

HSABC's Advocacy Framework

Approved by the Members on September 25th, 2020

The Homelessness Services Association of BC (HSABC) is an umbrella organization of shelters, drop-in centres, outreach teams and other service providers addressing the needs of persons experiencing homelessness with the goal to ending homelessness.

HSABC's goal to ending homelessness¹ is embedded within the right to adequate housing² and acknowledges the *Indigenous Definition of Homelessness in Canada*³. This Advocacy Framework is an evolving document to identify areas of common agreement among our Members to advocate for transformative change to public policy.

It is the position of HSABC that all policies, programs and practices to address homelessness should be trauma-informed⁴, culturally safe⁵, incorporate harm reduction⁶ and be oriented towards social justice and equity⁷.

Furthermore, all entities (both government and non-governmental organizations) engaged in addressing homelessness should deliberately and meaningfully include those with lived and living experience of homelessness (PWLLE) in decision-making⁸ and ensure all actions contribute to decolonization⁹ and anti-discrimination¹⁰.

Ending homelessness will require the dismantling of systemic oppression and structural repression that are the root causes¹¹. This approach includes:

- a) eradicate white supremacy¹² and misogyny¹³ in our institutions, including (but not limited to) the elimination of institutional behaviours that perpetuate colonial-, race- and gender- based violence¹⁴;
- b) reduce poverty¹⁵ and address economic exclusion¹⁶;
- c) claim and affirm housing as a human right rather than a commodity¹⁷;
- d) decriminalize the consequences of the oppressive systems such as homeless encampments¹⁸, illicit drug-use¹⁹ and survival sex work²⁰; and
- e) prioritize systems of care²¹ and access to health services²² for those navigating high risk conditions and communities made vulnerable by inequity²³.

Systems designed to address the immediate impacts of homelessness need to:

- a) be developed with a shared goal to end homelessness²⁴;
- b) align activities across government and non-governmental organizations with a focus on improving access and choice for those who are homeless or at-risk of homelessness²⁵;
- c) be driven by evidence-based interventions²⁶ prioritizing ethical, community-based research²⁷; and
- d) employ a person-centered approach²⁸ that considers the intersectionality²⁹ of the barriers experienced by each individual while safeguarding their inherent dignity³⁰ and personal autonomy³¹.

HSABC is committed to co-creating a more just and equitable society, and we are prepared to cede our power and privileges³² towards the goal of ending homelessness.

¹ “Homelessness describes the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, unhealthy, unsafe, stressful and distressing.”

Canadian Observatory on Homelessness, *Canadian Definition Of Homelessness*,
<https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf>.

“We need a meaningful and useful definition of ‘ending homelessness’ that recognizes the differences between a Functional Zero end to homelessness and an Absolute Zero end to homelessness. The words “ending homelessness” often bring to mind a vision of a day when no person will ever experience homelessness - the ideal Absolute Zero concept. The goal of a Functional Zero end to homelessness, is to achieve a point where there are enough services, housing and shelter beds for anyone who needs them. This ensures that anyone who experiences homelessness does so only briefly, is rehoused successfully, and therefore unlikely to return to homelessness.”

Canadian Observatory on Homelessness, *Canadian Definition of Ending Homelessness: Measuring Functional and Absolute Zero*,

https://www.homelesshub.ca/sites/default/files/attachments/Ending_Homelessness_Definition.pdf.

² The right to adequate housing “has been recognized as a fundamental human right because it is integral to core human rights values such as dignity, equality, inclusion, wellbeing, security of the person and public participation.” Leilani Farha, *Guidelines for the Implementation of the Right to Adequate Housing*, United Nations General Assembly, December 26, 2019, https://www.make-the-shift.org/wp-content/uploads/2020/04/A_HRC_43_43_E-2.pdf.

