

City of Leduc Homelessness Prevention and Poverty Framework

Final Report
February 2022

Table of Contents

1. Acknowledgements	3
2. Introduction	4
The Process.....	4
3. Priority Framework.....	5
Key Priorities	5
Framework Overview	8
Priority Strategies.....	9
Appendix A: Community Profile.....	32
3.1.Demographics	33
3.2.Labour Force.....	41
3.3.Housing Profile	42
Appendix B: What We Heard Summary	47
Stakeholder Survey	48
Stakeholder Sessions	58
Grounded Expertise.....	64
Appendix C: Best Practice Research	65
Best Practices - Hard to Reach Populations.....	66
Best Practices - Mental Health & Addictions	69
Appendix D: Strategies Explored.....	74

1. Acknowledgements

This project was undertaken in collaboration with diverse groups and individuals whom we would like to thank for their support and input.

Research Consultants:

Applications Management Consulting Ltd.

Gary Gordon & Associates

Robyn Newton

Task Force Committee:

City of Leduc Council

City of Leduc Family and Community Support Services (FCSS)

Leduc & District Food Bank

Leduc Downtown Business Association

Leduc Hub Association

Leduc Ministerial Association

Leduc Regional Housing Foundation

Financial Contribution

City of Leduc

We also want to thank the local residents and stakeholders for sharing their time and thoughts throughout the engagement process.

2. Introduction

Homelessness and poverty has an impact on every community. Those impacted can include individuals, families, youth, seniors, visible minorities and people with disabilities. In any municipality, the social programs and services necessary to support the local population are constantly evolving. This evolution can be based on changing needs as a result of demographic changes and the economic environment. Changes in the demand and type of social supports often has a higher impact on those populations who are in greatest need. Many studies have examined the range of services that are often accessed by those experiencing homelessness and the overall cost of chronic homelessness on the system¹. These studies suggest that it can often be more cost effective to focus on homelessness prevention, and trying to keep people housed.

In the City of Leduc, economic uncertainty and the Covid-19 pandemic has challenged the lives and livelihoods of residents. While the full impacts of the pandemic are still yet to be known, it is evident that there has been an increase in those unemployed, and impacts to the health of individuals and families. As with many communities, City of Leduc faces challenges related to housing affordability, mental health and addiction, and supports to serve the vulnerable populations in the community.

To gain a greater understanding of those people experiencing homelessness or at risk of homelessness, the City of Leduc initiated a Homelessness Prevention and Poverty Framework. The overall goal of this work is to have a comprehensive framework to address homelessness and poverty prevention within the City of Leduc. The framework will provide the City with a short-term, intermediate, and long-term decision making tool that will guide the Task Force, City administration and Council in strategically implementing initiatives to support homelessness and homeless prevention with the City.

The Process

The Homelessness Prevention and Poverty Framework included a comprehensive stakeholder engagement process to allow input from key stakeholders in the community including local service providers, businesses and those with grounded expertise². The engagement process helped to provide a better understanding of the issues facing those who are experiencing homelessness and at risk of homelessness within the City of Leduc. The challenges facing these residents range from lack of affordable housing, mental health and addiction issues and gaining access to services they need.

The Priority Framework in the next section of this document outlines strategies that could address key priorities that emerged during the engagement process. This framework has been developed to provide the community with a feasible, impactful path toward addressing some of the key themes identified during the engagement process. Collaboration among all levels of government, local community organizations and/or the business community, and advocacy from local groups will aid

¹ Gaetz, Stephen (2012): *The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing?* Toronto: Canadian Homelessness Research Network Press.

² Those with grounded expertise are individuals who are homeless or at risk of homelessness and were engaged during the project.

in the implementation of strategies to support the continual focus on homelessness prevention and poverty within the City.

3. Priority Framework

The City of Leduc Homelessness Prevention and Poverty Framework includes suggested goals and strategies that could address key priorities and issues that emerged during the research and stakeholder engagement process. This framework is intended for use by the City of Leduc, community service providers, and local businesses as they move toward addressing key priorities as they relate to homelessness and poverty in the City of Leduc.

Several key priorities emerged that focus on addressing the basic needs of those people experiencing homelessness and supporting those individuals and families that are at a greater risk of becoming homeless.

Key Priorities



Improve Access to Services

Access to services is often one of the largest barriers for individuals and families with multiple needs. Often these individuals have to navigate a complex service delivery system to get all their needs met, may be unaware of all the supports available, and may be unable to access these services due to lack of transportation, lack of computers or internet access or other barriers.

Exploring opportunities to reduce barriers and improve access to existing programs and services in the community is a key priority for this framework.

Below are the 3 priority goals improving access to services:

Goal: Improve information and referral services so residents can access available services

Goal: Provide accessible, convenient and affordable transit

Goal: Eliminate other barriers for low-income residents in accessing community social services

Access to Housing

Housing affordability is not a fixed line; it is a continuum based on household capacity and affordability ranging from emergency shelters aiding the homeless to market housing, as shown in the visual on the following page. Success would have individuals and households moving from the left to the right or toward more independence. However, the housing system does not function in a way that supports this movement because the building industry only responds to demand, not households in need³. Virtually all of the non-market housing need is provided with some form of subsidy – either one time and/or ongoing. Current and projected future supply gaps across the continuum are the focus for where policies and strategies need to be developed.

The figure on the following page illustrates the housing continuum in Alberta and the gaps currently within the City of Leduc.

³ The City of Kelowna has adopted a difference visual of the continuum around a circle to de-emphasize the focus on ownership housing in favor of a diverse housing market that requires all tenures and forms of housing to be a healthy community (<https://www.cmhc-schl.gc.ca/en/blog/2019-housing-observer/wheelhouse-new-way-looking-housing-needs>).

Housing Continuum

Housing	NON-MARKET HOUSING					MARKET HOUSING	
	SHORT-TERM		LONG-TERM			Market Affordable Housing	Market Housing
	Emergency Shelter	Short-term Supportive Housing	Long-term Supportive Housing	Subsidized Housing	Affordable Housing		
Alberta Example	<ul style="list-style-type: none"> Emergency shelter Youth shelter Family Violence shelter 	<ul style="list-style-type: none"> Second-stage shelter Community residential treatment facility 	<ul style="list-style-type: none"> PSH Special Needs Housing Continuing Care senior including lodge 	<ul style="list-style-type: none"> Seniors self-contained housing Community housing 	<ul style="list-style-type: none"> Affordable Housing Initiative (capital grant) Rent supplement 	<ul style="list-style-type: none"> No direct subsidies Reduced costs (e.g., regulations, standards & const.) 	<ul style="list-style-type: none"> Rental and home ownership through the private market
Gaps in Leduc	<ul style="list-style-type: none"> No emergency spaces are available from spring to fall. <p>Highest level of gap</p>	<ul style="list-style-type: none"> No short-term supportive housing is available. 	<ul style="list-style-type: none"> There is a need for supportive housing for non-elderly singles, including those with special needs, addictions and mental health challenges. 	<ul style="list-style-type: none"> There is a shortage of smaller bachelor and one-bedroom efficient and affordable rental units. 	<ul style="list-style-type: none"> There is a shortage of smaller bachelor and one-bedroom efficient and affordable rental units. 	<ul style="list-style-type: none"> There is a shortage of smaller bachelor and one-bedroom affordable market rental units. 	

