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More than Just a Roof: Solutions to Better Support Families from Homelessness to Healing

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Abstract: Homelessness for families in Alberta, Canada, is a growing concern despite an abundance of research and continued support for Housing First programs, and the consequences can be severe. This study used a descriptive qualitative design to examine the experiences of families currently living in or that have a history of homelessness with the goal of developing recommendations to improve system coordination. Participants included parents who had at least one dependent child while homeless ($n = 15$) and staff who were currently working at a homeless support service ($n = 18$). Interviews were analyzed using a thematic inductive approach and integrated using functional narrative analysis. Four themes emerged: (1) Housing as a Foundation for Success in Other Domains; (2) Challenges with System Navigation: A Door Within a Door Within a Door; (3) Services' Contributions to Trauma; and (4) Exposure to Social Bias and Stigma Within Services. We posit several recommendations for policy and service delivery which focus on finding "homes" and building community connections, enhancing Housing First program models, expanding on existing trauma-informed approaches, and prioritizing system-level change.

Keywords: homelessness; families; system navigation; housing first approaches



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1. Introduction

On any given day in Canada, there are approximately 35,000 people without a permanent address [1]. In accordance with the Canadian Observatory on Homelessness [2], the present study defines homelessness as “the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it” (p. 1). Between 2018 and 2022, in Calgary, Alberta, Canada, the number of people experiencing homelessness who identified as female grew from 25% to 32%; 18.6% were children or youth; and as many as 90% of families in homelessness were headed by single mothers [3]. Family homelessness is highly complex, largely due to the intersections between interpersonal and structural challenges, often exacerbated by family violence or relationship breakdown [4,5].

Orientating policy-focused research within a particular theoretical framework can create barriers to the pragmatic uptake of findings by service providers. Therefore, the

present study instead conceptually follows the arguments of Cejudo and colleagues [6], who propose that families in homelessness have to navigate multiple systems, many of which are fractured, disjointed, and siloed from each other based on how government ministries oversee health and human services.

1.1. Present Challenges Faced by Families When Navigating the Homelessness Service Sector

Families that experience homelessness access multiple services, including immigration, child welfare, health, housing, and financial support services [7]; these services often lack coordination as they are typically provided by separate organizations or government ministries, making it difficult for families to gain access [6]. Acquiring accurate information about what services families are eligible for is an ongoing challenge, and families regularly report feeling lost within these multiple systems and/or struggling with long waits [7]. When living situations become untenable, shame over feeling as though they cannot provide for their children can also prevent parents from accessing support [8]. Parents who reach out to their support networks often feel like a burden [5].

Compared to single adults accessing homeless shelters, families, on average, stay in shelters twice as long [1]. Families report having both helpful and troubling experiences while staying in emergency shelters. Many parents recall having good relationships with the shelter staff [9]; however, others report a lack of privacy [9,10] and excessive crowding [5]. Many families also find the required adherence to strict rules [11], including limits on their length of stay, sleeping and waking times, and inability to cook [9], to be restrictive and burdensome. Families often lose their connection with family and friends who are unable to visit them, while many parents also worry about their children's safety and exposure to the maladaptive behaviors of other children [5].

In addition to the issues noted above, racialized families in Canada often face both interpersonal and structural racism, and the legacy effects of colonialism, which compound existing system barriers, make it even harder to successfully access support services and advocate for one's needs [12]. For example, Indigenous peoples in Canada are over-represented in homelessness, with one in five urban Indigenous persons likely to be homeless on any given night compared to one in one hundred and twenty-eight non-Indigenous persons [13]. Indigenous families in Canada are also four more times likely to be investigated for child maltreatment, 10.5 more times likely to go to court, and twice as likely to have their children removed from them than non-Indigenous families. Based on a recent report by the government of Alberta, 50 children and youth died while in government care between April 2022 and May 2023, an increase from 33 between 2020 and 2021 and 22 between 2015 and 2016; notably, 82% of the deceased children and youth were Indigenous [14]. Prejudicial attitudes from some landlords and property owners are a significant hindrance for Indigenous and racialized parents who are trying to acquire and maintain safe and affordable housing [15]. Consistent with minority stress theory, repeated exposure to discrimination can result in poorer wellbeing and a decreased willingness to access support services [16]. Moreover, critical race theorists argue that race and homelessness are intersecting issues because the colonial structuring of society and subsequent service systems increase the risk of homelessness for racialized groups, and service needs and pathways into and out of homelessness are further complicated by systemic and structural racism [17].

1.2. Consequences of Poor Service Provision for Families Experiencing Homelessness

When parents are unable to navigate the service sector, resulting in prolonged or repeated instances of homelessness, there can be significant implications for child welfare. Health issues and homelessness often go hand in hand. For example, limited access to fresh

and healthy foods can result in chronic health issues and diet-related diseases [4,8,10,18,19]. Violence, leading up to or while homeless, often has long-term deleterious mental health effects [4,5,10,20,21]. Children who experience homelessness often struggle to adapt to shelter conditions and develop self-esteem, mood, and behavioral problems [5,10,21], including high rates of stress and unhappiness, depression, and suicidal ideation [22]. The children of families living in homelessness may also face bullying or exclusion while at school and are prone to declining academic performance [10,18,19,22].