Moreover, “A human rights definition [of homelessness] should focus attention on the most desperate situations while ensuring that those who are homeless identify those circumstances themselves, define their needs and are recognized as actors in effecting change to fully realize their right to adequate housing”. Leilani Farha, *Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context*, United Nations General Assembly, , January 18, 2017,

<http://www.unhousingrapp.org/user/pages/04.resources/Thematic-Report-5-Homelessness-as-a-Global-Human-Rights-Crisis.pdf>.

Adequate housing includes security of tenure, availability of services, materials, facilities and infrastructure, affordability, habitability, accessibility, location and cultural adequacy, The Office of the United Nations High Commissioner for Human Rights, *The Right to Adequate Housing*, Fact Sheet No. 21/Rev.1,

https://www.ohchr.org/documents/publications/fs21_rev_1_housing_en.pdf.

See also Elizabeth Mclsaac and Bruce Porter, *Housing Rights: Ottawa takes a historic step forward*,

<https://reviewcanada.ca/magazine/2019/11/housing-rights/>.

In Canada, see the *National Housing Strategy Act*, <https://laws-lois.justice.gc.ca/eng/acts/N-11.2/FullText.html>,

which recognizes “housing is essential to the inherent dignity and well-being of the person and to building sustainable and inclusive communities” and “that the right to adequate housing is a fundamental human right affirmed in international law”. For critics of the National Housing Strategy Act, see Maytree, *Right to housing*,

<https://maytree.com/right-to-housing/>.

³ “Unlike the common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. Importantly, Indigenous people experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their Indigeneity or lost relationships.” Jesse Thistle, *Definition of Indigenous Homelessness in Canada*,

<https://www.homelesshub.ca/IndigenousHomelessness#:~:text=compl%C3%A8teSommaire%20ex%C3%A9cutif-Definition%20of%20Indigenous%20Homelessness%20in%20Canada,ability%20to%20acquire%20such%20housing>.

⁴ Trauma-informed care ensures that services are provided in ways that recognize the need for physical and emotional safety, as well as choice and control in decisions affecting one’s treatment. Community Mental Health Action Plan, *Trauma-informed Care – Overview*, <https://mentalhealthactionplan.ca/tools-resources/training/mental-health-training-framework/trauma-informed-care/>.

⁵ The Nursing Council of New Zealand provide a profession specific understanding of cultural safety that can be adapted: “The effective nursing practice of a person or family from another culture, and is determined by that

person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.

“The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well being of an individual.” *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice*, http://pro.healthmentoronline.com/assets/Uploads/refract/pdf/Nursing_Council_cultural-safety11.pdf.

For some specific strategies to enhance cultural competency see: Esther Calzada, *Enhancing Cultural Competence in Social Service Agencies: A Promising Approach to Serving Diverse Children and Families*, https://www.acf.hhs.gov/sites/default/files/opre/brief_enhancing_cultural_competence_final_022114.pdf.

⁶ Harm reduction refers to aims to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.” Harm Reduction International, *What is harm reduction?*, <https://www.hri.global/what-is-harm-reduction>.

An important element of Harm reduction is the need for safe supply, “an approach that focuses on saving lives by prescribing pharmaceutical grade substances such as opioids and stimulants to individuals at risk of overdose”. Ontario HIV Treatment Network, *Possible benefits of providing safe supply of substances to people who use drugs during public health emergencies such as the COVID-19 pandemic*, <https://www.ohtn.on.ca/rapid-response-possible-benefits-of-providing-safe-supply-of-substances-to-people-who-use-drugs-during-public-health-emergencies-such-as-the-covid-19-pandemic/>.

⁷ Equity will require shifting power and resource imbalances back into the hands of individuals/communities facing systemic oppression. “The homelessness services field is in the early stages of addressing racial justice and equity. People of color – especially Black and Native communities – are overrepresented within the population experiencing homelessness, in large part because of historical and systemic racism. People who identify as lesbian, gay, or bisexual are also overrepresented and face discrimination. Trans* identified individuals also face significant and distinct discrimination across a variety of systems and service points. Data is emerging that these groups also experience disparities in the homelessness system, itself.” National Alliance to End Homelessness, *The Framework for an Equitable COVID-19 Homelessness Response*, <https://endhomelessness.org/wp-content/uploads/2020/04/COVID-Framework-4.29.2020-1.pdf>.