Level of Support & Subsidization

Housing Gaps

Short Term Non-Market Housing:

- There are up to 12 temporary emergency spaces available in Leduc during the winter months; no emergency spaces are available from spring to fall.
- No short-term supportive housing is available in Leduc;

Long Term Non-Market Housing;

- There are 121 supportive housing seniors lodge units. There is a need for supportive housing for non-elderly singles, including those with special needs, addictions and mental health challenges.
- There is a shortage of smaller bachelor and one-bedroom efficient and affordable rental units. Leduc has fewer of these smaller units compared to other similar municipalities. There are 390 renter households (mostly singles) who are paying 50% and more of their income for housing.

Long Term Market Housing

- There is a shortage of smaller bachelor and one-bedroom affordable market rental units. Nearly 75% of the housing stock contains 3 and 4+ bedroom units, while 67% of households are 1 and 2 persons who require one- and two-bedroom units.

Ensuring all residents of the City of Leduc have access to housing is a priority for this framework. Below are the 3 priority goals for access to housing:

Goal: Make housing more affordable and accessible for low-income residents

Goal: To provide temporary housing to people who are homeless

Goal: To provide affordable and appropriate housing to people with mental health and addictions

Mental Health & Addiction

Mental health and addiction was one of the key priorities as identified by service providers. Service providers who are not mandated to provide mental health and addictions services are finding increasing numbers of clients who struggle with mental health and addictions, and often these people either are not ready to seek treatment or counselling, or are on a wait list. Many providers feel they do not have the training or background to support these clients effectively in the meantime.

This priority focuses on supporting clients to find timely access to mental health and addiction services, supporting service providers who are working with clients and finding ways to create an inclusive environment for all residents of the City of Leduc.

Below are the 3 priority goals for mental health and addiction supports:

Goal: To reduce wait times for access to mental health and addictions services

Goal: To reduce harms to people misusing and/or at risk to drugs and alcohol

Goal: To enhance collaboration, care and community inclusion

Food Security

For people experiencing homelessness or at risk of homelessness fulfilling their basic needs such as food is essential. Food security was identified as a priority throughout the engagement process. Stakeholders and people with grounded expertise who were interviewed identified barriers to accessing food and the high cost of fresh produce as a significant barrier to healthy eating.

Ensuring all residents of the City of Leduc has access to food is a priority for this framework.

Below is the priority goals for food security:

Goal: Increase access to affordable and nutritious food and reduce food waste

Framework Overview

The following section of tables outline an overview of the short, medium and long term strategies that will support addressing homelessness prevention and poverty within the City of Leduc. The strategies are organized by priority area (Improve access to services, Access to Housing, Mental health and addiction, and Food security).

Following the overview of the strategies, there is a detailed section that outlines each strategy in more detail. This includes the following categories of information for each strategy:

- **Goal:** This includes a description of the goal.
- **Strategy:** This includes strategies that have arisen to address the proposed goal and any context related to the need. These strategies are based on input from stakeholders and best practices. This offers a proposed timeframe for implementation of strategies including Short Term, Medium Term, and

Long Term. It is assumed that Short Term is 1-2 years, Medium Term is 2-5 years, and Long Term is more than 5 years.

- **Lead:** The primary stakeholders involved in addressing the strategy.
- **Municipal Role:** The role the City of Leduc would have in addressing the strategy.
- **Partners:** The secondary stakeholders that would be involved in addressing the strategy.
- **Partners Role:** The role of secondary stakeholders in addressing the strategy.
- **Potential Funding:** This includes potential fundings sources based on research of appropriate funding sources in addressing the strategy.
- **Opportunities:** This includes further details to consider in the implementation of the strategy, including best practices and examples of innovative approaches that could be explored.
- **Constraints:** This includes constrains or barriers that should be considered in exploring the implementation of this strategy.
- **Regional Opportunities:** This includes opportunities for regional collaboration among neighbouring municipalities.
- **Examples of models/approaches to explore:** This includes potential examples or best practices that are being explored/implemented in other communities.
- **Targets & Measures:** These measures would allow the City to evaluate the success of implementing strategies and also continue to monitor gaps and make changes to key priorities over time.

Priority Strategies

The following section outlines the key strategies that have been identified that are the most relevant and impactful in addressing homelessness prevention and serving those at risk of homelessness in the City of Leduc.

All Residents can access the supports they need to lead healthy, productive lives

Improve Access to Services

		TIME FRAME	LEAD	PARTNERS	TARGETS & MEASURES	POTENTIAL FUNDING
1	Improve Access to Services					
a	Hire a Mobile Community Navigator - to help clients access services	Short term	City of Leduc - Family & Community Support Services (FCSS)	Service providers , People with Grounded Expertise	Number of clients using the service, number of programs successfully accessed	Ministries of Health and Social Development. Alberta College of Physicians & Surgeons, Michael Smith Foundation, McConnell Foundation
b	Expand and enhance the existing affordable transit pass program	Short term	Leduc Transit		Increase in number of clients receiving transit passes and number of trips facilitated for low-income riders through the transit pass system.	
c	Develop a Community Resource Centre where a range of services can be accessed from a single location	Long term	City of Leduc - FCSS	Non-profit service providers, Chamber of Commerce, Downtown Business Association	Establishment of the Community Resource Centre.	Donner Foundation, business community, major developers
d	Advocate for in-person, local access to mental health and addiction and income support	Short term	City of Leduc - FCSS, Alberta Works, Alberta Health Services	Community advocates, business leaders and community service providers and councils from other Leduc municipalities, Leduc HUB, other non-profit organizations	A more localized and personal intake process for clients wanting to access services.	Alberta Health, ESDC