1.3. Continued Gaps in Service Provision and the Consequences for Canadian Families

Understanding family pathways into and barriers out of homelessness requires a nuanced examination of complex and intersecting systems, interpersonal and structural racism, and the consequences of homelessness [5]. Homelessness is a pressing issue in Canada. The cost for basic needs in Calgary, where this study took place, including food, housing, and utilities, has been increased by unprecedented numbers; for example, the average rent for a two-bedroom apartment has increased by almost 44% since 2021, while the vacancy rate sits at 1.4% [23]. Statistics Canada reports that the highest basic needs costs in the country occur in Calgary [24].

Despite several years of support from Housing First programs, which are meant to move people from homelessness into permanent housing, the number of families experiencing homelessness is increasing at an alarming rate. Data from an emergency shelter for families in Calgary reported an 83% increase in the number of families who reached out for support between 2021 and 2023 [25]. To further exacerbate the issue, provincial government spending specifically for emergency services and services for children and families in Alberta is expected to be cut in 2024 and 2025 by 15% and 8.5%, respectively [26].

1.4. Present Study

The present study adds to the literature by exploring whether the large body of literature on family homelessness is being translated into practice. Moreover, there is limited research that explores the interactions between systems in terms of prejudice and trauma and how this relates to family pathways through and out of homelessness. To our knowledge, there is also often limited integration of the experiences of service recipients and service providers when constructing policy and practice recommendations specifically aimed at addressing family homelessness. Lemke and colleagues argue that, in order to create truly effective public policy recommendations, it is necessary to involve multiple stakeholder groups [27]. The present study is necessary to examine persistent (and growing) patterns of family homelessness despite a dearth of research on the incidence, prevalence, and pathways to homelessness for families.

The present study utilized a critical inquiry paradigm with two objectives: (i) understanding individual and system-level barriers for families who live with multiple and intersecting issues, and (ii) proposing changes to policy and service delivery.

2. Methods

2.1. Study Design

This study utilized a descriptive qualitative approach, which included interviews with 15 parents with experiences of homelessness, and 18 staff who work in the homeless sector in Calgary, Canada. Parents completed one-on-one semi-structured interviews and staff attended one of three online focus groups. Focus groups were selected for staff interviews as their structure provided valuable opportunities for collaborative and iterative knowledge production through the interactions that emerged during the debate [28], providing particularly rich data to guide policy recommendations. Although these advantages

would also apply to parents, given the highly personal and sensitive nature of the interview questions, individual interviews were necessary to ensure maximum confidentiality and anonymity.

Results from the interviews and focus groups were narratively triangulated to develop a more holistic understanding of the issues and facilitators of homelessness for families. This approach to data collection and analysis is important, as involving multiple stakeholders in research aimed at producing policy reform is a valuable strategy for capturing the more complex interactions that exist in service provision and has been successfully used in a wide range of policy research; in the current study, we included service recipients, that is parents who had experienced homelessness and faced barriers to accessing services, and service providers who were trying to navigate system-level barriers to support those families. Including the experiences of both stakeholders allowed for a more rigorous analysis of common themes and more robust recommendations. Ethics approval was obtained from the University of Calgary Conjoint Health Research Ethics Board.

Study Setting

The research team included researchers from the University of Calgary and representatives from a community organization that works with families. Families access this organization to help find affordable housing, financial support, and access to other services to help with experiences of homelessness, violence, and/or mental health. The research questions, interview guides, analysis framework, and recommendations were co-created with the local community-based organization. The community organization was primarily interested in examining the system-level barriers that were outside of their control to navigate. Staff in the organization also wanted to hear from families about their experiences and ideas for solutions. The community organization initiated this study to assess where they could potentially enhance their own services and advocate for policy and system change.

2.2. Participants

All parent participants were recruited from two Calgary, Alberta, social service agencies. Posters were placed in public areas at the community agencies, and staff working in their housing and homelessness programs were provided with background information about the study and were asked to let potential parent participants know about the study. Parents could then contact the research team to book an interview or ask for more information. Parents had to have had at least one child dependent on them while homeless.

For the focus groups, our primary contact person at the two community agencies circulated an email with background information about the study, including our interest in interviewing front-line staff who directly work with families seeking support to end their homelessness. The research team then followed up with three potential dates for the focus groups, and staff volunteered to participate at a time that worked for them. To collect a diverse range of staff experiences, there were no exclusion criteria regarding participants' role or their duration of employment, with the only requirement being that they had to currently be working at a homelessness support service.

Description of Our Sample

Background information about parent participants was collected through our introductory interview questions, where we asked participants to tell us about themselves and what brought them to seek homeless services. We also asked questions about the services they were currently accessing. The information we collected is summarized below. We did not use a demographic survey as the purpose of collecting this information was to better understand and describe the experiences of the families that we spoke to rather than to generate data for separate analysis. Moreover, given the stigmatizing nature of the topics

discussed by parents and the fact that both the staff and parent participants were members of similar communities (e.g., all accessing or providing services through the community organization, all living in urban Calgary, Alberta, etc.), we chose to qualitatively present socio-demographic data to limit the likelihood of violating participants' anonymity.

