

White Paper on Homelessness and CPTED¹

for

The International CPTED Association

April 8, 2016

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¹ The authors of this ICA White Paper wish to thank our co-presenter, Barry Davidson, ICA Executive Director and our facilitators Jennica Collette, Mateja Mihinjac, and Tarah Hodgkinson who collected participant feedback from our session “*Homelessness and Anti-social Behavior: A CPTED Collaborative Process*” at the 2015 ICA CPTED Conference, October 19/20 in Calgary, Canada. We are also grateful for the feedback from over 70 conference participants at that session. Data from their comments, as well as our subsequent research, comprises the content for this White Paper on Homelessness and CPTED, to our knowledge the first collaborative research on homelessness related to CPTED.

EXECUTIVE SUMMARY

Homelessness remains a persistent problem in urban environments all around the world and it is a problem that impacts the quality of life of both the public and the homeless. CPTED practitioners and policy-makers are frequently thrust into situations where homeless issues emerge in the course of their daily work. Clients and communities of the CPTED profession frequently request a CPTED response when that response may have limited impact and potential unintended consequences. This White Paper emerges from a collaborative session at the 2015 ICA conference where over 70 conference participants provided feedback on possible CPTED responses to homelessness as well as additional research on the topic from a CPTED perspective.

This paper reviews both simple Homeless Reduction Technologies based in 1st Generation CPTED, and also more comprehensive social strategies based in 2nd Generation CPTED. Ultimately there is no simple solution and, while resources and political will may not exist to implement all recommendations, the CPTED practitioner must provide information to the public and private clients alike that reflects both short-term and long-term solutions. In all cases the CPTED practitioner should adhere to a prevention creed similar to the medical profession to do no harm. This paper recommends that the ICA adopts guidelines for practice, a new website section on homelessness, a communications plan, and a Code of Ethics with language reflecting some of the recommendations of conference participants.

THE SCOPE OF THE PROBLEM

What is it that is attracting droves of homeless persons to every major city across the world? The fact is that homelessness exists in every city and country. Shantytowns and tent cities appear with regularity in cities across the world. For example, Chile reports 12,000 homeless of which almost half live in the capital city of Santiago, but those are only the official counts (Ministry of Social Development, 2011). The Netherlands reports between 27,000 and 40,000 homeless of a national population of 15 Million. Canada estimates 200,000 are homeless annually (Gaetz, et al, 2013).

The scope of the problem is even worse in the United States. Officially 564,708 were homeless every evening in 2015 (Meghan et al, Annual Homeless Assessment Report to Congress, 2015). Unofficially estimates put the figure much higher. The definition of homelessness for these figures included people sleeping outside or in an emergency shelter or transitional housing program. Worse still, of that total, 206,286 people were in families with children (36%) and 127,787 (23%) of that number were children.

Clearly homelessness is a similar problem all across the globe. No jurisdiction is immune from the pervasive problem of homelessness.

One bright light in these statistics is that, at least in a few countries, the homeless numbers seem to be declining. The U.S. figures are revealing. From 2013 to 2014, a period of ongoing recovery from the Great Recession, overall homelessness decreased by

2.3 percent and homelessness decreased among every major subpopulation: unsheltered persons (10 percent), families (2.7 percent), chronically homeless individuals (2.5 percent), and veterans (10.5 percent). However the positive news was not consistent since 34 U.S. states had decreases in overall homelessness, but 17 states saw increases (National Alliance to End Homelessness, 2015).

Reasons for these declines are unclear and may include improvements of the homeless service system or general demographics. However, regardless of recent improvements, the problem of homelessness persists around the world and more action is needed.

WHO ARE THE HOMELESS AND WHAT IS THE PROBLEM?

