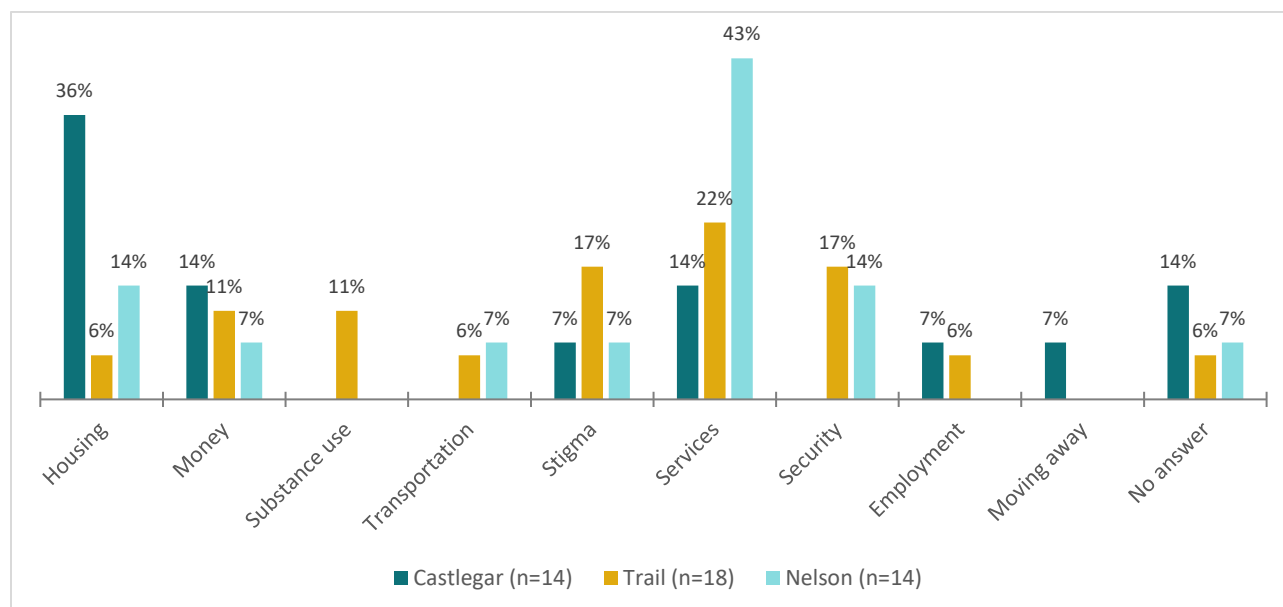


**Figure 28:** Service user themed responses, by community, to the question *"What needs to be different to improve your well-being?"* (n=46)

Of the 26 respondents interviewed, 46 discrete responses were received across the study area regarding what needs to be different to improve service user well-being. The most common responses relate to

service provision (26% / 12 comments). These comments include the need for more facilities where service users can sit and be present, as well as increased service hours. Comments about what needs to be different to improve service user well-being also include the need for improved information about services, improved supports, a need for better nutrition, and access to proper outdoor living gear.

Housing was the second most common theme area for what needs to be different to improve well-being (17% / 8 comments). These responses indicate more affordable housing is needed.

Security, stigma, and money were other common themes (11% / 5 comments each). Security comments refer to personal safety and the security of respondents' belongings. Various respondents indicated they are often the victims of theft, especially with cell phones, which has a cascading effect on their lives. Specific comments include:

- *"People stealing your stuff, stealing your stuff…When they [take] your phone, [then] you're stuck with nothing."*

- *"I had three phones stolen from me, one after the other. And I'm terrified now to get another one because [I] just think somebody's going to try and steal it."*

- *"It [make it hard because] I had my cell phone go missing. And in order to get into half of my accounts I needed two-step verification, and it was all set up to my cell phone."*

Responses about stigma referenced treatment from service providers, emergency service workers, and community members. One specific comment indicated:

> *"The public needs to see that we are real people. And a lot of us are good people. And we're doing our best not to be offensive to them. [We] just don't have a lot of choices…if they don't want us in their faces, they've got to give us places where we can be private [and] not be offending anybody."*

Responses about money referenced the need for an increase in social assistance amounts. Service users pointed out that the current amounts received from social assistance are not enough to cover housing costs and that government policies create barriers: *"They took the housing amount because I live in my car. I need gas [to stay warm in the winter] and to [drive]…and I'm still paying storage."*

Other comments referenced employment, transportation, substance use, and moving away. Respondents indicate they want the opportunity to engage in employment, have more access to transportation options, and easier access to treatment. Some respondents feel that leaving the area would improve their well-being.

Service users were then asked for their ideas on how to improve their well-being. These responses are summarized by theme in **Figure 29**.
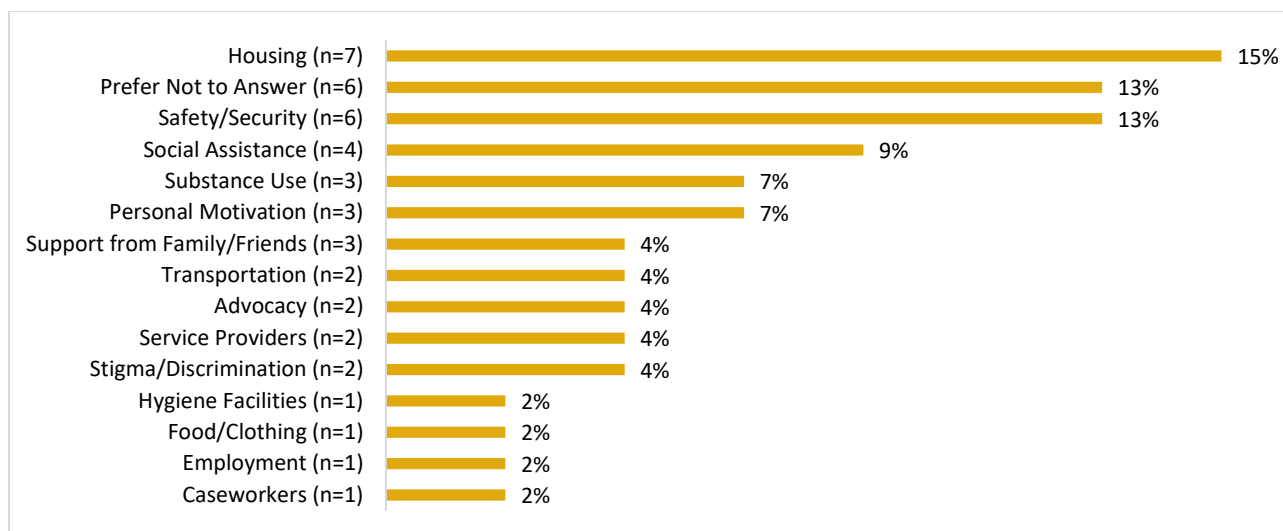
**Figure 29:** Service user themed responses to the question "*What ideas do you have for actions/solutions that will help improve your well-being?*" (n=46)