See also, Kristin & Bob Palmer, *Applying a racial equity framework to ending homelessness in Illinois*, <https://www.communitybuildersstl.org/stories-and-news/applying-a-racial-equity-framework-to-ending-homelessness-in-illinois>.

⁸ Programs are typically developed without meaningful and equitable engagement and consultation with PWLLE. The Greater Victoria Coalition to End Homelessness proposes seven key approaches for engagement with people with lived experience: inform, consult, involve, collaborate and empower; and seven key principles: appropriate, transparent, inclusive, respectful, safe, responsive and consistent. *Engagement Toolkit: People with Lived Experience in BC’s Capital Region*, June 2017, https://victoriahomelessness.ca/wp-content/uploads/2018/09/170630_crd_toolkit.pdf.

Towards the Heart provides some practical tools and resources for engaging with PWLLE and Peer/Experiential Workers: <https://towardtheheart.com/peer-engagement>.

⁹ “The process of deconstructing colonial ideologies of the superiority and privilege of Western thought and approaches. Decolonization involves valuing and revitalizing Indigenous knowledge and approaches and weeding out Western biases or assumptions that have impacted Indigenous ways of being.” <https://opentextbc.ca/indigenizationfrontlineworkers/chapter/decolonization-and-indigenization/>.

According to *Aboriginal Homelessness: A Framework for Best Practice in the Context of Structural Violence*, there are seven intersecting ways to contribute towards decolonization of services: (a) cultural safety, (b) partnerships/relationships (c) aboriginal governance/coordination, (d) adequate/equitable funding, (e) aboriginal staff, (f) research/evaluation on best practices, and (g) cultural reconnection. Nelly D. Oelke, Wilfreda E. Thurston & David Turner, *The International Indigenous Policy Journal*, April 2016, <https://ojs.lib.uwo.ca/index.php/iipj/article/view/7490/6134>.

¹⁰ “Homelessness and discrimination commonly intersect, as discrimination often acts as a structural precursor to homelessness and, in turn, the experience of homelessness can lead to being discriminated against. Discrimination

occurs when an individual is treated differently than another solely on the basis of some characteristic or indeed an interplay of characteristics such as race, sexual orientation, religion, physical disability, mental illness, age, citizenship status, gender, and/or socioeconomic status.” Canadian Observatory on Homelessness, *Discrimination*, <https://www.homelesshub.ca/about-homelessness/legal-justice-issues/discrimination>.

¹¹ “Structural factors are economic and societal issues that affect opportunities and social environments for individuals. Key factors can include the lack of adequate income, access to affordable housing and health supports and/or the experience of discrimination. Shifts in the economy both nationally and locally can create challenges for people to earn an adequate income, pay for food and for housing. Arguably, the most impactful factor is the lack of affordable housing nationwide however; discrimination can impede access to employment, housing, justice and helpful services. Racial and sexual minorities are at greater risk of such discrimination.

“Systems failures occur when other systems of care and support fail, requiring vulnerable people to turn to the homelessness sector, when other mainstream services could have prevented this need. Examples of systems failures include difficult transitions from child welfare, inadequate discharge planning for people leaving hospitals, corrections and mental health and addictions facilities and a lack of support for immigrants and refugees”. Stephen Gaetz, Jesse Donaldson, Tim Richter & Tanya Gulliver, *The State of Homelessness in Canada*, 2013, <https://homelesshub.ca/sites/default/files/SOHC2103.pdf>.