While many homeless are not criminals or mentally disturbed individuals, a good proportion of the homeless have been in the criminal justice or mental health systems. Studies in different countries indicate a wide range of reasons for homelessness, but there are some consistencies. Almost half of all homeless, in some locations more, suffer from substance abuse such as drugs and alcohol or they are mentally ill. According to the U.S. Department of Housing and Urban Development in 2014 of the more than half million homeless people surveyed, 20% were severely mentally ill, 20% were chronic substance abusers, 17% were chronically homeless, 9% were military veterans, 10% were victims of domestic violence, and 2% were HIV/ AIDS victims. Research in the UK suggests these figures are considerably higher, especially regarding the link between drug and alcohol abuse and homelessness (Fountain et al, 2009).

Australian research has shed light on the homelessness experiences of females and describes how those experiences differ from those of their male counterparts. In her recently completed ethnographic PhD thesis of homeless women in Brisbane, Australia, Menih (2015) found that not only do the individual reasons that lead to female homelessness differ from those of their male counterparts (for females these are most often associated with physical abuse and domestic violence and/or economic and mental health issues resulting from the initial abuse) but that the female perception of space and risks associated with public space is also gender-specific.

Menih acknowledges that it is not the physical space itself that makes it dangerous but rather the social relations within that space. Males have traditionally dominated public spaces, especially at night. As a result, females tend to perceive them as risky and dangerous. Homeless women who are sleeping on the street are constantly exposed to such masculine space. To cope with these perceived risks they tend to control physical space through constant transiency (moving from one place to another), invisibility (not drawing attention to themselves) and by pretending that they are not homeless. At night they tend to retire to hidden public spaces and manage risks by squatting, staying around spaces overseen by the cameras, sleeping in hidden places or near the police. Homeless women also tend to avoid males and avoid confrontations. Since fears and risks for the homeless population are gender specific, it stands to reason that strategies to mitigate them and overcome the problem of homelessness need to be inclusive of women and other various sub-populations (Menih, 2015).

With these kinds of profiles where does CPTED play a role in improving the quality of life, a key part of the ICA definition of its mandate? Suggestions to address that role will follow in the recommendations.

What are the typical illicit behaviors that are most commonly associated with homelessness? They include:

- Panhandling
- Loitering
- Trespassing
- Petty theft
- Littering and garbage
- Bathroom incivility

Other more serious crimes such as assault, sexual assault, robbery and murder also occur in homeless populations, however those are far less frequent. Studies since the 1990s indicate that most crime among (and by) the homeless is minor. It includes public intoxication, violating city by-laws and ordinances, shoplifting and burglary (Snow, Baker and Anderson, 1989).

However that is not the case for victimization within the homeless community. Being homeless offers a very unsafe life according to self-report studies that show over half of homeless people are victims of a crime, sometimes a violent crime perpetrated by other homeless people. Violent hate crime attacks against the homeless have also been increasing (Lee and Schreck, 2005). Clearly, there is nothing desirable nor easy about the homeless life.

The reasons for homelessness are as varied as the people who are homeless. There is a relationship of homeless and the economy, with the recent Recession being a source for people not being able to keep or afford their homes, and have jobs that produce the ability to live in a residence. Another important consideration is that, until very recently in a few jurisdictions, the level and amount of social services and programs that treat persons with mental illness has dramatically decreased with fewer government budgets allocated for treating mental illness.

There are serious consequences for failing to address the problem of homelessness. It provides little, or no, quality of life for those on the street, and increases risks of victimization for all concerned (although risks of serious crime are often exaggerated). It increases the risk of unsanitary conditions and disease among homelessness populations. It discourages legitimate activity by those who wish to use public streets, such as families, shoppers, and tourists. It makes many citizens, particularly women walking at night, feel unsafe, especially if they are hassled, panhandled, or threatened. Families may be less likely to allow children play in parks or walk to school if there is a homeless encampment along the way. Homelessness has many consequences for communities.