All 15 parents had been couch-surfing, staying with family/friends, rough sleeping, and/or staying in shelters. Thirteen parents identified as female and two as male. Ten parents identified themselves as, or made references to being, Indigenous or Metis, and one was Chinese Canadian; no specific inferences around cultural identity were made by the remaining four parents. Although all parents had dependent children while experiencing homelessness, not all had custody of their children at the time of the interviews. Six participants were single parents, five lived with their partners, and four identified as extended family members involved in kinship care. Six women accessed social service support after leaving abusive relationships, while four participants spoke of their own experiences with childhood trauma, which they felt led them to their current situations. Eight reported having received help from addiction services, and three of these referred to criminal records/incarceration linked to their addictions. Seven drew attention to having a disability (either themselves or their child). Two parents noted they were self-employed, one regularly worked in a volunteer position, and the remaining twelve stated they relied on government assistance (Alberta Works, AISH, Kinship Care) for basic income support. In this study, we used the term “parent” to describe all of the participants in the one-on-one interviews, as all had responsibility for the care of children, whether the relationship was biological or not.

Eighteen staff took part in one of three group interviews. The staff were social workers, counselors, and case managers working with families to secure various support, including housing, employment, daily living/economics, parenting/family, and disability services.

2.3. Data Collection

The one-on-one interviews followed an interview guide that was collaboratively developed by the study team, including our community partner, to understand the lived experiences of families; given the role staff play in service provision, the interview guide for the focus groups focused on barriers to service provision and ideas for improvement. Interviews and focus groups were audio-recorded and transcribed verbatim using a transcription service. Transcripts were reviewed by the member of the research team who conducted the original interview to ensure accuracy. (see Supplementary Materials for interview and focus group guides).

2.4. Data Analysis

Interview and focus group transcripts were separated and then coded manually following our thematic inductive approach, which is an iterative analytical technique that relies on interpretations across an entire data set (see Table 1) [29].

Table 1. Overview of interview and focus group transcript analysis.

Phase	Coding Method	Performed by
1. Researchers familiarize themselves with the data		P.D., K.M., community partners
2. Generate initial codes	Inductive approach	P.D., K.M., community partners
Iterative process	Consensus-based codebook	P.D., community partners
Review	Consensus-based codebook	P.D., community partners
Data saturation	Final codebook	P.D., K.M., community partners
3. Searching for themes	Consensus approach based on emergent themes	P.D., community partners, A.S.

Table 1. Cont.

Phase	Coding Method	Performed by
4. Reviewing themes	Consensus approach based on literature	P.D., community partners, A.S.,
5. Defining themes	Consensus approach based on emergent themes and the literature	K.M., community partners, A.S.
6. Producing a report		K.M., A.S.

Note. Coding was conducted according to emergent content using a liberal coding standard.

Functional narrative analyses of both the parent's and staff's experiences were used to gain a perspective on each participant's oral history as a whole; this was then used to triangulate the two data sets to produce a more robust interpretation that draws distinct linkages between discussions offered by staff and the lived experiences shared by the parents. The credibility of the qualitative analysis was assessed using frequent peer authenticity checks and a consensus approach between two coders. Notably, representatives from the community partner were actively involved throughout the analysis process and in co-developing subsequent policy recommendations.

Data Saturation

The present study's sample size is consistent with other similar studies on homelessness [5,30–32], particularly given that the interviews and focus groups were integrated during the analysis, making the total sample size 33. Additionally, in a recent review of 23 empirically based studies of data saturation in qualitative research, Hennink and Kaiser identified that data saturation is typically reached between 9 and 17 interviews [33]. As such, when the analysis team reached 9 interviews, they met with the community partner to determine if data saturation had been achieved using a consensus-based review of existing codes, team members' lived experiences, and themes derived from the existing literature. The coders noted that data saturation was achieved in both parent and staff interviews.

3. Results

Overall, parents spoke on behalf of their own lived experience and the barriers their family faced as they navigated homelessness. Staff focused on system-level barriers that impeded their ability to provide the wraparound support families actually need. Both groups reflected on ideas for service provision improvement, which guided the development of the recommendations. The analysis of the one-on-one and group interviews led to the emergence of four themes: (1) Housing as a Foundation for Success in Other Domains; (2) Challenges with System Navigation: A Door Within a Door Within a Door; (3) Services' Contributions to Trauma; and (4) Exposure to Social Bias and Stigma Within Services.

3.1. Housing as a Foundation for Success in Other Domains

Both staff and parents highlighted the importance of access to safe and affordable housing as the most pressing issue because it is seen as a necessary prerequisite to successfully managing the other issues families face. Staff also felt that the housing and social service sector was operating in a "pressure cooker" that seriously limited their options to find housing; that is, the situation is one where staff have limited time and resources to secure housing for clients, but simultaneously face a tremendous degree of pressure to help families stay together, address the other challenges they are facing, and ultimately survive.