1 Timeframe: It is assumed that Short Term is 1-2 years, Medium Term is 2-5 years, and Long Term is more than 5 years.

Everyone in Leduc has housing that is affordable, safe, secure, and suitable

Housing		TIME FRAME	LEAD	PARTNERS	TARGETS & MEASURES	POTENTIAL FUNDING
2	Housing					
a	Advocate to Alberta Seniors and Housing (ASH) to increase the number of rental supplements/ housing allowances. Allow layering of these supplements onto affordable housing (including secondary suites) to reduce rental rates.	Short term	City of Leduc - Council & Leduc Regional Housing Foundation (LRHF)	Service providers, business community, secondary suite owners, and other community stakeholders	Number of new rental supplements and average subsidy amount	Alberta Seniors & Housing, CMHC
b	Ensure existing temporary emergency housing at the HUB is available all year; explore innovative forms of emergency and temporary housing.	Short - Medium term	Community agency (could be HUB)	City FCSS, Food Bank, LRHF and other non-profit agencies	Number of existing spaces funded and length of funding, number of temporary housing units funded	Alberta Family and Social Services, Alberta Seniors & Housing, CMHC.
c	Collaborating with regional municipalities, advocate to senior levels of government for funding to fill gaps in affordable housing	Long term	City of Leduc - Council & LRHF	Service providers, community service clubs, business community, Leduc Regional Housing Foundation (LRHF)	Number and type of new housing units	Alberta Seniors and Housing, CMHC, LRHF and regional municipalities
d	Provide transitional and permanent supportive housing with community-based supports	Long term	City of Leduc and/or Community agency	Alberta Family and Social Services, Alberta Seniors & Housing, Alberta Health, Alberta Health Services, CMHC, LRHF, and non-profit agencies providing mental health & addictions services.	Number of new transitional and permanent supportive housing units	Alberta Family and Social Services, Alberta Seniors & Housing, Alberta Health, Alberta Health Services and CMHC.

2 Strategy 2a: Temporary emergency housing is required to accommodate current gap in transitional and permanent affordable housing.

Residents with mental health or addictions issues receive the services they need

Mental Health & Addiction		TIME FRAME	LEAD	PARTNERS	TARGETS & MEASURES	POTENTIAL FUNDING
3	Mental Health & Addiction					
a	Provide virtual training and tele-health supports to front line service providers to support client care.	Medium term	Alberta Health	Primary health care providers, peace officers, recreation staff, mental health and addictions professionals and regional service providers	Number of frontline workers accessing on-line training, number of service providers utilizing tele-health services	Alberta Health
b	Utilize proven harm reduction strategies to address the harms of substance misuse	Short to long term	Alberta Health	City of Leduc, service providers. Library, Leduc Recreation Center, schools, business community	Number of overdoses prevented; lives saved; reduction in Hepatitis C among drug users	Alberta Health
c	Launch a collaborative, broad-based community engagement and education initiative to change perspectives about low-income people and the causes of poverty and homelessness.	Short term	City of Leduc-FCSS ,Leduc Hub	Non-profit service providers, library staff, recreation staff, the police department, business owners, and schools	Number participants; evaluation of program effectiveness by service providers.	Maytree Foundation

Food Security		TIME FRAME	LEAD	PARTNERS	TARGETS & MEASURES	POTENTIAL FUNDING
4	Food Security					
a	Make land available for community gardens and urban community farms and make accessible for all. Sponsored plots/saved plots for low-income families	Medium term	City of Leduc Planning, Community Development	Non-profits, businesses, residents	Number of people participating, amount of fresh produce provided by these programs	Canada's social development Partnership program. Environment and Climate Change Canada, Alberta Health

Goal: Improve information and referral services so residents can access available services

Short Term

Strategy 1a: Hire a Mobile Community Navigator to help clients access services

Individuals and families with multiple needs often have to navigate a complex service delivery system to get all their needs met, may be unaware of all the supports available, and may be unable to access these services due to lack transportation, lack of computers or internet access or other barriers. A community navigator would be out in the community working closely with clients and agencies to help navigate the social services and health systems, access the range of supports they need, and advocate on their behalf when necessary.

Partners & Roles

	Partners	Roles
Municipal	<ul style="list-style-type: none"> City of Leduc Family and Community Support Services (FCSS) 	<ul style="list-style-type: none"> The Community Navigator could be employed by the City, and FCSS could be responsible for creating the position, hiring and supervising.
Lead	<ul style="list-style-type: none"> City of Leduc Family and Community Support Services (FCSS) 	
Other Partners	<ul style="list-style-type: none"> Non-profit organizations in the community 	<ul style="list-style-type: none"> Work with the Navigator to support clients and collaborate with other agencies.

Opportunities & Constraints

Opportunities	Constraints	Regional Opportunities
<ul style="list-style-type: none"> FCSS already plays a key role in providing these supports. Navigators have been successfully employed in many communities. If demand is high, establish volunteers that work with the paid Community Navigator. Explore as a one year pilot project. Plays a key role in inter-agency collaboration. Ensure that first point of contact agencies collaborate (food bank, shelter, FCSS) 	<ul style="list-style-type: none"> Although this strategy suggests hiring a single community navigator, high demand could result in the need to hire additional navigators to ensure this role is effective as envisioned. 	<ul style="list-style-type: none"> A Navigator could serve other clients throughout Leduc County.

Examples of models/approaches to explore:

- Navigator project for Mental Health & addictions in Sooke BC

- Homelessness Outreach Navigator – Kelowna
- Halifax Navigator Program/ Multi-Year Program
- Community Navigator Project: Canadian Mental Health Association

Potential Funding Sources: Ministries of Health and Social Development, Alberta College of Physicians & Surgeons, Michael Smith Foundation, McConnell Foundation

Targets & Measures: Number of clients using the service; number of programs successfully accessed. Also could do a one year post pilot survey of organizations and clients.

Additional Considerations:

- Navigator responsibilities could include:
 - Mobile position: meet clients out in the community.
 - Work closely with all other agencies in the community.
 - Ability to utilize all other established agency relationships to connect with clients.
 - Knowledge of the community and local service and program providers.
 - Experience working with people with complex needs.
 - Ability to troubleshoot and connect people with appropriate services.
 - Connect clients to develop local social connections.
 - Help clients towards building life skills.
 - Help clients to retain/maintain housing.
 - Play an advocacy/mentor role.

Goal: Provide accessible, convenient and affordable transit

Strategy 1b: Expand and enhance the existing affordable transit pass program

Lack of transportation and barriers to accessing transportation (such as cost and inconvenience) have been identified by stakeholders and people with grounded expertise as significant obstacles to accessing the health and community services that are available, particularly when clients need to go to Edmonton to access services. These obstacles can be even more significant for people living outside the City. The City of Leduc can play a key role in ensuring that low-income residents have access to affordable transportation through subsidized transit passes, and City planners can help Leduc Transit set priorities for route improvements.