The most common suggestions were for housing availability and affordability (15% / 7 comments), safety and security (13% / 6 comments), and increased social assistance (9% / 4 comments).

Responses with unique or specific suggestions include:

- *"Use unused campsites during off-season for camping in tents."*

- *"And like I've heard of like a place where they set up a bunch of Sea-cans for [the homeless] to sleep in and stuff like that right? And maybe something like that would be [affordable for the government or municipalities to do]..."*

- *"Setting up a locked, like a bank of lockers for the homeless to keep their stuff in."*

- *"They should have a place here where you can sign up or something that you can have a place to lock your stuff."*

- *"More patrols."* [In reference to police.]

- *"Maybe if there was a way you could just get a cheque too. Like just go in and get a one-time cheque from somewhere without having to jump through too many hoops."* [From an individual who doesn't receive social assistance.]

- *"REDUN was trying to set up a safe smoking site because pretty much all the overdoses that have happened in the last few years have been smokers. We have two safe injection sites where we wanted to set it up but obviously [it] wasn't the ideal place."* [In reference to a supervised inhalation site.]

- *"Somewhere in the community where I can go [and] meet other individuals that are in my situation. [We could] also meet with the community representatives that represent the agencies*

*that are in charge of the homeless problem. [This would] help me voice my opinion a bit better and it gives us a chance to get the answers to why these things are occurring in the first place."*

- *"I think every authority from City Hall to the RCMP [should] come and live with us for a few days and see actually how much stuff that we aren't doing."* [Expressing that many service users are blamed for criminal activities they weren't involved in.]

- *"…somewhere where [personal belongings] could be accessed outside [because we can't always get into the shelter]."*

- *"…we need at least two more of these things, I would say."* [In reference to the porta-potty in Nelson.]

- *"A community bike program. Which I'd be happy to head up if I had a place to do it because there's lots of bikes, I find bikes at the dump, all the time that are nice bikes. Good bikes people can use, just need a little bit of work."*

- *"A little notification around on Facebook or something like that so people could know when [stuff is] happening. They might put up a poster somewhere, here, but you know, if you're not here, you don't see it."* [In reference to improving communication about services or events.]

- *"…it'd be cool if like there was some sort of subsidy for, you know, lower income people to work, to hire us, you know?"*

- *"[Someone to assist people with more complex needs] They call it a worker. That person?"*

### 3.5.2 SERVICE PROVIDERS

Service providers were also asked what ideas they had for improvements. These ideas are summarized into the five themes in **Figure 30**.
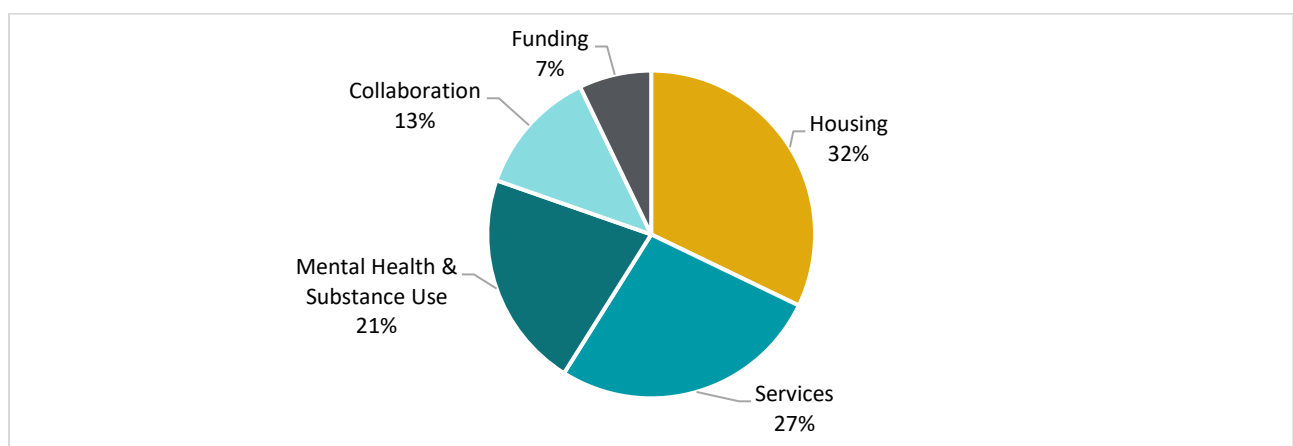


**Figure 30:** Service provider themed responses to the question *"What ideas for improvements do you have?* (n=56)

The most common ideas shared are for housing (32% / 18 comments). Of the housing comments, the most recurrent ideas were for increased housing with wrap-around services and increased housing stock in general. Some specific ideas include:

- *"Some kind of system that gets them out of rehab and into housing would also be really wonderful just because it's a huge challenge for a lot of the folks, even if they can get into rehab and that kind of stuff, it's coming back here, the chance of relapsing are so high. Where it would be great if we had something to kind of, you know, give them an easier route out of this. Because as is, it's very stacked against them."*

- *"I do think there's parts of Nelson that could have, like, shipping container communities or something. Low-barrier housing."*

- *"We desperately need houses, apartment buildings, [and] complexes."*

Other housing ideas include one-on-one supports to assist in keeping individuals with complex needs housed, municipalities getting involved to limit short-term rentals such vacation rental units, designating more low-income housing, controlling rent increases, improving shelters and increasing shelter beds, and hosting landlord-tenant workshops. Specific ideas include:

- *"[We could educate about] rights and responsibilities of the landlord, so that they know what an eviction is and what it's for. And the rights around that so you're not just whipping out an eviction notice every five minutes and threatening. [How] to do it properly and legally. And then the tenant too. What [are] your responsibilities to keep this house? What are your rights? What can you get away with and not get away with? And then provide those workshops."*

- *"Victoria is my favorite {example of positive initiatives for homelessness] because they have the best shelters there. They have one room. They call them single occupancy units and they have just a sink, a mirror, a closet, and a bed. And there's like three to four stories, and each story, each level has its own kitchen and living room. This way, folks who've lived outside for a very long time still have their connection, like their little group, because they need that, and then they can't really wreck everything because there's only them to live with."*

Ideas for improved services (27% / 15 comments) were diverse. Comments include having more life skills training, supporting clients better by clearly articulating simple next steps with regular check-ins, having a central service hub in Trail, having a laundry and shower facility, having someone who can regularly check-in on a specific person, and having a central location to secure clients' identification documents.

> *"I just believe that the government paperwork should all be uniform. Like you sign and date here on the bottom of page two for everything because, for example, the Ministry of Social Development, the "Access Information" page where they can converse with me for the client. My information is here and then on page two. It's so confusing. And then the one for the [provincial] government is different"* [In reference to the fact that every agency and level of government has a different form for release of information.]

Ideas regarding mental health and substance use needs (21% / 12 comments) were also diverse. These ideas include a rehab centre in the region, pharmacy delivery or walk-up window for prescription pick-

ups, a safe inhalation site, barrier-free access to mental health supports, mental health outreach, and post-treatment support.

> *It's just kind of abysmal how much we're lacking [in] mental health therapy as well. [That's] the start of the spiral [of] trauma, generally. Then it spirals down from there. It would be nice to try to catch it as early as we can. Get people the help that they need so that we can try to prevent the spiral. Then we need ways to get the people who are already where they're at back on their feet again."*

Ideas for collaboration (13% / 7 comments) include having a central service hub in Trail, working across agencies as a team, having monthly service provider meetings, and strengthening relationships to explore innovative partnerships such as co-op or land trusts.

Ideas for funding all touched on suggestions for government policy changes These include more subsidies and tax breaks for seniors, more funding for "*boots-on-the-ground*" activities, finding ways to reduce the cost of living, and shifting resources to housing.

### BARRIERS TO IMPROVEMENTS

Service providers were asked what barriers, if any, there were to making the needed improvements. These barriers fell into five themes as summarized in **Figure 31**. These barriers are similar to what was heard in section 3.4.1 (see **Figure 21**).
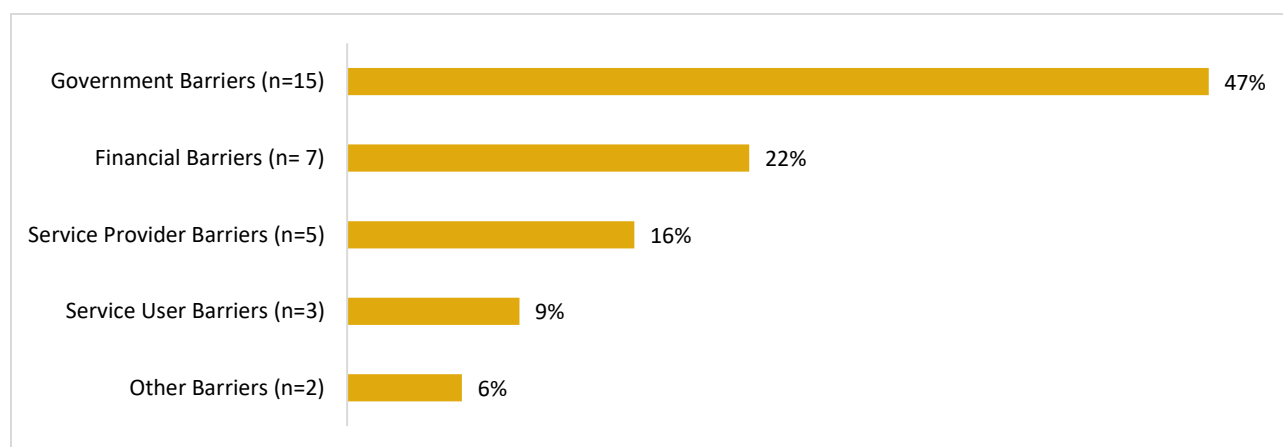


**Figure 31.** Service providers themed responses to barriers to improvement (n=32)

The most common barriers to improvement identified by service providers are government barriers (47% / 15 comments). These comments include a lack of municipal, regional, provincial, and federal support and understanding of issues. Comments about municipal barriers include bylaw and policy changes that are needed for improvement in housing density, building non-market rental residences, and decreasing short-term rentals. The provincial government was identified as a barrier due to insufficient housing initiatives through BC Housing and not enough mental health or substance use resources. The federal government was identified as a barrier due to lack of sufficient funding, particularly in rural areas. Agency mandates were also mentioned as governmental barriers.