"Secure, safe and comfortable housing is like the gateway. Not necessarily for gaining access, but certainly having success addressing all the other challenges they face. Without it (housing) they are so much higher risk."

Staff interview

“Housing is so important. They can’t be expected to deal with all the other things in their lives, family reunification, holding a job, their mental health, if they don’t have some place of their own to return to at the end of the day.”

Staff interview

Despite staff recognizing the importance of acquiring stable housing, the length-of-stay restrictions imposed by some shelters made it extremely challenging for parents to acquire affordable housing before being forced back into homelessness. One parent described it as follows:

“When I came to the shelter, they said three months was max to stay. That that would give me plenty of time to find a good place. I called Affordable Housing right away and they said the wait list was something like a year to get any type of place. My daughter and I moved three times while we waited to get to the top of that waitlist. This place still isn’t what I want, but shelters aren’t an option for me anymore.”

Parent 4

Such restrictive rules within support services were identified as particularly detrimental to families, as they often have more specific needs when accessing housing. For example, parents who required community-based housing that could accommodate the diverse needs of their families (e.g., access to schools with specific programming to accommodate learning plans, being close to affordable childcare, etc.) faced considerable pressure. For example, one participant discussed how the monthly rent of their two-bedroom apartment increased from CAD 1250 to CAD 1700; their home became instantly and unexpectedly unaffordable, given that this family of three was living on a monthly income of CAD 1787. This participant’s concerns were further compounded by the fear of losing custody of her two children because she could not afford the rent.

“They hold that over you, and in some ways its good y’know. Keeps me focused on them [their children], not just me. But if they take my kids again because I lose this place, or can’t find a new one I will have lost everything. . . like I might as well just pack it all in.”

Parent 14

For parents attempting to regain custody of their children, the demand to secure housing that was considered appropriate by Children’s Services limited their housing options even further; parents reported feeling as though they were in a “no-win situation” as the housing they were required to secure was larger than what they believed they needed, and they could not afford it.

“I need to keep this place to prove I can provide for my kids. But it’s more than I can afford, really, and I keep getting denied custody, so it gets to feeling kind of hopeless.”

Parent 14

Finally, parents talked about the importance of finding a “home” rather than just a roof to live under. Housing, coupled with safe and accessible community infrastructure, including schools, parks, and transportation, was important to most parents. Homes in communities that were away from the city’s downtown core were considered ideal, as parents believed that those communities presented less physical and social risks for themselves and their children.

“We need safe and stable housing for them to feel safe. To feel secured and to feel loved and to thrive.

[Then] we can become a family that is thriving, living not just surviving. We’ve been in survival for a long time. My dreams are so that we can be a family with all these supports

even with all these ups and downs so that we can teach and problem solve together. So that when big things come up we can cope as a family."

Parent 13

Staff talked about the enhancements needed to current housing programs to better facilitate access to housing. In particular, improved relationships with landlords, beyond typical housing location services, are needed.

"A landlord liaison develops relationships with landlords. So that if there's a client that needs a three bedroom house has a dog, has no references, and maybe not a pretty picture for a landlord, there would already be a relationship so that he could say, this is a family we work with, we will be providing subsidies, someone will be in the home once a month, to make sure that your property is at least being looked at. . ."

Staff interview

3.2. Challenges with System Navigation: A Door Within a Door Within a Door

Both parents and staff described the current systems that are in place to help families as convoluted, unclear, and extremely challenging to navigate. There was a widely held belief that the burden of social service navigation was placed almost entirely on service recipients, as there was limited communication between siloed social services.

"No one talks to each other or works together. Like you would think if housing is required for [children's services], then they would work together, but they just don't."

Parent 1

"I can't tell you how many times I've completed multiple application forms for clients that ask the same questions in the same format, and they are going to the same governmental departments to boot. Each service seems to still want their own form. It's so time consuming, and pretty exhausting for some of our clients. Having to rehash some of that stuff over and over again. I don't even think it's healthy for some of them."

Staff interview

Beyond the immediate hardships associated with not having specific support, an inability to access certain social services can impact access to other resources; Parent 3 speaks about this, describing her frustration with the convoluted process of securing support in the order needed:

"I need [government social assistance] just to get onto the waitlist for affordable housing, but I got a little one, right? No way could I make rent and pay for daycare too. What I do get is better if I stay home with her in a shelter or something like that. Makes no sense to me that I need one to get the other."

Parent 3

Parents also discussed their belief that federal and provincial financial support programs are not constructed in a way that lifts people out of poverty. Although, in the long term, working can generate class mobility, sometimes choosing to work results in a decreased short-term income, which, for families who have no savings and are at risk of homelessness, is a significant barrier; Participant 6 speaks about this as follows:

"My partner and me, we both get [government disability benefits], but we can work. Like we would like to work. But if we do, then that comes off our [benefits] money so we can't get ahead either way."