SOLUTIONS

Long-term solutions involve work by experts and homeless advocates around the world and include programs to help provide rental assistance programs, helping renters repair

bad credit histories, temporary relief for landlords to avoid evictions, providing a full range of affordable housing, financial and personal management skills training, drug and alcohol counseling, and programs dealing with mental illness. The entire range of long-term solutions is beyond the scope of this White Paper. Yet in spite of the fact that long-term solutions are complex and difficult to implement, CPTED practitioners and policy-makers are frequently thrust into situations where homeless issues emerge in the course of their daily work. Clients and communities often request responses by CPTED practitioners. What are the range of CPTED responses to the problem of homelessness?

1st GENERATION CPTED AND SITUATIONAL CRIME PREVENTION

1st Generation CPTED – access control, natural surveillance, territorial reinforcement, and image and maintenance – has attacked the homeless problem with strategies that are focused on opportunity reduction. For example, physical or architectural barriers might be used to prevent the homeless from gaining access to certain areas. In some cases enhanced lighting and landscaping to enhance natural surveillance make loitering more difficult.

The strategy associated with 1st Generation CPTED called Situational Crime Prevention has also deployed strategies to tackle homelessness. Practitioners using these methods have made it difficult for the homeless to use spaces for illegitimate uses like trespassing, loitering, panhandling or sleeping. They increase risks of engaging in incivilities with consequences such as arrest and prosecution such as enacting, posting signs and then

enforcing laws that remove the legality of panhandling and loitering. They also harden the target by making it more difficult for the homeless to engage in certain activities. This includes installing arms on benches to prevent lying down and sleeping on park benches.

These 1st Generation CPTED and Situational Crime Prevention strategies are sometimes called *Homeless Reduction Technologies*.

Other examples of Homeless Reduction Technologies include:

- Spikes on window sills to prevent lying in doorways or sitting on window sills;
- Laws or regulations that prevent panhandling, sleeping in doorways;
- Special enforcement to remove people from trespassing in parks after dusk;
- Fences and screening to limit access to private and semi-private areas;
- Using water sprinklers in parks in the evenings to discourage camping out or loitering behaviors;
- Laws to remove abandoned properties such as gathering places;
- Laws that discourage public food distribution areas without compliance to safety and health code regulations.

ISSUES WITH HOMELESS REDUCTION TECHNOLOGIES

Part of the problem with such technologies is that they do not deal with the actual problem of homelessness, only the immediate symptom of the problem. As a result, many of these technologies are considered inhumane and have met with public disapproval,

outrage, and policies to prohibit their use. One example is the use of homeless spikes in London, England that were met by public outrage and a commitment by the Mayor to prevent further use of devices that were seen by the public as inhumane (Halliday, 2014). Companies using the spikes were shamed by the negative media coverage and eventually removed the spikes, a dramatic case of unintended consequences.

Another problem with these technologies is they simply displace the homeless from one area to another area of the city. This has led to complaints from the public and, when the new areas are unsanitary and unhealthy (such as beneath roadway and railway overpasses), they increase the risks to the homeless and decrease their already disadvantaged quality of life.

DISPLACEMENT

It is apparent that 1st Generation CPTED and Situational Crime Prevention strategies don't solve the challenges and conditions that produce or promote homelessness. One challenge with 1st Generation CPTED and SCP tactics is their limited, short range, impact. They relocate the homeless from one location of a city to another out of sight location, which is little more than using displacement as tool of forced relocation.

Homeless displacement, or forced relocation of the homeless, is sometimes implemented with little attention to the quality of the final location where the homeless end up. In cases where municipalities pay closer attention to displacement locations with better

conditions, they can improve some aspects of sanitation and safety. Yet they still simply remove the problem from the vision of the general public, a strategy with serious, unintended consequences. For example, forced relocation has been used by cities that sponsor major events such as the Olympics or other major sporting or entertainment events, a process known as *social cleansing* (Vale and Grey, 2013). In an attempt to clear up homeless streets and associated disorder near major sporting locations, some municipalities attempt to move the homeless to locations far from the sporting venues. Their objective is to portray their city positively to the global media and public. However, displacement strategies invariably backfire with less media attention on the sanitized locale and more public outrage and negative media attention on the forced relocation, yet another unintended consequence.