Partners & Roles

	Partners	Roles
Municipal	<ul style="list-style-type: none"> Leduc Transit 	<ul style="list-style-type: none"> City FCSS staff can identify clients who should be provided with low cost or free transit passes. Ideally such transit passes would be part of a One-Access Card program. City planners can work closely with Leduc Transit to set priorities, determine transit routes and improvements to prioritize transit.
Lead	<ul style="list-style-type: none"> Leduc Transit 	
Other Partners	<ul style="list-style-type: none"> Community service agencies and people with grounded expertise. 	<ul style="list-style-type: none"> Help to identify current gaps in services and set priorities for transit improvements. Service providers can identify clients who qualify for free or low-cost transit passes, and ensure they obtain them.

Opportunities & Constraints

Opportunities	Constraints	Regional Opportunities
<ul style="list-style-type: none"> Enhancements to the subsidized transit pass program that have been implemented in other communities include providing free transit to children under 12 and passes to non-profits. 	<ul style="list-style-type: none"> Budget and ongoing revenues will determine Leduc Transit's ability to enhance services. 	

Examples of models/approaches to explore:

- Greater Victoria Low-Income Transit Assistance Program
- Lyftup Community Pass Vancouver

Targets & Measures: Increase in number of clients receiving transit passes and number of trips facilitated for low-income riders through the transit pass system

Additional Considerations:

- This could be part of a larger initiative of the One-Access card program.⁴

⁴ Example is City of Calgary Fair Entry Program.

Goal: Eliminate other barriers for low-income residents in accessing community social services

Strategy 1c: Develop a Community Resource Centre where a range of services can be accessed from a single location.

Clients with multiple needs often have to go to several different agencies to get their needs met. Being able to access multiple services in one location is convenient for clients, reduces the number of trips required, facilitates collaboration among agencies, and also provides opportunities for agencies to share resources, including reception, administration, office equipment and meeting rooms.

Partners & Roles

	Partners	Roles
Municipal	<ul style="list-style-type: none"> City of Leduc FCSS 	<ul style="list-style-type: none"> The City of Leduc can help find a suitable site for the Community Resource Centre and facilitate the development and/or renovation permit process. The City could potentially finance and own the new Community Resource Centre. FCSS staff can develop a competitive process for agencies who wish to lease space in the new Community Resource Centre.
Lead	<ul style="list-style-type: none"> City of Leduc FCSS 	
Other Partners	<ul style="list-style-type: none"> Non-profit service providers, the Chamber of Commerce, and the business community. 	<ul style="list-style-type: none"> All assist with fundraising. Non-profit agencies and health and social service providers can apply for the available spaces in the centre.

Opportunities & Constraints

Opportunities	Constraints	Regional Opportunities
<ul style="list-style-type: none"> Key services at centre: food, shelter, clothing, Navigator support, income support. Services that may be offered rotationally: housing, mental health, foodbank intake, job skills and training. Ideally the Community Resource Centre will be in a central location in the City of Leduc, and easily accessible by Transit. Utilize the existing HUB space to start implementing this “under one roof” strategy. Gaetz Landing could be used to offer some support services. 	<ul style="list-style-type: none"> Developing a new Community Service Centre will take significant resources and require an extensive community fundraising effort. There may be more agencies interested in co-locating than there is space in the new centre, and the City should ensure that a fair process is followed to select the successful tenants. Ideally the Community Resource Centre will be in a central location in the City of Leduc, and easily accessible by Transit. 	

Examples of models/approaches to explore:

- St. Albert Community Village: Combines a foodbank with a range of services, including help to access rental assistance, utility relief, a community kitchen, and access to registered social workers who can connect clients with needed services.
- The City of Vancouver developed a process to determine which community non-profit agencies leased space in the newly renovated Woodward's Building, a heritage building in the Downtown Eastside of Vancouver that was purchased by the City as part of a redevelopment project. See <https://council.vancouver.ca/20030708/p2.htm>
- Saskatoon Food Bank Learning Center - includes a life skills and learning component.
- Camrose Open Door

Potential Funding Sources: Non-profit agencies, Donner Foundation, United Way, business community, major developers⁵

Targets & Measures: Establishment of the Community Resource Centre. Feedback from clients and community service providers.

Additional Considerations:

- While developing a new Community Resource Centre will take some time, there are opportunities to utilize the existing HUB space to start implementing this “under one roof” strategy. While the Hub does not have sufficient space to provide a full-time office for another agency, it could provide a “flex space” where service providers could operate on a rotating basis. For example, Alberta Support workers and the Community Navigator (Strategy 1a) could operate out of the Hub once or twice a week, and on the other days provide services at the Foodbank site, in the vacant office next to the Mental Health and Addictions program, and other sites where clients already visit.
- Key things to consider in exploring a new Community Resource Centre:
 - What is the size of space required?
 - Where should the space be located? (Existing space or new space)
 - What services will operate out of the space?
 - Which organizations might want flexible space to operate (i.e. weekly)
 - Who owns the building? Who funds the on-going expenses?
 - Should the space include emergency/transitional housing?

⁵ In New Westminster, BC, Wesbild Holdings Ltd. purchased and purpose-renovated a building from which SHARE Family & Community Services delivers services to over 17,000 people each year. The building has been provided by Wesbild at no cost to SHARE since 2005.

Strategy 1d: Advocate for in-person, local access to mental health and addiction and income support services

Part 1: Advocate for in-person, local access to mental health and addiction

With the centralization of intake services in Alberta, it has become very challenging for people to access mental health and addictions services in Leduc. For people without internet and computer access or computer skills, the only option for mental health and addiction is the 24/7 telephone intake, and there are often long hold times before they get to talk to the intake worker. In addition, the intake workers in Edmonton are not familiar with the services that are available in Leduc, so the service provided is very impersonal. This strategy calls on Council and service providers to advocate to the Alberta government for a decentralized intake process to improve access to mental health, substance abuse and income support services in Leduc that are effective, timely, and culturally appropriate.

Partners & Roles

	Partners	Roles
Municipal	<ul style="list-style-type: none"> Municipal Council 	<ul style="list-style-type: none"> Municipal Council can advocate to Alberta government to address the increase in mental health and addiction numbers and for improvements to the 24/7 intake process for mental health and addictions services.
Lead	<ul style="list-style-type: none"> Municipal Council 	
Other Partners	<ul style="list-style-type: none"> Community advocates, business leaders and community service providers and councils from other Leduc municipalities. 	<ul style="list-style-type: none"> Join the Council in their advocacy efforts to the Alberta government.