Parent 6

Staff indicated that, despite an interest in addressing the structural challenges that constrain service provision, they have little capacity to do so. This is supported by the

pervasive belief held by staff and parents that current support services are largely ineffective at supporting families. Parents and staff highlighted that for families to access critically needed resources, they are required to meet unattainable thresholds.

"It's kind of like putting the cart before the horse. They can't get into a home until they have a job, but they can't get a job if they don't have somewhere to go home to."

Staff interview

Staff and parents both talked about the need for system and policy change. Ideas included centralized services in one place where families can obtain access to connected services, including financial benefits, housing, employment, and education programs. Other suggestions included improved partnerships between homeless service organizations and children's services in government ministries and flexible funding options.

"We used to have workers in community resource centers several years ago, a person could come in, just say, I need a food bank referral. . . can you help me fill out an application like something around very much basic needs, There's very few places you can go as part of a holistic support. . . we're not funded to do that."

Staff Interview

"What if 10% of our budget was for flexible spending. . . Whatever that family needs that month. . . once it may be clothes for their kids, medicine. . ."

Staff Interview

3.3. Services' Contributions to Trauma

Unsurprisingly, staff noted that most families experiencing homelessness had extensive and complex histories of trauma, which shaped their pathways into homelessness as well as how they navigated support services. Staff acknowledged that families' experiences with support services could be traumatizing; despite this awareness, parents describe being confronted with an apparent "indifference" or lack of empathy for the trauma that the ineffective support services themselves are inflicting.

"They don't realize how much it rips my heart out when they say stuff like 'If you don't comply you could get your kids taken away'. Like they say it so easily. I'm a human being, even just suggesting stuff like that sends me into a complete tailspin. It's terrifying."

Parent 2

Many parents also report being made to feel like "bad" parents because of the ill-treatment they faced when accessing services. For some participants, this manifested as resentment or defeatism towards themselves or service providers, which ultimately became barriers to accessing services.

*"I'm a proud man, so some of this is hard. Like needing what feels like handouts and such. Most folks are pretty nice once you're like 'in' for their program, but getting 'in' like, man, I've been treated like shit and told I'm a bad dad. . . it would be so much easier to just say f**k it and go back to my old life. But I do it for my kids, everything is for them. Everything!"*

Parent 5

The homelessness service sector is subject to the frequent turnover of service providers, which impacts the continuity of care in a way that can also be retraumatizing for service recipients.

"Every time I get a new worker it feels like I'm back at the starting line. Like having to re-explain what I use the money for and why I need it. It's hard, like I'm a pretty positive

person, try to always look ahead, one foot in front of the other y'know? Rehashing all that stuff though. . . it can be rough sometimes."

Parent 15

Parents also reported being required to advocate for their own needs, which is described as exhausting. For example, parents on government financial support discussed difficulties either maintaining or receiving their funding when their service worker changed, saying that *"you'd think they [service providers] were being asked to open their own wallets"* Parent 8. Furthermore, parents expressed that advocating for their needs was often met with judgment.

"They make you feel like we've done something bad and are just looking for free handouts. . . it's not that way at all. We drove all the way here to make a better life for our family. . . we just need like a ummmm. . . a boost. . . yeah, a boost to get us started. . . we don't plan to need the help for long."

Parent 7

Staff participants suggested that much of the trauma-informed training they currently receive is very basic and does not encompass structural considerations. Moreover, they suggested that staff working in government ministries may not be receiving the depth of training they need to fully understand the trauma that many of these families have faced; this potential oversight during training was seen by staff as significantly constraining direct service providers' ability to carry out trauma-informed approaches.

"Generally, I do feel there is a prevailing philosophy within the income support system but also within children services that does not align with being trauma informed. There is still this assumption that we see within all these systems. . . that it is the families' responsibility for their own circumstance and its their responsibility to fix it. There isn't a trauma informed lens to this work enough which leads to missing a lot of things. . . we can appreciate there is a natural consequence to individual choices but we don't see there are underlying circumstances that lead to this."

Staff Interview

3.4. Exposure to Social Bias and Stigma Within Services

Parents reported facing significant bias due to their race, culture, disability, mental health, and criminal history. Parents felt stigmatized based on their dependency on housing, financial, and other support services.

"My neighbors think I'm crazy, so they watch me all the time, and call my landlord on me at least once a week".

Parent 15

Moreover, all ten parents who identified as Indigenous or Metis referred to having heard derogatory language such as *"you people"* and *"people like you"*, which contributed to their belief that the service sector had a general lack of empathy and cultural sensitivity.

Staff also spoke of witnessing service users face significant structural and interpersonal stigma in the service sector. In particular, both staff and parents drew reference to blatant racism within the housing market, most often practiced by prospective landlords, and the need for intensified cultural support.

"Yeah, landlords, they don't rent their places to people like us. They take one look at us and all of a sudden, 'oh, the place is already taken.'"

Parent 12

"It's just me and my three kids, we keep to ourselves. But the guy tells me he won't tolerate the loud parties and drinking that 'you people' like to have."