2nd GENERATION CPTED

More comprehensive and in-depth strategies include 2nd Generation CPTED such as creating social programs and getting residents, service providers and the homeless to work together and create livable environments. These methods develop more inclusive and sustainable strategies. Such strategies include:

- The Dignity Village program in Portland, Oregon where local volunteers and the homeless voluntarily build a small village, constructed of recycled materials, tiny homes for each person, a garden for growing food, and some basic amenities such as toilets. While not a long-term solution to homelessness, the Dignity Village program offers a temporary, and humane, respite from sleeping on a sidewalk in the rain. It also

- provides more sanitary and safer conditions for the homeless;
- Providing affordable housing with wraparound social and counseling services, such as the Homes First program that is designed specifically to provide temporary housing for people afflicted with drug abuse and mental illness;
 - Creating accessible and free services for drug and substance abuse rehabilitation services programs.

ISSUES WITH SOCIAL PROGRAMS

The obvious problem with long-term social programs is that they take considerable time and resources to implement. Rehabilitation for drug and alcohol can take many months or years, and it is not always successful. Temporary housing like Dignity Village is quicker to install than formal transitional housing, however both strategies take considerable effort to implement. In short social programs take time and money, luxuries that some communities do not have.

The challenge for both 1st and 2nd Generation CPTED strategies that address homelessness is obtaining the resources (publically and privately) to support the services and programs. As illustrated above, cheaper programs, like homeless spikes, are easier to implement but do not deal with the long-term problem and they often cause serious unintended consequences.

The challenge facing the CPTED practitioner, policy-maker, and all those involved with

the homeless is finding suitable answers to some key questions:

- When does the sheer number of homeless create a tipping point where there are too many persons needing services, and too little assistance or lack of housing?
- How much incivility is accepted before the scale tips, and an area or neighborhood is no longer safe and attractive?
- How does a CPTED practitioner gain support and resources to develop the most effective, targeted strategy?

THE ICA CHARRETTE ON HOMELESSNESS

The 2015 ICA CPTED Conference sponsored a special workshop/charrette that addressed the challenges of homelessness and the role of CPTED in making a positive difference.

The workshop/charrette examined what policies and practices have been effective in certain cities, why they work, and what they offer as a way forward.

A short presentation about homelessness provided an overview of the problem. Following the presentation five smaller working groups of 15 conference participants each worked in teams with a facilitator. They spent over an hour sharing their own experiences about tackling homelessness, including the most effective strategies and how they work. Those strategies were summarized by facilitators onto chart paper and shared with the entire plenary session at the end of the session. Those notes were compiled for later review for this White Paper and the notes are appended at the end of this paper.

BREAKOUT RESULTS AND SUGGESTIONS

Each of the facilitators reported themes such as involving the community and better education about homelessness for the public. There is a great deal of misunderstanding and myth about homelessness and that requires better information and toolkits to help guide practitioners. Some teams insisted on also involving the homeless themselves in their own solutions.

All teams were able to identify a range of programs and best practices that worked to help reduce the problem of homelessness. However, all teams identified homelessness as complex and solutions long-term.

Some of the most promising programs emerging from team discussions involved comprehensive programs like Housing First, a program that shows if someone has a place to live, then you can solve the other problems that cause homelessness: drug abuse; alcohol abuse; substance abuse; domestic violence and unemployment. These more comprehensive programs do not obviously fall into the traditional framework of CPTED, however there was a sentiment that, as this is now a new century, it was time to expand the role of CPTED to include more holistic solutions. These were reflected in the team presentations and they are summarized in the recommendations that follow.