> *"I would really like to see influence on the municipality somehow because they're really roadblocking a lot of things just from their own meeting after meeting, after meeting that nothing gets decided."*

Financial barriers identified (22% / 7 comments) include the need for more funding and recognizing inflation costs. Grants received have not reflected the high rate of inflation seen over the past few years. Service provider barriers (16% / 5 comments) refer to staffing shortages, lack of collaboration and transparency with other service providers, and a lack of knowledge about how to implement improvements.

> *"I work three days a week, so I also have a heavy caseload. Doing these types of extra things is pretty hard to do."*

Service user barriers (9% / 3 comments) refer to the complex needs of service users and their perceptions of agencies or authorities. Other barriers (6% / 2 comments) include references to COVID-19 as a barrier that caused inter-agency meetings to be put on hold due to social distancing restrictions and were never restarted. The physical lack of space for building housing within the study region was also identified as a barrier.

## 3.6 Role of Regional Collaboration

### 3.6.1 REGIONAL COLLABORATION

Service providers were asked how regional collaboration could support their work. Many of the service providers interviewed felt that regional collaboration would positively impact their work. Key ideas include improved information sharing, greater consistency of services, and pooling of resources. These regional collaboration ideas were all perceived as opportunities to contribute to beneficial outcomes for service users.

- *"I think there's opportunity to understand and [try] to see the issues from each other's lens."*

- *"Rules are different in [different communities]. [Service users know] they have to be in bed [in one community] by 10 [pm]. But in [another community] it's midnight and they get [back to the first community] and think [bedtime is] midnight. Then they are in trouble because [they can't] remember what rules are [in each community and they end up getting banned somewhere]."* [In reference to shelter facilities.]

- *"I think it makes sense so that we're not all constantly reinventing the wheel and we're not all potentially doing our own little things [without knowing] if [they will] work out."*

- *"I think that's a need because people [are] bouncing [between] our three communities. Depending on which shelter is open, which bed they can access, where they've been banned, where they've not been banned."*

- *"If we could do that, I sure wish we could, we would have a huge budget. We would be able to collectively apply for the money that we're all siloing in on… So, I feel like regionally [we] could have shelters in each town that are run by the same people in the same way. And the same affordable housing units should all be decided on and run the same way…So, if we regionally applied for money, we would get more money. We could have more continuity of care. Maybe*

*we could put in a complex needs building that's for the entire region."* [In reference to pooling resources.]

- *"It can't be down to one city to [solve the problem] …the towns [all have to contribute equally]."*

### 3.6.2 SELKIRK COLLEGE

Service providers were asked how Selkirk College students and faculty could support their work. Of the 18 service provider interviews, 28 responses were received across the study region. A few recurrent themes emerged. Service providers indicated that sharing outcomes from research conducted by the college would be helpful, but also cautioned that tangible actions to support people experiencing homelessness should be the primary focus.

- *"I think studies are good. However, we can study this to death. If there's not a yearly focus on doing something for people on the street each year, then I think we've missed the mark."*

- *"Taking the research to the community at large and the community politicians."*

Student housing emerged as a theme.

- *"Selkirk College could build some more housing for their students. To be completely honest, that's a big, big problem for me. How many people can fit in that dorm? How many students are there? They're in every single rental in this community… [Selkirk College] asked them to come here and then they didn't give them anywhere to live."*

- *"It's a really small, simple thing, but bring back that Selkirk College housing list, man, that's killing me that it went away. It was huge…Up until a few months ago, [Selkirk College] ran a housing list, an off-campus housing list, and it was great, and they shut it down due to spam."*

- *"It would be nice if I had [up to date information of who to contact regarding student housing] so that we could be in better communication because I don't have that. I'm aware of that summer program. I've tried to [get] people into living in the campus during the summer when it becomes a sort of market rental."* [In reference to previously being able to temporarily house individuals in student housing.]

Opportunities for student education were identified.

- *"I think by having individuals such as yourself on the ground, boots on the ground, really understanding what the main issues are and getting sort of an overview from all sides. Going back with that knowledge and building that into the courses I think is invaluable."* [In reference to Selkirk College student outreach.]

- *"Making sure education of their students [includes] decreasing stigma."*

Facilitating information sharing was also identified.

- *"Selkirk could [facilitate in bringing] groups together and maybe that isn't at the first responder level. Like maybe that's my job if I'm participating in the group that's coming together [so that I*

*can share information through a first responder lens].*" [In reference to emergency responders having the opportunity to share information with service providers and municipal levels of government.]

- *"Maybe Selkirk should throw up a symposium and have all the nonprofits, all the neighbors, councils, the nursing students, and people who are frontline and the people who aren't, and just sort of throw them together in a room and say, 'Okay, look, this is what we know. What do you know and how can we help everybody?'"*

Continuation and expansion of the student nursing outreach was identified as an opportunity to create and maintain consistency for service users.

- *"I think [service providers] are really appreciative of [the student nurses] … I think like consistency of showing up is, that's helpful enough for them."*

- *"It's good to have more boots-on-the-ground kind of ideas, as far as that goes. Like what [the student nurses] do."*

- *"[The student nurses] are coming down and checking on all of them, they have us checking [plus the student nurses]. And I'm like, okay, at least Selkirk is on it."*

Other themes identified included increasing practicum opportunities related to service provision for people experiencing homelessness in programs such as culinary arts or hairstyling. Promotion of volunteer opportunities to students, fundraising, and continued research with advocacy efforts were also identified as ways that Selkirk College can support service providers.

# 4.0 DISCUSSION

While the results section is a comprehensive summary of what was learned during the service user and service provider interviews, the discussion section highlights some specific topics that stood out to the research team.