Parent 13

"Some families experience discrimination. . . sometimes their name triggers a landlord not responding, or their grammar, all these things that don't make any sense with regard to whether you're appropriate for housing."

Staff Interview

In response to the regular instances of stigma and bias directed towards parents who were attempting to negotiate stable housing for their families, staff referred back to the concept of instituting a "landlord liaison" role into existing systems aimed at finding families stable housing; staff concluded that this position would need to receive extensive cultural competence training and that their explicit focus should be on advocating for the needs and dignity of families experiencing homelessness.

"A landlord liaison develops relationships with landlords. . . So to have someone [landlord liaison] that can help them navigate that. Because it's really hard. Some families experience discrimination. . . sometimes their name triggers a landlord not responding, or their grammar, all these things that don't make any sense with regard to whether you're appropriate for housing."

Staff Interview

Being able to access Western support services in combination with traditional ones was seen as extremely important by parents. Several participants discussed being denied access to traditional cultural practices, like smudging, which are integral to their wellbeing and healing.

"They told us as soon as we walked in, like didn't know us or nothing, just 'no smoking up the house'. At first, I didn't get it, I said no we don't smoke, but like then he said it again like I was deaf or something; 'no, no smoking the house or ritual stuff you know you all do.' I finally figured out he meant I couldn't smudge. I'm not saying we would or wouldn't smudge but by that time that wasn't really the point."

Parent 8

Some parents noted that being unable to engage in traditional cultural practices served as a barrier to fully investing in the other services they were accessing.

There was a perception by many staff that organizations are aware of the importance of anti-racism in service provision. However, staff suggested contradictions between knowing the importance of access to cultural and spiritual support for healing and not actually supporting it in practice.

"The cultural competency piece of understanding that Indigenous systems of family and community are different from colonial systems, family and community, and I've seen it over and over again. . . It's kind of this really messed up loop that happens where you're being told [culture is important] but then they get penalized. . . like not being able to hold ceremony in the home or house larger families or have visitors. . ."

Staff interview

4. Discussion

The present study uniquely integrates the lived experiences of staff working in homeless support services and the families they serve. Our results indicate that current system-level limitations constrain service provider's abilities to support families living in homelessness and that these families are feeling the effects of these service provision issues through

social bias and stigma, system navigation difficulties, and re-traumatization when accessing support. In the present study, affordable and sustainable housing was an unmet need that impaired families' safety and stability, but to meet this need and truly build a sense of "home", families require choice in their housing options. Unsurprisingly, in the pursuit of acquiring housing, families in the present study were required to navigate multiple systems to meet the varying needs of both themselves and their children, which is consistent with previous studies in the literature [6,7]. A troubling finding of the present study was that these families were confronted with stigma, judgmental treatment, a lack of empathy, and blatant racism; consequently, families' experiences while homeless were often traumatizing, not just because they were homeless but because the support systems in place to help them caused further harm. Though collaborating with our community partner, we synthesized our themes into two core issues regarding the current state of service provision for families experiencing homelessness: (1) families are being mired in the processes involved in acquiring and receiving the support services needed (locating safe and appropriate homes, and discontinuity and unclarity surrounding applying and/or re-applying for services) (Theme 1 and Theme 2), and (2) there are significant barriers to families being able to meaningfully engage in support services (the limited use of trauma-informed approaches and systemic bias and stigma within the service sector) (Theme 3 and Theme 4). These barriers create and maintain a sense of hopelessness and continued dependence predicated by the stigma of being in need. In the present study, this stigma seemed to be further compounded by dependency stereotypes placed on, and sometimes internalized by, parents. When living situations become untenable, shame over feeling as though they cannot provide for their children can prevent parents from accessing support [8] and feeling like a burden [5].

Notably, many of the present study's findings are evident in the previous literature [5,31,34]. For example, in the present study, parents spoke of being denied access to rental properties and overly scrutinized for their lifestyle and parenting choices based simply on their appearance and/or family name, and such racism in housing and service delivery is well documented in the current academic and government literature [17–21]. This calls into question why these well-understood barriers for families in homelessness persist. Magwood and colleagues suggest that changing policies and practices can be challenging due to bias, social stigma, and discrimination [35]. Given the experiences of the families in our study, this may explain why previous research on family homelessness has been insufficiently translated into improvements in service provision. The current socio-political and economic context in Alberta, including several years of rising costs, a toughening rental market, and cuts to social programming for families, may be another reason [36]. Finally, significant changes to social policy meant to reduce gaps and silos between services have not been implemented.

4.1. Recommendations for Policy and Service Delivery

The following policy recommendations are supported by studies on "best practices" in the literature and the results from our participants. We specifically asked our research participants for their suggestions to improve current approaches, and the following recommendations aim to address the two core issues with service provision identified in collaboration with our community partner (see Figure 1). Through collaborating with the community partner, the present study emphasizes existing recommendations to uplift the lived experiences of multiple stakeholder groups as well as the grassroots organizations that are responsible for carrying out and delivering services. Therefore, a strength of these recommendations is that they reflect a holistic view of current service experiences and considerations for service delivery. Generally, solutions should be focused on enhanced training and accountability for social services and government staff, reducing silos between

public and social systems, including housing, children’s services, and financial support, and enhancing existing Housing First programs.