Opportunities & Constraints

Opportunities	Constraints	Regional Opportunities
<ul style="list-style-type: none"> Even if the intake worker is still located in Edmonton, there could be a person who is assigned to the Leduc area that would be familiar with the community and health services available in Leduc. Potential for a shared mobile mental health resource across Leduc region. While people are waiting for admittance to detox or treatment services, they can be helped with other needs such as housing and food, and peer support groups. Providing evidence about the increase in the number of clients barriers they are currently facing. 	<ul style="list-style-type: none"> Provincial budget constraints will impact likelihood of success. 	<ul style="list-style-type: none"> Work with neighbouring municipalities on advocacy.

Potential Funding Sources: Alberta Health Services is responsible for funding the intake workers.

Targets & Measures:

- A more localized and personal intake process for clients wanting to access mental health
- Increase in number of people from Leduc County accessing detox and treatment programs.
- Additional funding and/or services from the Provincial government for mental health and addictions services.

Part 2: Advocate for in-person, local access to income supports, job training and referrals

In the past, Leduc residents have been able to access income and employment supports through the local Alberta Works office. This office has been closed since the pandemic, with the threat of permanent closure as the Alberta Government centralizes service delivery. Both non-profit service providers and their clients say that lack of a local office for walk-in clients has reduced access to these services, particularly for people who face multiple barriers to employment. Clients have reported that complex on-line application procedures and requirements for documentation were serious barriers to accessing these provincial programs and services. Providing effective local support would reduce the barriers to clients in accessing supports.

Partners & Roles

	Partners	Roles
Municipal	<ul style="list-style-type: none"> • Municipal Council and City of Leduc - FCSS 	<ul style="list-style-type: none"> • City Council and FCSS can advocate for return of a local Alberta Works office, and supply office space. Council can advocate to the province for simplification of application procedures. FCSS can provide in-person support to people who struggle to apply for benefits and services on-line.
Lead	<ul style="list-style-type: none"> • FCSS, Alberta Works 	
Other Partners	<ul style="list-style-type: none"> • The Hub and other non-profit organizations can support lobbying efforts. 	<ul style="list-style-type: none"> • Non-profit organizations can support lobbying efforts. Local businesses can sign on to a City-initiated Living Wage initiative.

Opportunities & Constraints

Opportunities	Constraints	Regional Opportunities
<ul style="list-style-type: none"> • A mobile intake worker that rotates around Leduc/Edmonton. • Further assistance could be provided by the Community Navigator. 		<ul style="list-style-type: none"> • Other municipalities can join in advocacy efforts.

Potential Funding Sources: Employment and Social Development Canada provides funding for jobs, training and social development; Skills and Partnership Fund

Targets & Measures: Local Alberta Works staff in place; increase in number of clients accessing the supports they need

Goal: Make housing more affordable and accessible for low-income residents

Short Term

Strategy 2a: Advocate to Alberta Seniors and Housing (ASH) to increase the number of rental supplements/ housing allowances. Allow layering of these supplements onto affordable housing (including secondary suites) to reduce rental rates.

The purpose is to secure additional rental supplement allocations from Alberta Seniors and Housing (ASH) to (1) prevent households who are currently paying more than 50% of their income from becoming homeless, or (2) find and make other rental housing affordable (e.g. link with secondary suites).

There were 390 households paying more than 50% of their income for housing in 2016, consisting mainly singles 65 years and older and lone parents. A rental supplement could make the difference and prevent someone from become homeless. The significant supply of secondary suites in Leduc could be a good source of rental units for someone who is on the verge of losing their housing.

Partners & Roles

	Partners	Roles
Municipal	<ul style="list-style-type: none"> City of Leduc 	<ul style="list-style-type: none"> Councils from all 7 municipalities (through the Leduc Regional Housing Foundation) will advocate to the Minister of Alberta Seniors and Housing.
Lead	<ul style="list-style-type: none"> City of Leduc – Council and the Leduc Regional Housing Foundation (LRHF) 	
Other Partners	<ul style="list-style-type: none"> Other municipalities in the region, service providers, the business community, secondary suite owners, and other community stakeholders 	<ul style="list-style-type: none"> To provide letters of support to the Minister of Alberta Seniors and Housing.

Opportunities & Constraints

Opportunities	Constraints	Regional Opportunities
<ul style="list-style-type: none"> The use of rental supplements is a key component of the recently announced Alberta’s New Affordable Housing Strategy: Stronger Foundations, which should receive support from Alberta Seniors and Housing. 	<ul style="list-style-type: none"> The amount of funding for new rent supplement allocations is limited and there is strong competition from other larger centres for more. 	<ul style="list-style-type: none"> The new rental supplements could be used for renters in the LRHF area who pay more than 50% of income.

Potential Funding Sources: Alberta Seniors and Housing

Targets & Measures: A noticeable increase in the number of rental supplements provided to the LRHF over the next 3 - 6 months.

Goal: To provide temporary housing to people who are homeless

Short to Medium Term

Strategy 2b: Ensure the existing temporary housing at the HUB is available all year. Explore innovative forms of emergency and temporary housing appropriate for Leduc.

Currently, the 12 existing emergency spaces that are provided at the HUB are temporary and only funded during the winter months. There is a need for shelter spaces all year. The existing number of spaces (12) are sufficient to meet current demand.

Partners & Roles

	Partners	Roles
Municipal	<ul style="list-style-type: none"> City of Leduc 	
Lead	<ul style="list-style-type: none"> Community agency (could be HUB) 	<ul style="list-style-type: none"> To operate the emergency spaces
Other Partners	<ul style="list-style-type: none"> City, Food Bank, LRHF, other non-profit agencies, business community. 	<ul style="list-style-type: none"> To support the agency operating the temporary housing by helping evaluate innovative forms of temporary housing, referring clients, and participating in fund raising and donations to support the emergency spaces/transitional housing.

Opportunities & Constraints

Opportunities	Constraints	Regional Opportunities
<ul style="list-style-type: none"> The HUB may require another facility to operate the existing shelter spaces. Options include (1) renting another building, (2) buying another building (e.g. motel or apartment building), and (3) constructing a purpose-built facility that could offer shelter and supportive housing with the ability to locate services on the main floor. An assessment and evaluation of the options in collaboration with regional stakeholders should be undertaken to help determine next steps. 	<ul style="list-style-type: none"> There are many other municipal funding priorities that are ahead of this initiative. 	<ul style="list-style-type: none"> The emergency and transitional housing units would be accessible to the region

Examples of models/approaches to explore:

- Additional shelter spaces could include shelter pods⁶.
- Explore rooms in under-utilized motels.
- Explore utilizing shelter space in Edmonton.
- Tiny homes⁷ (could be sponsored/constructed by local businesses)

⁶ Town of Edson. Provide an option for clients that may not want to be around other people.