## 4.1 Extreme Weather

As presented in **Figure 13**, service users expressed that they are most often impacted physically by extreme weather. Heat exposure results in physical exertion, lack of sleep, and dehydration during the summer months. The heat and smoke, combined with lack of sleep, were also mentioned as impairing service users' ability to recover from the increased physical exertion. Access to fresh water is limited for those living rough, and most businesses do not allow service users to access washrooms, drinking water, or a place to cool down. Additionally, substance use in extreme heat conditions increases the risk of death or injury (Ryus & Bernstein, 2022).[1] In summer 2023, there were no *Extreme Heat Emergencies* declared because temperatures cooled to below the threshold of 18° C overnight. The lack of emergency declaration meant that there was no advisement from the BC Provincial Heat Alert and Response System

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[1] Ryus, C., & Bernstein, S.L. (2022). A new syndemic: Complications of opioid use disorder during a heat wave. *J Health Care Poor Underserved*; *33*(3), 1671–1677. https://doi.org/10.1353/hpu.2022.0092

to municipalities or local partners on implementing recommended response actions, such as 24-hour cooling centers or enhanced wellness checks.

The interviews for this study were conducted during the summer months; however, service users were still able to reflect on anticipated effects of cold weather. Cold weather impacts were stated as increased physical pain due to sleeping on cold surfaces, or exacerbation of concurrent conditions such as arthritis. Mental health was referenced in relation to cold weather effects as individuals are hesitant to move about and migrate in the cold. This increases the isolation that they feel, and leads to increased substance use to manage both mental and physical effects of extreme weather. Once they have created a warm space, individuals prefer to stay where they are. This means they are less likely to access services that support their physical and mental health, further exacerbating extreme weather effects.

## 4.2 Complex Needs

Many of the service users interviewed for this study have complex challenges. As shown in section 3.1.4 above, **Table 2** explored the different barriers faced by service users. Further examination of these data shows that the number of individuals expressing concurrent barriers is substantial (**Table 3**). Of service users interviewed, 27% experienced five out of the six barriers and 15% experienced all of the barriers. The six barrier categories assessed were mental health, substance use, cognitive impairment, physical disability/impairment, stigma, and external barriers.

**Table 3.** Percent of service users experiencing multiple barriers limiting their ability to access services (n=26)

| Number of Barrier Categories Where Challenges Are Experienced | Percent of Service Users | Count of Service Users |
|---|---|---|
| 6 out of 6 | 15% | n=4 |
| 5 out of 6 | 27% | n=7 |
| 4 out of 6 | 11.5% | n=3 |
| 3 out of 6 | 11.5% | n=3 |
| 1-2 out of 6 | 27% | n=7 |
| Unsure/Prefer not to answer | 8% | n=2 |

One-on-one support was mentioned by service users as being one of their greatest needs (**Figure 15**) and responses from service providers identified one-on-one support as a way to improve service user well-being (**Figure 30**) Service providers also mentioned the lack of one-on-one support for those with complex needs as a barrier to being able to provide adequate service (**Figure 31**).

## 4.3 Housing

Housing is the greatest immediate need identified by service users (**Figure 15**). Service users indicate housing as a way to support their well-being by getting away from extreme weather conditions and having privacy and security (**Figure 14**). More affordable housing stock was a key theme identified by service users to improve their well-being (**Figure 28**, **Figure 29**). Service providers also indicated housing as a way to improve service user well-being (**Figure 30**). Ideas for regional housing improvements included building low-barrier, low-income, and supportive housing. Additional ideas for improvement relating to housing include overall increased housing stock and limiting short-term rentals. Service

providers also indicate that having increased housing stock will help them do their jobs better (**Figure 22**).

It was suggested that Selkirk College could support addressing the housing situation by building more student housing so that market rentals become available; bringing back the student housing list; and clearly communicating appropriate contacts for student housing, including who to contact to access student housing in between academic terms.

## 4.4 Regional Collaboration

Improving regional collaboration was a common theme (**Figure 30**). Service providers envision regional collaboration supporting their work by creating a better, shared understanding of what supports are available and how they work, improving information sharing, increasing the consistency of services, and through the pooling of resources (**Figure 22**). Furthermore, it was mentioned that regional service providers should work together for best outcomes. Selkirk College was suggested as a facilitator of regional collaboration.

Those service providers who have independently connected and formed relationships with other agencies in the region have found these collaborations support positive outcomes for their clients and find this to be working well for their organizations (**Figure 20**).

Lack of communication and transparency between other agencies was mentioned as creating challenges for service providers (**Figure 21**), and a lack of communication between service providers was also identified as a barrier to making improvements (**Figure 31**).

## 4.5 Collaborative Spaces

The CCC and the Hub were mentioned by numerous service users as being helpful spaces (**Figure 24**), as there are multiple services in one location. As seen in **Figure 23**, service users migrate within the study region, allowing them to access these spaces in Castlegar and Nelson. Service user responses mention having somewhere to go other than homeless shelters, and accessing places they can warm up or cool down, as ways to improve their well-being (**Figure 14**). Additionally, service users are looking for spaces where they can hang out during the day and feel accepted (**Figure 28**). The need for a collaborative space in Trail was identified by service providers.

> *"A hub. One singular place where we know we could potentially go and find clients that was safe for us."*

> *"We always fantasize about a kind of outreach, urban health kind of thing, especially in Trail. To have, [a] one-stop shop on the right side of the river."*

## 4.6 Safety/Security

Service user responses on how to improve their well-being include having secure places to store personal items, and having a sense of security (**Figure 14**, **Figure 29**). Responses emphasize that improved personal safety/security (**Figure 15**) and being able to secure personal items as being necessary for improved well-being (**Figure 28**). Service providers also mention the safety and security as a way to improve the well-being of service users:

*"Sometimes if you're homeless, it just means, can you access water, a safe place to sleep? Do you feel like you're going to be attacked when you sleep? That's a component of wellness, too."*

*"Improved well-being for homeless folks would be being able to sleep properly, to have their things be safe because a lot of them stress out about losing things a lot, being able to eat properly and having a home."*

## 4.7 Substance Use

Substance use was mentioned in numerous responses from both service users and service providers. Both groups spoke about lengthy wait times to get into treatment centers, the lack of local facilities, the lack of wrap-around care, and the lack of supervised consumption sites. An underlying theme in responses is the lack of hope created by these conditions, which is further compounded by seeing others who have gone to treatment return to their home community with no housing in place.