¹² “Racist ideologies of white supremacy continue to reinforce the idea that white equals better, superior, more worthy, more credible, more deserving of humane treatment and more valuable and therefore more fully human.” Dr. Bathseba Opini, *We Must Tackle and Dismantle Systemic Racism and White Supremacy*, The Federation for the Humanities and Social Sciences, June 10, 2020, <http://www.ideas-idees.ca/blog/we-must-tackle-and-dismantle-systemic-racism-and-white-supremacy>; citing Layla F. Saad, *Me and white supremacy: How to recognize your privilege, combat racism and change the world*, 2020, <http://laylafsaad.com/meandwhitesupremacy>. Dr. Opini continues “the education system, healthcare, child welfare, media, housing market and justice system in Canada are all implicated. We have a long past and contemporary history of systemic racism, state sanctioned violence and police brutality toward Black people in our own backyard”.

¹³ *The State of Women’s Housing Need & Homelessness in Canada* report by Women’s National Housing & Homelessness Network points to “homelessness amongst women, girls, and gender diverse peoples is a crisis in Canada –hiding in plain sight,” <http://womenshomelessness.ca/literature-review/>. “It is well-recognized that women experiencing homelessness negotiate a number of high-risk survival strategies to obtain shelter and avoid the dangers of the streets and co-ed shelter spaces, including by staying in unsafe and exploitative relationships and exchanging sex for shelter.”

¹⁴ Women’s Shelters Canada notes: “Despite tireless efforts from countless feminist organizations across the country, rates of violence against women and gender-based violence have not significantly changed for decades,” and is calling for a National Action Plan on Violence Against Women which would include: (a) high-level commitment to a multi-pronged, coordinated, pan-Canadian approach; (b) consistency across and within jurisdictions in policies and legislation that address violence against women (VAW) and gender-based violence (GBV); (c) a shared understanding of the root causes of VAW and GBV; and (d) consistent approaches to prevention of and responses to VAW and GBV. *National Action Plan on Violence Against Women*, <https://endvaw.ca/national-action-plan-violence-women/>.

¹⁵ *Canada Without Poverty* provides some critical context to the conversation about poverty in Canada:

- 1 in 7 (or 4.9 million) people in Canada live in poverty.
- Precarious employment has increased by nearly 50% over the past two decades.
- Between 1980 and 2005, the average earnings among the least wealthy Canadians fell by 20%.
- Over the past 25 years, Canada’s population has increased by 30% and yet annual national investment in housing has decreased by 46%.

Moreover, they note “some members of society are particularly susceptible to the effects of poverty”. *Just the Facts*, <https://cwp-csp.ca/poverty/just-the-facts/>.

¹⁶ Economic exclusion is “the systematic denial of full access to legitimate means of acquiring economic resources, restricting the volume and functional quality of material, social and cultural capital and reinforcing dispossessed positions and economic divides”. And that “on average there were higher rates of economic exclusion in 2010 as compared to 2000, and that dynamics of economic exclusion are discernibly more vigorous for many racial minorities, recent immigrants and women than for ‘White’, Canadian-born, and male individuals in Canada’s labor market”. Naomi Lightman & Luann Good Gingrich, *Measuring economic exclusion for racialized minorities, immigrants and women in Canada: results from 2000 and 2010*, *Journal of Poverty*, May 7, 2018,

<https://naomilightman.files.wordpress.com/2018/05/22measuring-economic-exclusion-for-racialized-minorities-immigrants-and-women-in-canada-results-from-2000-and-201022.pdf>.

¹⁷ “Financialized housing markets respond to preferences of global investors rather than to the needs of communities. The average income of households in the community or the kinds of housing they would like to inhabit is of little concern to financial investors, who cater to the needs or desires of speculative markets and are likely to replace affordable housing that is needed with luxury housing that sits vacant because that is how best to turn a profit quickly. Financialized housing thus precipitates what has been referred to as ‘residential alienation’, the loss of the critical relationship to housing as a dwelling and the diverse set of social relationships that give it meaning. In financialized housing markets, those making decisions about housing — its use, its cost, where it will be built or whether it will be demolished — do so from remote board rooms with no engagement with or accountability to the communities in which their ‘assets’ are located.” Leilani Farha, *Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context*, United Nations General Assembly, January 18, 2017, <http://www.unhousingrapp.org/user/pages/04.resources/Thematic-Report-5-Homelessness-as-a-Global-Human-Rights-Crisis.pdf>.