⁷ ATCO Veterans Village

- Shared accommodation/Collective dwelling with supports

Potential Funding Sources: Alberta Family and Social Services, Alberta Seniors & Housing, CMHC, business community sponsorships.

Targets & Measures: Number of existing emergency shelter spaces funded and length of funding; number of transitional housing units funded.

Long Term

Strategy 2c: Collaborating with regional municipalities, advocate to senior levels of government for funding to fill gaps in affordable housing

The purpose is to increase the number of affordable rental housing units, with some focus on smaller rental units, both market and non-market. There were 690 households in core housing need in Leduc in 2016 paying 30% or more of their income for housing. These units will reduce the risk of homelessness in the region over the long term. Many of these households require deep subsidies to make the units affordable.

Partners & Roles

	Partners	Roles
Municipal	<ul style="list-style-type: none"> City of Leduc 	<ul style="list-style-type: none"> Councils from all 7 municipalities (through the Leduc Regional Housing Foundation) will advocate to the Minister of Alberta Seniors and Housing. The provision of land is also a role of municipalities.
Lead	<ul style="list-style-type: none"> City of Leduc – Council and the LRHF 	
Other Partners	<ul style="list-style-type: none"> Municipalities in the region, service providers, the business community, secondary suite owners. 	<ul style="list-style-type: none"> To provide letters of support to the Minister of Alberta Seniors and Housing and to the Minister responsible for the Canada Mortgage and Housing Corporation.

Opportunities & Constraints

Opportunities	Constraints	Regional Opportunities
<ul style="list-style-type: none"> Provincial and federal funding is available and could potentially be accessed through the LRHF to purchase or construct affordable mixed-income rental housing. City Planning has successfully encouraged 100's of secondary suites, but could do more: facilitating smaller, more affordable market rental units through changes to the Land Use Bylaw, fast-track approval process for proposals, and efforts to reduce the gap in smaller rental housing units. 	<ul style="list-style-type: none"> City currently does not have an Affordable Housing Strategy. The amount of funding for new affordable housing is limited and there is strong competition from other larger centres. Several partners with funding contributions are required to make it financial viability and sustainable over the long term. 	<ul style="list-style-type: none"> All affordable housing units administered by the LRHF are available to residents across the region.

Examples of models/approaches to explore:

- Innovative concepts such as Home Share⁸ (connects home providers with individuals who are looking for a place to live) that should also be explored,
- Explore opportunities to market secondary suites available in the community (through Leduc Planning).
- Explore a navigator role in LRHF to support low income clients find appropriate housing.

Potential Funding Sources: Alberta Seniors and Housing, CMHC

Targets & Measures: Number and type of new affordable housing units.

⁸ HomeShare is a match-up program that connects home providers with individuals who are looking for a place to live.

Goal: To provide affordable and appropriate housing to people with mental health and addictions

Long Term

Strategy 2d: Provide transitional and permanent supportive housing with community-based supports.

The purpose is to develop a continuum of housing for people in emergency shelters to transition toward permanent accommodation. There are currently no transitional or permanent supportive housing options for homeless people in the region.

Partners & Roles

	Partners	Roles
Municipal	<ul style="list-style-type: none"> City of Leduc 	<ul style="list-style-type: none"> Municipal Planners can identify suitable sites for residential treatment facilities, temporary/transitional housing and permanent housing, work in partnership with non-profits and developers to apply for provincial funding and facilitate and support the partners through the zoning and permitting process. Community agencies can play a role in ensuring people in recovery continue to receive the supports they need.
Lead	<ul style="list-style-type: none"> City of Leduc and/or Community agency 	
Other Partners	<ul style="list-style-type: none"> Alberta Family and Social Services, Alberta Seniors & Housing, Alberta Health, Alberta Health Services, CMHC, LRHF and other housing providers, and non-profit agencies providing mental health & addictions counselling, treatment and support. 	<ul style="list-style-type: none"> Capital and operational fundings, coordination and referral services

Opportunities & Constraints

Opportunities	Constraints	Regional Opportunities
<ul style="list-style-type: none"> Numerous transitional and permanent supportive housing projects are currently being developed and funded across the province in partnership with funding from the potential funding sources identified above. 	<ul style="list-style-type: none"> The amount of funding for new affordable housing is limited and there is strong competition from other larger centres. Several partners with funding contributions are required to make it financial viability/sustainable. 	<ul style="list-style-type: none"> A supportive housing facility would service the needs of the region

Examples of models/approaches to explore:

- Other models such as shared accommodation could also be effective way to provide transitional and permanent supportive housing.

Potential Funding Sources: Alberta Family and Social Services, Alberta Seniors & Housing, Alberta Health, Alberta Health Services and CMHC.

Targets & Measures: Number of new transitional and permanent supportive housing units

Goal: To reduce wait times for access to mental health and addictions services

Medium Term

Strategy 3a: Provide virtual training and tele-health supports to front line service providers to support client care

Service providers who are not mandated to provide mental health and addictions services are finding increasing numbers of clients who struggle with mental health and addictions, and often these people either are not ready to seek treatment or counselling, or are on a wait list. Many providers feel they do not have the training or background to support these clients effectively in the meantime.

The purpose of this strategy is to provide a basic level of skills and knowledge to front line workers to help them support clients who struggle with mental illness and/or addictions and to be able to access health related services and information at a distance using videoconference technology.

Utilizing virtual training and tele-health opportunities would also assist mental health professionals to stay current with best practices, consult with experts in the field, and provide better care.

Partners & Roles

	Partners	Roles
Municipal		<ul style="list-style-type: none"> FCSS can work with service providers to identify the kind of training that is needed and advocate to the Alberta Health to set up this service. FCSS could help locate qualified trainers, provide funding to bring them in, and organize the training (promotion, registration, booking the venue, etc.).
Lead	<ul style="list-style-type: none"> Alberta Health 	
Other Partners	<ul style="list-style-type: none"> Primary health care providers, peace officers, recreation staff, mental health and addictions professionals and other community service providers 	<ul style="list-style-type: none"> Work with FCSS to determine the skills and training needed and access the training and supports made available through this strategy

Opportunities & Constraints

Opportunities	Constraints	Regional Opportunities
<ul style="list-style-type: none"> • Having local service providers who are trained to deal with clients' behavioural issues and provide basic supports will ease providers' concerns about their clients and could prevent clients from deteriorating into crisis while they wait for treatment. • Tele-health services are primarily geared towards patients seeking information about their own care. This strategy suggests expanding this program to give health care workers in Leduc access to advice from specialists in mental health and addictions. • There is also an opportunity when developing training programs of this kind to include those with grounded expertise in developing and delivering training. • Explore a Community of Practice with regional service providers to further develop resources and expertise among local service providers. 	<ul style="list-style-type: none"> • Provincial budget constraints will impact likelihood of success. 	<ul style="list-style-type: none"> • Making courses and webinars available on-line will allow the Province of Alberta to make training programs and information exchange available throughout the province at no cost, and could also be made available to families of people who struggle with addictions. •

Examples of models/approaches to explore:

- Alberta Health Services TeleHealth
- Exploring a Community of Practice⁹ with AHS/24/7 Access/George Spady/Boyle Street/other regional service providers.
- In Ontario, programs such as the Centre for Addictions and Mental Health Evidence Exchange Network (EENet) provide this type of program.
- Explore mobile mental health supports.