## 4.8 Government Agencies

Service providers mentioned all levels of government as barriers to making improvements, citing a lack of understanding and support. Municipalities were mentioned as not supporting initiatives that would allow increased housing density and being slow to act on implementing the federal *Housing Accelerator Fund* program. Provincial government agencies were mentioned as barriers due to complex paperwork, a lack of agency coordination, and inflexible mandates. Both provincial and federal levels of government were mentioned as creating barriers due to lack of mental health and substance use resources and funding.

# 5.0 FINAL THOUGHTS

Since the interviews were conducted in summer 2023, there have been some key changes in the study region. The CCC is no longer active once a week, as the space has been converted to accommodate a cold weather shelter. In Trail, the Salvation Army has completed renovations of their previous thrift store space to include Kate's Kitchen and the foodbank. This location is less than a block away from the current location of the homeless shelter. The previous location was just over a kilometer away. In Nelson, the Coordinated Access Hub is scheduled to close March 31, 2024.

Many service users were hesitant to offer suggestions for improvement and emphasized being grateful for what they do have access to. The gratitude expressed to the outreach team for offering personal support, taking the time to find small items like fishing line, or simply chatting with individuals was notable. Compassion and understanding helped to build productive relationships.

Over the course of the research period, the research team identified successes in creating communication between some agencies, facilitating positive change for some service users, and relationship building with both groups.

The data presented in this report show that service users and service providers have many ideas that are in alignment with each other, however, many barriers still exist towards making improvements to support service user well-being. This report can help inform next actions in supporting the unhoused populations in the West Kootenay region.

# APPENDIX 1 – SERVICE USER INFORMED CONSENT AND QUESTIONS

**Service User Informed Consent - 2023**

Selkirk College, and those conducting this research study, subscribe to the ethical conduct of research and protection of participants. This research is being conducted under permission of the Selkirk College Research Ethics Board. The main concern of the Board is the health, safety, and psychological well-being of research participants.

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should tell you what the procedure is about, and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask the researchers. Furthermore, should you wish to obtain information about your rights as a participant in research, or about the responsibilities of researchers, or if you have any ethical questions, concerns, or complaints about the manner in which you were treated in this study, please contact the Selkirk College Research Ethics Board at reb@selkirk.ca.

Your signature on this form will signify that you understand the study information included on this consent form, which describes:
- the procedures of the research,
- whether there are possible risks and benefits of this research study,
- that you have received an adequate opportunity to consider the information describing the study, and
- that you voluntarily agree to participate in the study.

**Study Title:** Bridging Rural Homelessness and Well-being: Service User and Service Provider Check-in - 2023

**Investigator(s) name(s):**
**Jayme Jones,** Project Director & Researcher, jjones1@selkirk.ca; **Amanda Sigurdson,** Outreach Lead & Researcher; **Rob Tanner,** Outreach Lead & Researcher; **Jenn Reid,** Researcher; **Amber Streukens,** Lived-experience Co-Researcher; **Pier Briggeman,** Outreach & Research Intern; **Christina Wahlers,** Outreach & Research Intern; **Leeza Perehudoff,** Research Intern.

**Investigator(s) School:** Selkirk Innovates and Health & Human Services

Purpose and goals of this study: *This interview is part of the Bridging Rural Homelessness and Well-being project. The aim of this project is to improve the well-being of those experiencing, or at risk of homelessness in the West Kootenay Region. Your responses will help guide the project. This interview is a check-in with people experiencing/at risk of homelessness. The aim of this interview is to learn about your present situation, what is working well, what needs to be improved, and ideas you have for making things better. We are also conducting a similar interview with service providers. Results will be compiled*

*and shared with community partners and other relevant parties, including people with lived experience of homelessness. The aim is that this information informs decisions that will help improve the well-being of those experiencing homelessness.*

What the participants will be required to do: *You will spend about 30 minutes speaking with a member of the research team, answering a mix of questions. The interviewer will ask you questions and record your answers. The audio of the interview will be recorded to assist the interviewer with ensuring comments are captured fully. You have the option to decline being recorded. Your participation is voluntary. You may withdraw at any time. You can skip any question if you feel uncomfortable answering. To thank you for your time, you will receive $20 at the end of the interview, even if you don't answer all of the questions.*

Risk to the participant or third parties: Participation in this interview may be triggering. *If emotional support is needed to process anything that comes up due to the questions, you can contact the Mental Health BC Hotline at 310-6789 (no area code needed) or contact Wellness Together Canada (free support at anytime) by texting WELLNESS to 741741.*

Benefits of the study to the development of (new) knowledge: *The results of this study will be compiled into a report. This report will be shared with community partners to learn what is working well and to determine how to better serve you.*

Statement of Confidentiality: *The researcher team will not reveal your identity and any interview responses included in this interview will not be identifiable. Results are compiled together before sharing in the report. If information that you share accidently shares identifiable information, this information will be removed and will be excluded in the research. The audio recording will only be accessible by limited members of the Selkirk College research team and will be deleted by December 31, 2023. Paper notes of your interview will be shredded by December 31, 2023. Digital transcripts of your interview will be securely stored on the Selkirk College server and will be deleted by December 31, 2026.*

Inclusion of names of participants in reports of the study: *Your name will not be included in the report.*

Contact of participants at a future time or use of the data in other studies:
*It is possible you will be asked to complete another interview in future years, since this research project will continue for the next two years. If you are contacted again in future years, these responses are kept separate, and we will not be tracking individual responses year to year. The data from this 2023 check-in will be used throughout the Bridging Rural Homelessness and Well-being project, which is scheduled to end in 2026.*

Plan for dissemination of data: *The report from the 2023 check-in will be saved and publicly accessible in the Selkirk College Online Repository. The results will also be shared with project community partners to help them learn and better support you.*

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I understand that I may withdraw at any time without penalty, and that I will be given continuing and meaningful opportunities for deciding whether or not to continue in the study.  I also understand that I may register any ethical complaint with the Selkirk College Research Ethics Board at reb@selkirk.ca

Having been invited to participate in the research study named above, I certify that I have read the study procedures which are described in this document. I understand the procedures to be used in this study and the personal risks to me in taking part in the study as described above. If I do not want my audio recorded, I will let the interviewer know before starting.