¹⁸ “Homeless encampments threaten many human rights, including most directly the right to housing. People living in encampments face profound challenges with respect to their health, security, and wellbeing, and encampment conditions typically fall far below international human rights standards. Residents are frequently subject to criminalization, harassment, violence, and discriminatory treatment. Encampments are thus instances of both human rights violations of those who are forced to rely on them for their homes, as well as human rights claims, advanced in response to violations of the right to housing.

“Ultimately, encampments are a reflection of Canadian governments’ failure to successfully implement the right to adequate housing.” Leilani Farha & Kaitlin Schwan, *A National Protocol for Homeless Encampments in Canada*, April 30, 2020, <https://www.make-the-shift.org/wp-content/uploads/2020/04/A-National-Protocol-for-Homeless-Encampments-in-Canada.pdf>.

¹⁹ Recognizing that substance use is a complex health issue with social, economic and public safety impacts, decriminalization of drug-use is fundamental to developing comprehensive and effective response to mitigate the harms of substance use, particularly those harms associated with criminal justice prosecution for simple possession. Rebecca Jesseman & Doris Payer, *Decriminalization: Options and Evidence*, Canadian Centre on Substance Use and Addiction, June 2018, <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf>.

²⁰ “When adult sex work is criminalized, sex workers experience decreased control over the conditions of their work and they are subject to increased violence and discrimination. Decriminalization is a necessary step to protecting the safety and rights of sex workers by ensuring that they have full access to health, safety and human rights. All sex workers deserve to have their choices respected and be able to work safely, without fear of violence, discrimination and social stigma.” Pivot, *Sex Workers’ Rights: Protecting the health, safety, and human rights of sex workers*, https://www.pivotlegal.org/sex_workers_rights.

See also: Action Canada for Sexual Health & Rights, *Decriminalize Sex Work*, <https://www.actioncanadashr.org/campaigns/personal-still-political/decriminalize-sex-work>.

²¹ A System of Care requires reshaping and redefining the approach the system takes to working collaboratively with each other and the recipient of services. This sustainable system values: interagency collaboration; individualized, strength-based practices; cultural competence; community-based services; personal autonomy; and shared responsibility for successful results. Adapted from the North Carolina State Collaborative for Children, Youth, and Families, <https://nccollaborative.org/what-is-system-of-care/>.

Community-based Services and Supports <https://www.homelesshub.ca/resource/what-system-care>

²² “homelessness is a life-threatening health hazard. As the data in ‘Dying in the Streets’ shows, the median age of death for a homeless person in the province is between 40 and 49.1 This is almost half the life expectancy for the average British Columbian, which is 82.65 years.” Megaphone, *Dying on the Streets: Homeless deaths in British Columbia*,

https://d3n8a8pro7vhmx.cloudfront.net/megaphone/pages/7/attachments/original/1415231881/Dying_on_the_Streets_-_Homeless_Deaths_in_British_Columbia.pdf?1415231881.

“Those experiencing homelessness often live in conditions that adversely affect their overall short and long-term health. This also contribute to an increased mortality rate. Although deaths among individuals experiencing homelessness are occasionally due to freezing, they are mainly the result of injury, and the rigors of street life.

Climatic conditions, psychological strain and exposure to communicable disease create and lead to a range of chronic and acute health problems, including injury from cold, tuberculosis, skin diseases, cardio-respiratory disease, nutritional deficiencies, sleep deprivation, musculoskeletal pain and dental trouble”. Canadian Observatory on Homelessness, *Health*, <https://homelesshub.ca/about-homelessness/topics/health>.