In the final analysis it is apparent that the future will require that every community will

have a systematic plan in place that ensures homelessness, if it happens at all, becomes a rare, brief, non-recurring experience. Every community should develop the capacity to quickly identify and engage the people at risk and experiencing homelessness, intervene to prevent the loss of housing and then divert people into the homelessness services system.

In that ideal future, when homelessness does occur, communities need to provide immediate access to shelter and crisis services without barriers to entry, while permanent stable housing and appropriate supports are being secured, and then connect people to housing assistance and services, tailored to their unique needs and strengths to help them achieve and maintain stable housing and independence.

RECOMMENDATIONS

1. **TOOLKITS AND GUIDEBOOKS:** ICA should provide Toolkits or Guidebooks that deal specifically with providing CPTED advice about housing and temporary shelters for homeless people. Housing and temporary shelters for the homeless must be safe, not just affordable, and these Toolkits or Guidebooks – the ICA homeless safety guidelines – should provide some guidance for practitioners.
 - a. ICA Guidelines should be for both governments enacting homeless action plans and for CPTED practitioners assisting in the construction of shelters or housing
 - b. These guidelines should outline that CPTED experts connect with stakeholders in the community to assess the specific context of that situation
 - c. Guidelines should include design, community context, safety and health as well as fear and perceptions of the homeless population
 - d. Guidelines should describe how CPTED practitioners can utilize a wide range of data regarding homelessness conditions, fear of crime, loss of business and reported crime in analysis regarding homelessness
 - e. To develop guidelines the ICA should contact specialists and groups who work on homelessness issues

- f. The guidelines could be made available through a link on the ICA website
- g. The guidelines could be completed prior to the 2017 conference and presented to the ICA at that conference

2. **COMMUNICATIONS PLAN:** The ICA should develop a targeted communications plan to connect with governments, national and particularly municipal governments, as well as other organizations about CPTED in relation to homelessness. This communications plan could inform others about the ICA homeless safety guidelines, and also offer partnerships in future.
3. **1ST AND 2ND GENERATION CPTED:** The ICA guidelines should include not only 1st Generation CPTED designs, but also 2nd Generation CPTED suggestions for housing policy, such as groups like Homes First, recommendations for providing a percentage of social/affordable housing (perhaps 15%) in new residential developments, and suggestions for how CPTED practitioners might help design temporary Homeless Shelters, such as the Dignity Village program in Portland.
4. **ICA WEBSITE:** ICA website could also include a new website section about success stories in dealing with homelessness, such as the *Inn for the Cold* program or social workers on patrol with police officers in Calgary. This

section will help educate the public and other prevention stakeholders about the issue of homelessness. As well it can humanize the homeless, foster empathy, and celebrate successful projects so that best practices might inform other communities how to move forward.

5. **CODE OF ETHICS:** The ICA should implement a long-overdue Code of Ethics that, as with the medical profession, firstly recommends *doing no harm* in all CPTED strategies, particularly activities that deal with the homeless.

6. **DUTY TO ADVISE CLIENTS:** Secondly the Code of Ethics should recommend that CPTED practitioners should always advise both clients and the community that tactics such as Homeless Reduction Technologies are simple strategies that might provide a temporary solution but seldom deal with the long-term problem. More comprehensive, long-term solutions are preferable, for example the wraparound social services embedded in the Housing First program. CPTED practitioners should discuss more comprehensive options with clients and communities prior to recommending any strategies.