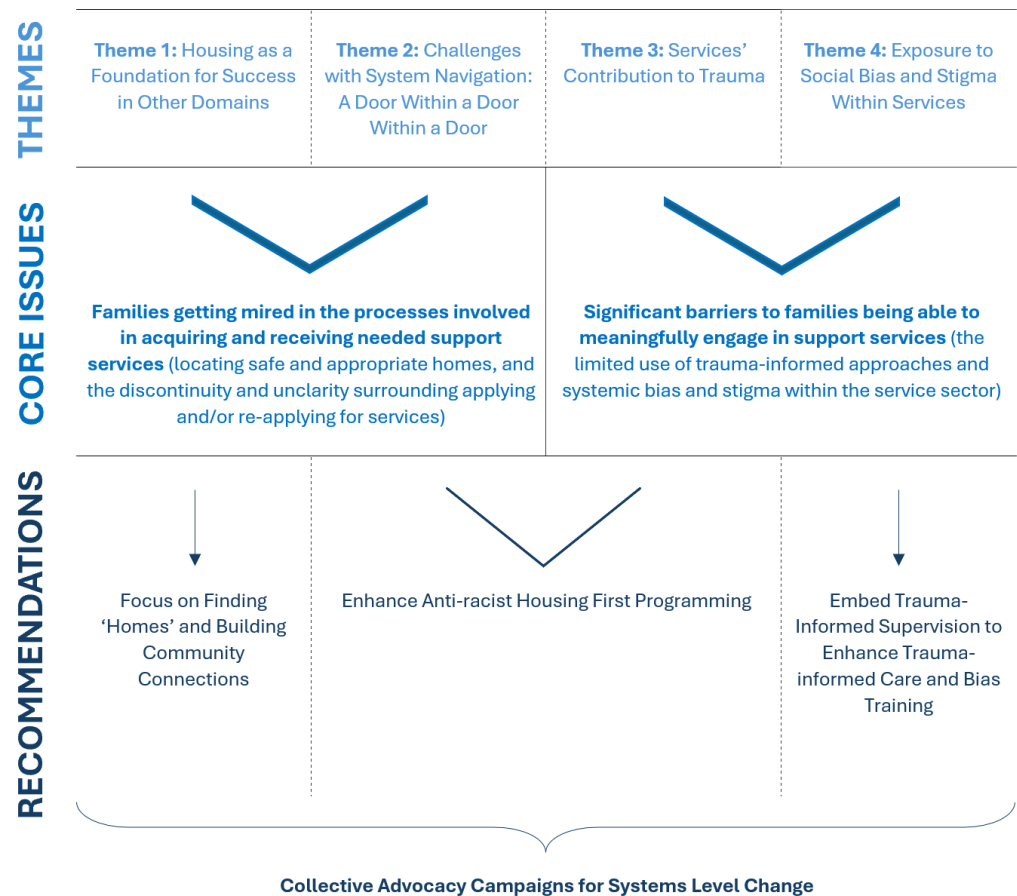


Figure 1. The current state of service provision for families experiencing homelessness.

4.1.1. Focus on Finding “Homes” and Building Community Connections

In a critique of current responses to homelessness, Long and Evans argue that the discourse around homelessness has emerged primarily from beliefs about homelessness as a burden or as the “problem of homelessness” rather than framing homelessness as a failure of public policy (e.g., a lack of housing options) and/or the fact that housing is a basic human right [37]. The success of Housing First programs is often demonstrated through the number of people housed [38] and overall reductions in the number of people in shelters. Within this context, finding “housing” for people is an appropriate goal. However, housing alone is not sufficient to sustain an end to homelessness [39]. Families in the present study did not just want a house; they wanted a home, and they wanted to be connected to community support and live in safe places. Within the current resource-constraint environment in Alberta, Canada, collaboration across systems and services is even more important than a truly family-centered service that is responsive to diverse and complex needs. This means formal partnerships between shelters, housing programs, community health clinics, government financial benefit teams, child welfare ministries, and schools. Services should be available in the home and/or in the communities where families are living. For example, integrated child and family service “Hubs” [40], located in public libraries or community centers, could provide a space for a variety of services as a “one-stop shop”. These could include providers of free or low-cost recreation and staff from a variety of housing, food, and other programs. Cultural and community leaders could also be onsite.

The purpose would be for shelter and housing program staff to facilitate an introduction to a variety of services as well as “warm” referrals to improve uptake and follow-up [41].