Research shows that persons experiencing homelessness have a disproportionate amount of acute and chronic illness when compared to the general population and encounter systemic barriers that may preclude them from seeking care and maintaining treatment adherence. Such complex health needs may act as a barrier to securing stable and sufficient shelter/housing, which can lead to a ‘revolving door’ of hospital admissions. Canham, S. L., Bosma, H., Mauboules, C., Custodio, K., Good, C., Lupick, D., Seetharaman, K., & Humphries, J., *Supporting Partnerships between Health and Homelessness*, 2019, <https://hsa-bc.ca/Library/Resource/Library/Supporting-Partnerships-Between-Health-and-Homelessness.pdf>.

²³ “Many risk factors for homelessness, such as poverty and substance use, are strong independent risk factors for ill health. Many people who are homeless remain at risk for poor health even if they obtain stable housing. In addition, certain health conditions (particularly mental illness) may contribute to the onset of homelessness and then in turn be exacerbated by the homeless state. Finally, improved health and adequate housing are means of achieving the ultimate goal of improved quality of life”. C. James Frankish, Stephen W Hwang & Darryl Quantz, *The Relationship Between Homelessness and Health: An Overview of Research in Canada*, University of Toronto, 2009, <https://www.homelesshub.ca/sites/default/files/2.1%20Frankish%20et%20al%20-%20Homelessness%20and%20Health.pdf>.

²⁴ The National Housing Strategy’s vision is that Canadians have access to affordable housing that meets their needs. One of the six priority areas of action for the strategy is housing for those in greatest need, including people experiencing homelessness, with a goal to cut chronic homelessness in half in 10 years. <https://www.placetocallhome.ca/>.

Among the Canadian Alliance to End Homelessness’ values are: “we believe ending homelessness is possible and that homelessness in Canada will become rare, brief and non-recurring.” <https://caeh.ca/vision-mission/>.

²⁵ Recognizing that vulnerable people in different circumstances face distinct risks during the COVID-19 pandemic, the Government of BC struck Vulnerable Population Working Group on March 21, 2020, with representatives provincial and local governments to identify, assess and address the immediate challenges faced in particular by five groups – people living on the street, people experiencing homelessness living in encampments, shelter residents, tenants of private SROs and tenants in social and supportive housing buildings.

<https://news.gov.bc.ca/releases/2020MAH0013-000536>. This alignment of government activities should be expanded to include NGOs.

²⁶ “Four indicators are critical for ensuring [policies and programs achieve collective goals]: evidence and data; safe policy; value for money; and integration and collaboration. Greater use of evidence and data by policymakers, independent funders and practitioners has the potential to dramatically improve policy outcomes. This will also ensure policies don’t inadvertently cause harm. The third indicator highlights the need for government (and other agencies working in homelessness) to show how available resources are used efficiently to create results for citizens. The fourth indicator highlights the need for cross-sector collaboration and systems integration to optimise the contributions of multiple sectors by linking housing with health, justice, education and social care systems, but also with sectors like transport, business and faith”. Dr. Lígia Teixeira, Dave Russell, Dr. Tim Hobbs, *The SHARE framework: a smarter way to end homelessness*, https://uploads-ssl.webflow.com/59f07e67422cdf0001904c14/5af4288fdebbda9d1a495a98_SHARE-framework_report_2018.pdf.