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APPENDIX A

WORKSHOP/CHARRETTE DISCUSSION NOTES

Team 1 Recommendations

- The ICA should provide guidelines or tools for housing or building in general that acknowledges sustainable housing and the community
 - These guidelines should ensure that experts are connecting with stakeholders in the neighbourhood
 - They should also be using data regarding fear of crime or loss of business in their business plans
 - Should develop CPTED guidelines for government homeless plans so that they are getting information about safety from the right people
 - These guidelines should address design and community, safety and health
 - They should also address fear and perceptions of the homeless population and develop tolerance and support
- To do this the ICA should connect with groups who already work on homelessness and groups within our field who have developed guidelines
 - No need to reinvent the wheel
- This could be done by providing a link on the ICA website
 - These could contain successes and failures for other experts to learn from
- Better yet though at the 2017 conference, a committee would have been established to create and write these guidelines so that they may be presented to the conference and subsequently the public

General points

- We need to help engage the community
- We also need to be looking at best practices world wide
- We need a strong understanding of who is homeless and why
- There needs to be a homelessness plan of some kind
 - A goal of ending homelessness in ten years
 - Example of project home
- There needs to be diverse housing options that address diverse needs, not everyone who is homeless just requires work or a roof, many require help with childcare or substance abuse or mental health
 - A one size fit all model doesn't work

- A good example of a diverse housing program is Homes First which offers wrap around services
 - These services could include mental health help, life skills training, dental care and medical care
 - We need to get the right levels of government involved
 - Ideas surrounded here regarding municipal government rather than federal
 - Discussion emerged around developing a cost-benefit analysis for corporations or churches, like a business case that they could use to sell the benefits of investing in sustainable housing
 - We need a communication plan across the ICA, the FCM, grassroots groups
 - This needs to also be a mobilization plan
 - We need to combine the numerous not-for-profits that already exist and largely perform the same functions
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Team 2 Recommendations and General Points

- Homeless news magazines
 - Requirements for setting aside a percentage of new housing as social housing
 - Possibly 15% of new developments?
 - Housing First program is an excellent longer-term solution in many jurisdictions
 - CPTED practitioners can assist in the design of Homeless “camps” to ensure they are safer
 - CPTED practitioners have opportunity to be first advocates for a proper contextual analysis of the situation
 - CPTED practitioners must include recommendations for both street programs and social / urban policy
 - especially to guard against unintended consequences
 - ICA Code of Ethics for helping practitioners
 - Guidelines and Toolkits
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Team 3 General Points

- Education about homelessness:
- Change perceptions: humanise the homeless, foster empathy
 - Encourage sharing good success stories of those individuals who have overcome the problem (on the website, via social media, have public gatherings for the homeless—networking style event)
 - Celebrate success as a community
 - Mentorship (“ex” homeless to provide mentorship to the new and existing homeless, which will provide support and encouragement about overcoming the problem)

- Expose the myths about homelessness
 - the realities of individuals' stories need to be shared and heard by the general public and decision makers so that they can better understand the trajectories leading to homelessness and attempt to break the pathways to homelessness
 - Expose the problem of invisibility of a homelessness issue (e.g. couch surfing options conceal the severity and extent of a problem; this needs to be exposed and addressed)
- Let go of the mental illness stigma; provide training to those responsible to recognise and understand the illness
- The homeless as part of the solution:
- Victim vs. problem treatment approach needed (e.g. Red Cross approach). They need to have a say and be engaged in addressing the problem
 - Engaging the homeless; talk about lived experiences: What do they think? Give them a voice (this can also help to uncover types of homelessness and understanding of the trajectories)
 - Engage the homeless in finding solutions and addressing the problems
 - Develop ownership over their own proposed solutions

Team 3 Recommendations

- System solutions
 - Provide long-term as opposed to “feel good” solutions (such as donating money and providing e.g. housing the homeless, which may be enabling them to remain in their state of comfort zone while not thinking about suitable long-term solutions)
 - System-prevention vs. reaction (prevent homelessness from occurring in the first place or “get in early” to break its continuation of populations at risk—a secondary crime prevention style approach?)
 - One leading agency to oversee the multi-agency approach
 - ICA could lobby the government
 - Collaborative approaches
 - Multiple social services/agencies to be situated within the homeless housing to help overcome/break the cycle and not perpetuate the cycle of enabling helplessness
 - Money flow to relevant organisations and programs; e.g. churches and other organisations to house the homeless and/or provide educational programs or social services
 - Partnerships (e.g. social worker + police responding to emergencies)
 - Policy solutions:
 - Need for government policy that supports homelessness-related social services
 - Set standards of care (both temporary solutions and steps towards addressing deeper issues)
 - Safe and not just affordable housing needed for the homeless
 - Supporting intended use of space via design
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Team 4 Recommendations:

- Perceptions regarding the cause of homeless issues are a significant problem
 - leads to a lack of empathy or support for those experiencing homelessness
 - creates a false view of who the people are and makes it difficult to begin “first engagement” with some communities
 - Staff and volunteers from the sector face challenges on both side of the equation - the work with the clients and then the questioning from friends, neighbours and colleagues
 - Solutions should be individual and more emphasis on context/diagnosis
 - makes funding more difficult because gov looks for broad solutions and individual funders want similar
 - Barriers are not just health related. Include ID, telephone #, address, work clothing/equipment
 - majority of Calgary homeless are working poor
 - No just a Government issue. Some of the best solutions have been corporate/community partnerships
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Team 5 General Points:

- Calgary and Edmonton both have large scale capital funding campaigns made up of corporate donors partnering with agencies. Working well.
- Legal Aid and John Howard have a program to replace or help people obtain identification
- Perception problems are biggest challenge to most of these solutions
 - what is wrong with homeless people being in public space when most are not really a problem
 - who are the homeless - most not a danger to anybody
- Transitional housing and smooth support along the spectrum a challenge
 - Key piece to the success of this program is that it is volunteer driven
- In NW Alberta, they are working on awareness (positive) including blogs, signage, etc.
 - Starting in schools
- Edson, AB has some initiatives
 - Work towards removing barriers i.e. many homeless do not have a mail/street address
 - Work to remove this barrier by providing a base for mail pickup, in the style of PO Boxes
 - They have a program that allows the person to bring a guest with them for a meal
- Some key questions:
 - How are perceptions addressed?
 - Is there a problem with a homeless person/people sitting on a bench?
 - What can CPTED do? What is the role in awareness/educating the public
 - How do we help and educate the helper?
 - Need for a toolbox

- Needs to work at the Provincial/Federal
- Regarding Healthcare in Alberta,
 - Bed and food are provided for a couple days, but there is no second step
- There is a need for lobbying all three levels of government regarding mental health issues
 - The CPS has a social worker accompanying on patrols
 - Issues can be cyclical from one generation to the next
- Barriers for homeless
 - They can lose their ID
 - Calgary has an ID depository, Edson uses a safe
- In Philadelphia, USA,
 - Focus is on resources for women/children and there are a lack of facilities for men
 - Homeless were dropped off by bus in North Philly while the Pope was visiting
- When tearing down the homeless' homes, it creates mistrust and harms relationships
- In Calgary, they have pickup programs (that are very busy and not well known)

Team 5 Recommendations:

- Communication strategies need to be targeted and less generic.
 - Identify the nearly homeless (one cheque away) and families in crisis
 - Demonstrate HOW the solution benefits the community
- Emphasis on reaching out to the person
 - Example, “Inn for the Cold” program in Calgary Alberta
 - Focuses on bringing the homeless “in”
 - Speak with the individual to find individual solutions
 - Intent to integrate them into the community
 - Social agencies are there for support
- Negative perceptions regarding homeless issues can be a problem
 - Awareness is important, and what role can social media play?
 - Having volunteers from the community was a step towards improving perceptions for the “Inn for the Cold” program in Calgary
- Solutions should come at the individual scale
 - I.e. The “Inn for the Cold” program focuses on the individual for individual solutions
 - Focus on removing barriers (i.e. lack of a mailing address)
- Emphasis on lobbying all levels of Government
- There is a need for a toolbox to help the helpers