Potential Funding Sources: Alberta Health

Targets & Measures:

- Number of frontline workers accessing on-line training.
- Number of service providers utilizing tele-health services for specialist advice. Program evaluation by participants.

⁹ A Community of Practice (CoP) is an assembly of individuals who share an interest in a particular area or topic.

Goal: To reduce harms to people misusing and/or at risk to drugs and alcohol

Strategy 3b: Utilize proven harm reduction strategies to address the harms of substance misuse.

Programs to treat substance abuse and addictions are only successful when the client is ready to put in the effort to overcome their addiction. Even those that seek treatment may relapse several times before finally conquering addictions. In the meantime, other harms that are related to substance abuse can result in life-long health problems or death, which impacts both the addict and their family. Harm reduction strategies have been proven to be effective at reducing long term chronic health problems and also increases the likelihood that drug and alcohol users will eventually seek proper treatment.

Partners & Roles

	Partners	Roles
Municipal	<ul style="list-style-type: none"> City of Leduc 	<ul style="list-style-type: none"> Municipalities can play a key role in harm reduction strategies, including distributing naloxone kits to their front-line staff and training them in their use; and providing sites for needle exchanges and supervised injection.
Lead	<ul style="list-style-type: none"> Alberta Health 	
Other Partners	<ul style="list-style-type: none"> Service providers, Alberta Health 	<ul style="list-style-type: none"> Service providers can staff needle exchanges and train their staff in using naloxone kits; Alberta Health would obtain required permits and licenses and staff any supervised injection site.

Opportunities & Constraints

Opportunities	Constraints	Regional Opportunities
<ul style="list-style-type: none"> Provide Naloxone kits and more training on use and access in the community. This includes to service provider staff, LRC, library. Develop more capacity for training providers. 	<ul style="list-style-type: none"> There can be public misunderstanding about harm reduction strategies such as safe injection sites. It may be necessary to undertake a public awareness campaign to overcome resistance to such a program. 	

Potential Funding Sources: Alberta Health

Targets & Measures:

- Number of overdose deaths prevented. Reduction in emergency room visits and patients with long term health problems as a result of overdoses.

Goal: To enhance collaboration, care and community inclusion

Strategy 3c: Launch a collaborative, broad-based community engagement and education initiative to change perspectives about low-income people and the causes of poverty and homelessness.

In the words of someone who has first-hand experience of homelessness: If you're living in a shelter you're looked upon as someone who doesn't care or have a purpose in life, which isn't the case. It takes time dealing with the stigma that comes from misconceptions such as: "You're uneducated." "You won't work." "You're just plain worthless." Society turns the other way because they believe you are these things, before even giving you a chance¹⁰. In fact, stigma is often one of the hardest challenges for people living in poverty to overcome. In order to make low-income individuals feel comfortable about accessing supports, the general public needs to better understand the underlying causes of addictions, poverty, and homelessness¹¹. In addition, the stigma around accessing supports can often be a barrier for families in the community that may be at risk of homelessness.

Partners & Roles

	Partners	Roles
Municipal	<ul style="list-style-type: none"> City of Leduc - FCSS 	<ul style="list-style-type: none"> Municipalities can play a key role in a broad based awareness campaign.
Lead	<ul style="list-style-type: none"> City of Leduc - FCSS and the Hub 	
Other Partners	<ul style="list-style-type: none"> Non-profit service providers, library staff, recreation staff, the police department, and business owners. 	<ul style="list-style-type: none"> Host training sessions, workshops, forums or other events that are open to their staff, clients and the general public. People with grounded expertise who are willing to share their stories can provide a powerful antidotes to existing stereotypes.

Opportunities & Constraints

Opportunities	Constraints	Regional Opportunities
<ul style="list-style-type: none"> FCSS can create opportunities during homeless awareness week to inform community members about underlying causes of poverty.. Explore opportunities for the general public/ service providers to connect with vulnerable populations in the community. 		

Potential Funding Sources: Maytree Foundation

Targets & Measures: Number participants; evaluation of program effectiveness by service providers.

¹⁰ <https://www.homelesshub.ca/resource/end-homelessness-start-stigma>

¹¹ <https://www.homelesshub.ca/about-homelessness/homelessness-101/myths-and-questions-about-homelessness>

Goal: Increase access to affordable and nutritious food and reduce food waste

Strategy 4a: Make land available for community gardens and urban community farms and make accessible for all. Sponsored plots/saved plots for low-income families.

Food security was identified as a priority in the Stakeholder Survey. Stakeholders and people with grounded expertise who were interviewed identified the high cost of fresh produce as a significant barrier to healthy eating. Growing produce locally has been a key strategy in many communities to address food insecurity. Providing Leduc residents access to community gardens and/or urban community farms supports healthy connection to the land, to people and to fresh whole foods as well as an opportunity to learn and/or develop gardening skills. A number of plots in community gardens can be designated as free plots for those that can't afford the fees, and for non-profit food security programs like the Food Bank. Clients from the Food Bank and the Hub are eager to contribute and can volunteer their time to help grow food for these programs.

Partners & Roles

	Partners	Roles
Municipal	<ul style="list-style-type: none"> City of Leduc - Planning, Public Services and FCSS 	<ul style="list-style-type: none"> To oversee distribution of plots in existing community gardens and allocate land to expand the community garden program. To establish a City-owned urban farm to grow food for local food programs.
Lead	<ul style="list-style-type: none"> City of Leduc - Planning, Public Services and FCSS 	
Other Partners	<ul style="list-style-type: none"> Non-profit service providers, and business owners. 	<ul style="list-style-type: none"> Non-profits can help run community gardens and urban farms. Businesses owners can provide supplies and support and volunteer labour. Local non-profit organizations can run community gardens. Non-profits can refer clients who qualify for free garden plots.

Opportunities & Constraints

Opportunities	Constraints	Regional Opportunities
<ul style="list-style-type: none"> Existing City of Leduc Community Garden program. 		