²⁷ According to *Research 101: A Manifesto for Ethical Research in the Downtown Eastside*, there are four different ethical issues that researchers need to consider when gathering local knowledge and expertise in the Downtown Eastside (DTES). Among the recommended values is a reconsideration of ethical reviews, which includes reciprocity; trauma-informed; accessible language; ongoing consent; community review of interpretations; and understanding the wider consequences of the research. Also recommended is an expectation that the community will be include “in all aspects of the research process, and have some expectations for how ‘peer’ researchers can be included fairly and in ways that acknowledge the value of our unique expertise, including fair pay for our work”. Louise Boilevin, Jules Chapman, Lindsay Deane, Caroline Doerksen, Greg Fresz, DJ Joe, Nicolas Leech-Crier, Samona Marsh, Jim McLeod, Scott Neufeld, Steven Pham, Laura Shaver, Patrick Smith, Martin Steward, Dean Wilson and Phoenix Winter, *Research 101: A Manifesto for Ethical Research in the Downtown Eastside*, March 15, 2019, <https://open.library.ubc.ca/cIRcle/collections/ubccommunityandpartnerspublicati/52387/items/1.0377565>.

²⁸ “Homeless people must be recognized as central agents of the social transformation necessary for the realization of the right to adequate housing.” Leilani Farha, *Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context*, United Nations General Assembly, <http://www.unhousingrapp.org/user/pages/04.resources/Thematic-Report-5-Homelessness-as-a-Global-Human-Rights-Crisis.pdf>.

²⁹ “Homelessness is constituted through unequal and intersecting power relations in social processes and social identity categorisation (or social locations), relate to Indigeneity, race, ethnicity, gender, class, age sexuality, ability and other markers of identity.” Additionally, programs and services are designed and delivered by those with power and privilege and reflect “unequal power relations in client-worker relationships”. “Intersectionality can provide a new social work approach that makes visible the ‘multiple positioning that constitutes everyday life and the power relations’ and contributes to shaping the complexities of social work and homelessness”. Carole Zufferey, *Homelessness and Social Work: An intersectional approach*, Routledge Press, April 18, 2019; citing Ann Phoenix and Pamela Pattynama’s editorial *Intersectionality*, *European Journal of Women’s Studies*, August 1, 2006.

³⁰ According to Alison Miller’s research, treating someone who is homeless with dignity increases positive feelings and sense of self-worth, and provides motivation to improve their life and help others. Sources of dignity included: (1) receiving care, support, or encouragement from others; (2) being recognized as an individual with a unique identity; (3) receiving personalized service; (4) belonging to a group; (5) availability of resources that meet basic needs, promote self-sufficiency, and offer opportunities to participate in the community; and (6) opportunities to volunteer or obtain employment. Alison Miller & Christopher Keys, *Understanding dignity in the lives of homeless persons*, *American Journal of Community Psychology*, May 2001, https://www.researchgate.net/publication/11895720_Understanding_Dignity_in_the_Lives_of_Homeless_Persons

³¹ Personal autonomy is understood here as the “capacity to set one’s own ends or purposes according to some rational standard” (Ruth Grant, *Ethics and incentives: a political approach*, *American Political Science Review*, 2006). Therefore, the right to adequate housing includes “the right to choose one’s residence, to determine where to live and to freedom of movement” (Office of the United Nations High Commissioner for Human Rights, *The Right to Adequate Housing Fact Sheet*, Sheet No. 21/Rev.1), can be understood within the context of self-determination and autonomy.

“Balancing professional helping values such as self-determination and client well-being presents conflicts for those working with the homeless population, but is a reminder of the importance of beginning where the client is. Understanding the situation of those who are homeless encouraged respect for the client, respect for self-determination. Experiences of competence, autonomy, and relatedness have been described as critical to self-determination”. Cory Dennis, Philip McCallion and Lisa Ferretti, *Understanding Implementation of Best Practices for Working With the Older Homeless Through the Lens of Self-Determination Theory*, *Journal of Gerontological Social Work*, 2012; citing Richard Ryan and Edward Deci, *Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being*, *American Psychologist*, 2000.

³² Consistent with Shine Theory, HSABC is committed to investing, over the long-term, in helping communities made vulnerable to be their best self—and relying on their help in return. It is a conscious decision to bring your full-self to issues of power-sharing and collaboration. Aminatou Sow and Ann Friedman, *Shine Theory is a practice of mutual investment in each other*, <https://www.shinetheory.com/>.