I understand the risks and contributions of my participation in this study and agree to participate:

**PARTICIPANT**

| | | |
|---|---|---|
| Name (Print) | Signature | Date |

**WITNESS**

| | | |
|---|---|---|
| Name (Print) | Signature | Date |

A copy of this consent form will be given to you for future reference, as needed.

_____

**Service User Close-Ended Questions** (conducted verbally immediately before the open-ended interview questions)

1. What is your age? (Note: if under 18, please thank them for their interest and discontinue interview)
    a. Under 18
    b. 18-24 years old
    c. 25-34 years old
    d. 35-44 years old
    e. 45-54 years old
    f. 55-64 years old
    g. 65-74 years old
    h. 75 years old or older
    i. Prefer not to answer

2. What gender do you identify as?
    a. Male
    b. Female
    c. Non-binary
    d. Prefer to self-describe (please specify) _____
    e. Prefer not to answer

3. How do you describe your sexual orientation?
   a. Two-spirit
   b. Lesbian/Gay
   c. Bisexual/Pansexual
   d. Asexual
   e. Straight
   f. I am not sure
   g. Identity not listed - please specify, if comfortable:_____
   h. Prefer not to answer

4. Which of the following best describes you?
   a. I was born in Canada (Turtle Island)
   b. I immigrated to Canada as an economic-category immigrant
   c. I immigrated to Canada as a family-category immigrant
   d. I immigrated to Canada as a government assisted refugee
   e. I immigrated to Canada as a privately sponsored refugee
   f. I am in Canada as a refugee claimant
   g. I am in Canada as an international student
   h. I am in Canada on a temporary work visa
   i. I am not sure
   j. Prefer not to answer
   k. Other: _____

5. Do you identify as First Nations, Métis, Inuit or other Indigenous ancestry? [Choose all that apply]
   ☐ First Nations
   ☐ Inuit
   ☐ Métis
   ☐ Other Indigenous ancestry
            Please specify:_____
   ☐ None
   ☐ Prefer not to answer

6. Which racial groups do you identify with? [Choose all that apply]
   ☐ Arab (e.g. Egyptian, Yemeni)
   ☐ Asian - East (e.g. Chinese, Korean, Japanese)
   ☐ Asian - South-East (e.g. Vietnamese, Filipino)
   ☐ Asian - South and Indo Caribbean (e.g. Indian, Pakistani, Sri Lankan, Indo-Fijian)
   ☐ Asian - West (e.g. Iranian, Afghan, Turkish)
   ☐ Black - African (e.g. Ghanaian, Ethiopian, Nigerian)
   ☐ Black - Afro-Caribbean and Afro Latinx (e.g. Jamaican, Trinidadian, Afro-Brazilian)
   ☐ Latin American (e.g. Brazilian, Mexican, Chilean, Cuban)
   ☐ White (e.g. European - English Italian, Ukrainian, French; or Euro-Latinx)
   ☐ Identify as Indigenous only

☐ Identity not listed - please specify, if comfortable: _____
☐ Prefer not to answer

7. What is your home community?

    a. Nelson

    b. Castlegar

    c. Trail

    d. Other (please specify)_____

    e. Prefer not to answer

8. How long have you lived in this community? [What is your best guess if unsure?]

    a. I've always lived here

    b. Under a year

    c. 1-2 years

    d. 3-5 years

    e. 6-8 years

    f. More than 8 years

    g. I am only here temporarily on my way to another location

    h. Prefer not to answer

9. Where did you move from when you came to this community?

    a. I have always lived in this community

    b. Another community in the West Kootenay

    c. Another community in British Columbia

    d. A First Nation

    e. A Metis Settlement

    f. An Inuit Settlement

    g. Another province

    h. Another country

    i. Prefer not to answer

10. How many times have you moved where you are living in the past 12 months?

    a. I have not moved in the past 12 months

    b. 1 to 2 times

    c. 3 to 6 times

    d. More than 6 times

11. What best describes your current housing status?

a. Unhoused

b. Emergency sheltered

c. Housed in transitional, temporary, or substandard housing (ex: couch surfing or unsafe housing)

d. Housed – at risk of homelessness

e. Housed – not at risk of homelessness


12. How long have you been in your current housing situation?

a. Less than 6 months

b. Between 6 months – 1 year

c. Between 1 – 2 years

d. Over 2 years


13. Where does your income come from? [Check all that apply]

☐ Informal work (ex: panhandling, bottling)

☐ Temporary work

☐ Part-time or seasonal work with inadequate pay, few or no benefits

☐ Part-time or seasonal work with adequate pay and benefits

☐ Self employed

☐ Income assistance

☐ Full time with inadequate pay, few or no benefits

☐ Full time with adequate pay and benefits

☐ Other (please specify):_____

14. Do you experience any of the following challenges that make it hard to access services you need in your daily life? You can answer yes, no, or prefer not to answer or unsure.

| | yes | no | Prefer not to answer/unsure |
|---|---|---|---|
| Mental health (diagnosed or undiagnosed) | | | |
| Substance use | | | |
| Cognitive Impairment (ex: brain Injury, learning disability) | | | |
| Physical disability/impairment | | | |
| Stigma | | | |
| External barriers (ex: paperwork, hours of operations, exclusion criteria) | | | |
| Other [Please specify]_____ | | | |

**Service User Open-ended Question Guide**

15. What brought you to this community?
16. Please describe your current housing.
17. How does extreme weather impact your well-being?
18. Please describe what improved well-being looks like for you.
19. What is working well to improve your well-being?
    a. What services are helpful in improving your well-being?
20. Where do you access services?
21. What needs to be different to improve your well-being?
22. What services are not meeting your needs? Why? What barriers exist?
23. What is your greatest need right now?
24. What ideas do you have for actions/solutions that will help improve your well-being?
25. Please describe what a home looks like to you.
26. Is there anything else you would like to share with the Bridging Rural Homelessness and Well-being team?