4.1.2. Enhance Anti-Racist Housing First Programming

For Indigenous and racialized communities, the challenges faced while trying to acquire housing can be exacerbated by interpersonal and structural racism [15]. Establishing a dedicated “go-between” position to facilitate relationships between landlords and community housing programs was offered as a solution by both staff and participants. Different from “housing locators”, this role would require someone well versed in the local rental market and who is conscious of structural racism and the lived experiences of families living in, or at risk of, homelessness. They could build a network of “friendly” landlords and leverage those relationships to build capacity with other landlords, thereby expanding the universe of safe and affordable units. This landlord liaison could inform, educate, advocate, and negotiate with prospective landlords about the general and specific needs of families, as well as facilitate longer-term relationship building and debunk myths and stereotypes. This liaison could also represent multiple community Housing First providers and could have the added benefit of increased collaboration and potentially less competition for units amongst housing providers.

4.1.3. Embed Trauma-Informed Supervision to Enhance Trauma-Informed Care and Bias Training

Homelessness is the symptom of trauma [42,43]; thus, trauma-informed service provision is required when working with families in homelessness. Conscious and unconscious biases towards people in homelessness create and exacerbate disparities and inequities [44]. However, basic training modules in trauma-informed practices and how to challenge biases [45] may not be enough to address deeply unchallenged beliefs amongst service providers and government workers in particular. Building awareness of what we believe does not necessarily equip us with the tools to change our beliefs and behaviors, particularly when training is a one-time-only experience [44]. There is a growing body of evidence that suggests that trauma-informed supervision, a practice meant to support staff working in high-stress situations to foster empathy, transparency, and autonomy, leads to a “healthier” staff team who feel heard, understood, and respected by their leaders and are encouraged to transfer those feelings to clients [46,47].

Principles of trauma-informed practice are similar to those of trauma-informed care; both are strength-based approaches grounded in five core principles: safety, trustworthiness, choice, collaboration, and empowerment, as well as respect for diversity. Trauma-informed supervision recognizes that trauma is part of day-to-day work in the social service sector and that supervisors are a critical support system needed to inspire, support, teach, model, challenge, collaborate, and advocate with staff and for clients, and this approach can build safety and trust while protecting the health and wellbeing of staff and clients [11,48,49]. Trauma-informed supervision is a way to “operationalize” trauma-informed care principles and practices throughout an organization, and because valuing diverse experiences is embedded within this practice, it can also help to address issues related to conscious and unconscious bias [50,51]

4.1.4. Collective Advocacy Campaigns for System-Level Change

The barriers identified in this study are systemic and structural, and while enhancements to staff training and Housing First programs are helpful, change is required at the policy and government ministry/decision-making levels to enhance the coordination of services and reduce the multitude of persistent and consistent barriers that families and staff face [52]. Policy changes could focus on joint funding models between children’s

services, the community and social support (homelessness), specifically for housing and long-term, in-home case management. Other policy priorities could focus on homelessness prevention (in addition to family reunification), which should be part of children's service mandates to ensure accountability measures and the transparency of impact. A potential homelessness prevention policy analysis exercise could be conducted to review the mandate letters from various government ministries to determine who has accountability for homelessness prevention and posit homelessness prevention mandates within several ministries that have responsibility for the services that family's access. For example, if the health, justice, and children's service ministries have a mandate to invest in housing and homelessness prevention, this could effectively eliminate discharges into homelessness from these programs/institutions.

4.2. Limitations and Future Research

A strength of the present study was the novel integration of service recipients' and service providers' experiences and perspectives, including their suggestions for change. Additionally, the present study was co-developed and co-run in partnership with a community partner. However, the present study has limitations. These limitations are aligned with those of other small qualitative research studies. While the purpose of qualitative research is not to generalize, our study took place in one municipality and with a small number of community organizations. Future research could examine the experiences of landlords and/or policymakers and consider their reflections on barriers and facilitators to better support families. An additional limitation of the present study is that implementation considerations or the feasibility of the proposed recommendations were not assessed. As such, we recommend that academic and policy evaluations are conducted in municipalities where these initiatives could be implemented or are already underway. Critically, such evaluations must be community-specific and include the voices of multiple stakeholders, including lived experts.

5. Conclusions

The present study utilized the novel approach of integrating both service recipients' and service providers' perspectives with a focus on experts' suggestions for changes to policy and service delivery. Through ongoing collaboration with a community partner, the present study emphasizes existing recommendations in a way that can improve the lived experiences of multiple stakeholder groups as well as the organizations that are responsible for supporting them. The experiences shared by parents and staff in the present study demonstrate the importance of housing families in stable homes located in communities where they can receive necessary services and natural support; they need to work through the significant trauma they have endured prior to and during homelessness. Results from this paper suggest that existing recommendations to support families experiencing homelessness are not being effectively implemented, which significantly impacts the wellbeing of both service recipients and service providers.

We suggested several recommendations directly from our community partner, grounded in the perspective of our participants and supported by the previous literature. These include embedding trauma-informed supervision into social and government services to operate and enhance trauma-informed care, changing policy and service delivery to improve collaborations and build community connections, enhancing Housing First program models, and focusing efforts on system-level changes.

Supplementary Materials: The following supporting information can be downloaded at <https://www.mdpi.com/article/10.3390/soc15040094/s1>, Parent In-terview Guide; Staff Focus Group Guide.

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