# APPENDIX 2 – SERVICE PROVIDER INFORMED CONSENT AND QUESTIONS

**Service Provider Informed Consent - 2023**

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**Investigator(s) name(s):**
**Jayme Jones,** Project Director & Researcher, jjones1@selkirk.ca; **Amanda Sigurdson,** Outreach Lead & Researcher**; Rob Tanner,** Outreach Lead & Researcher**; Jenn Reid,** Researcher**; Amber Streukens,** Lived-experience Co-Researcher**; Pier Briggeman,** Outreach & Research Intern**; Christina Wahlers,** Outreach & Research Intern**; Leeza Perehudoff,** Research Intern**.**

**Investigator(s) School:** Selkirk Innovates and Health & Human Services

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**Purpose and goals of this study:** *This interview is part of the Bridging Rural Homelessness and Well-being project. The aim of this project is to improve the well-being of those experiencing, or at risk of homelessness in the West Kootenay Region. Your responses will help guide the project. This interview is a check-in with service providers. We are also interviewing people experiencing/at risk of homelessness. The aim of this interview is to learn about your present situation, what is working well, what needs to be improved, and ideas you have for making things better. We are also conducting a similar interview with service users. Results will be compiled and shared with community partners and other relevant parties,*

*including people with lived experience of homelessness. The aim is that this information informs decision-making that will help improve the well-being of those experiencing homelessness.*

**What the participants will be required to do:** *You will spend about 30 minutes speaking with a member of the research team, answering open-ended questions. The interviewer will ask you questions and record your answers. The audio of the interview will be recorded to assist the interviewer with ensuring comments are captured fully. You have the option to decline being recorded. Your participation is voluntary. You may withdraw at any time. You can skip any question if you feel uncomfortable answering.*

**Risk to the participant or third parties:** *There are minimal risks if you decide to participate in this interview Some of your responses may be identifiable. Please see the Statement of Confidentiality section below as to how that risk is being mitigated. If emotional support is needed to process anything that comes up due to the questions, you can contact the Mental Health BC Hotline at 310-6789 (no area code needed) or contact Wellness Together Canada (free support at any time) by texting WELLNESS to 741741*

**Statement of Confidentiality:** *The researcher team will not reveal your identity and any interview responses included in this interview will not be identifiable. However, due to the limited number of service providers in the region, while your name will not be used in the report, your responses may be identifiable to others who are familiar with your work or perspectives. For this reason, we cannot guarantee absolute confidentiality. Results are compiled together before sharing in the report. If information that you shared accidently shares identifiable information, this information will be removed and will be excluded in the reports. The audio recording will only be accessible by limited members of the Selkirk College research team and will be deleted by December 31, 2023. Paper notes of your interview will be shredded by December 31, 2023. Digital transcripts of your interview will be securely stored on the Selkirk College server and will be deleted by December 31, 2026.*

**Benefits of the study to the development of (new) knowledge:** *The results of this study will be compiled into a report. This report will be shared with project community partners to learn what is working well and to determine how to better support those experiencing, or at risk of homelessness, as well as how to better support each other.*

**Inclusion of names of participants in reports of the study:** *Your name will not be included in the report.*

**Contact of participants at a future time or use of the data in other studies:**

*It is possible you will be asked to complete another interview in future years, since this research project will continue for the next two years. If you are contacted again in future years, these responses are kept separate, and we will not be tracking individual responses year to year.*
*The data from this 2023 check-in will be used throughout the Bridging Rural Homelessness and Well-being project, which is scheduled to end in 2026.*

**Plan for dissemination of data**: *The report from the 2023 check-in will be saved and publicly accessible in the Selkirk College Online Repository. The results will also be shared with project community partners to help them learn to better support those experiencing homelessness and better support each other.*

I understand that I may withdraw at any time without penalty, and that I will be given continuing and meaningful opportunities for deciding whether or not to continue in the study.  I also understand that I may register any ethical complaint with the Selkirk College Research Ethics Board at reb@selkirk.ca

Having been invited to participate in the research study named above, I certify that I have read the study procedures which are described in this document.  I understand the procedures to be used in this study and the personal risks to me in taking part in the study as described above. If I do not want my audio recorded, I will let the interviewer know before starting.

I understand the risks and contributions of my participation in this study and agree to participate:

**PARTICIPANT**

| | | |
|---|---|---|
| Name (Print) | Signature | Date |

**WITNESS**

| | | |
|---|---|---|
| Name (Print) | Signature | Date |

A copy of this consent form will be given to you.  Please keep it in your records for future reference.

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**Service Provider Interview Guide:**

1. Please describe what it looks like, from your perspective, for people experiencing homelessness to have improved well-being.
2. What services do you provide those experiencing, or at risk of, homelessness?
3. What is going well and why?
4. What are the challenges and barriers you have experienced, if any?
5. What ideas for improvements do you have?
6. What are potential barriers, if any, to making these improvements? What are some ideas to overcome these barriers?
7. What would help you do your job better? What supports do you need so you can better support those experiencing homelessness?
8. How can regional collaboration support your work?
9. How can Selkirk College students or faculty support your work?
10. Is there anything else you would like to share with the Bridging Rural Homelessness and Well-being team?

Selkirk College

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