Examples of models/approaches to explore:

- Centennial Community Gardens in Queenston, Ontario
- Loutet Farm in North Vancouver City is owned by the City and funded by other organizations.

Potential Funding Sources: TD Friends of the Environment Foundation Grant, Government of Canada's Social Development Partnership program, Environment and Climate Change Canada, Alberta Health

Targets & Measures: Numbers of people given plots. Pounds of food from urban farms and community gardens donated to the Food Bank and other food security programs.

Additional Considerations:

- Explore further education and awareness around nutrition and cooking.
 - This can include educating food bank clients on how to prepare meals with the food they receive.
 - Understanding best before dates.
 - Dietary restrictions

Appendix A: Community Profile

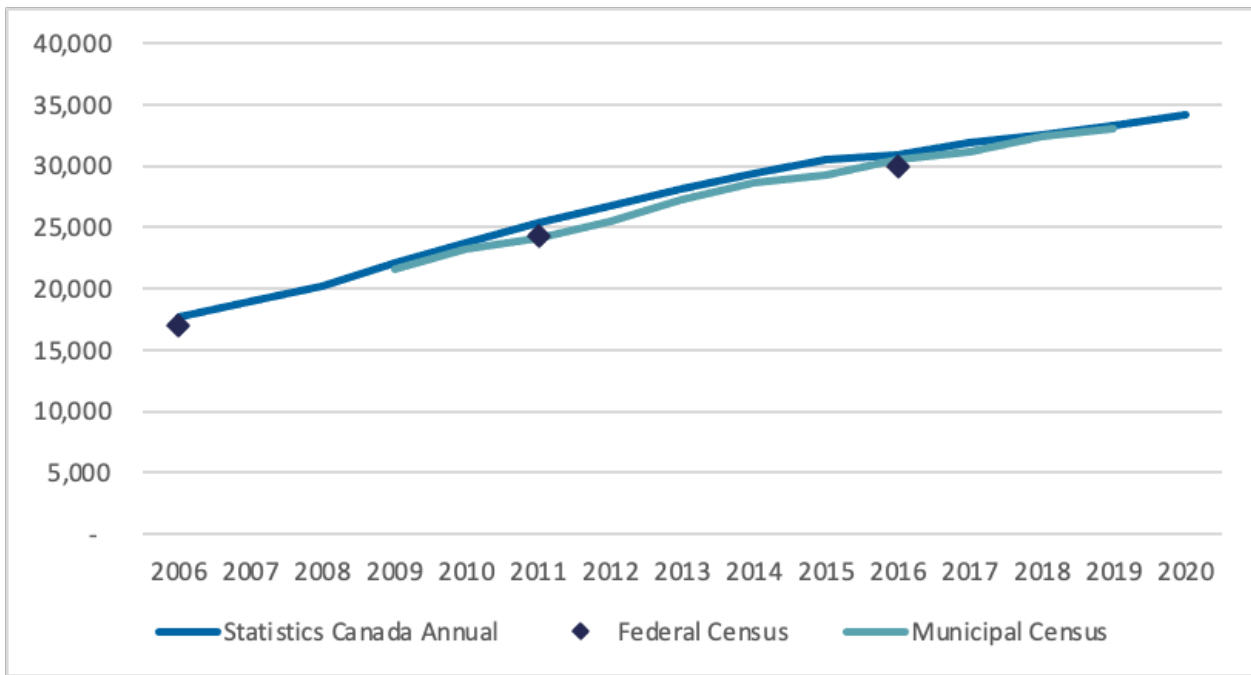


The following section contains a community profile for the City of Leduc including demographics, labour and housing related information.

3.1. Demographics

Since 2016, the City of Leduc has continued to experience population growth. It has grown from 30,498 in 2016 to an estimated 34,216 by 2020, which represents an average annual growth rate of 2.9%.

City of Leduc Population¹²

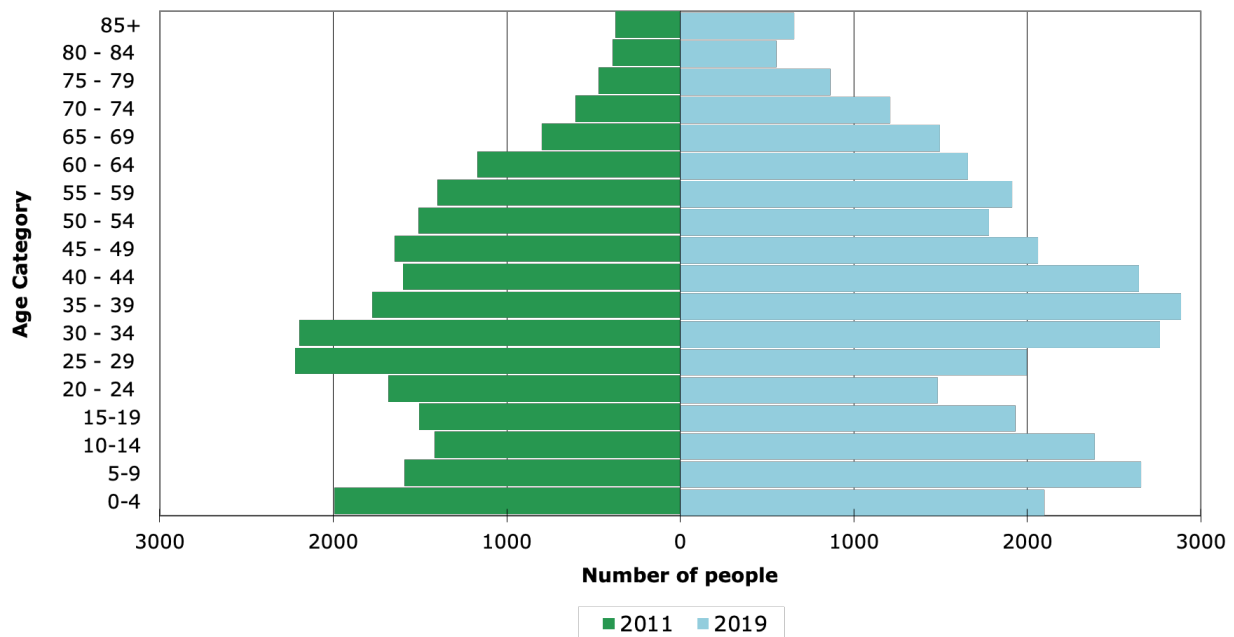


¹² Statistics Canada Annual: Based on Statistics Canada Annual Population Estimates by Census Sub-Division.
City of Leduc Homelessness Prevention and Poverty Framework: Final Report

City of Leduc Population by Age

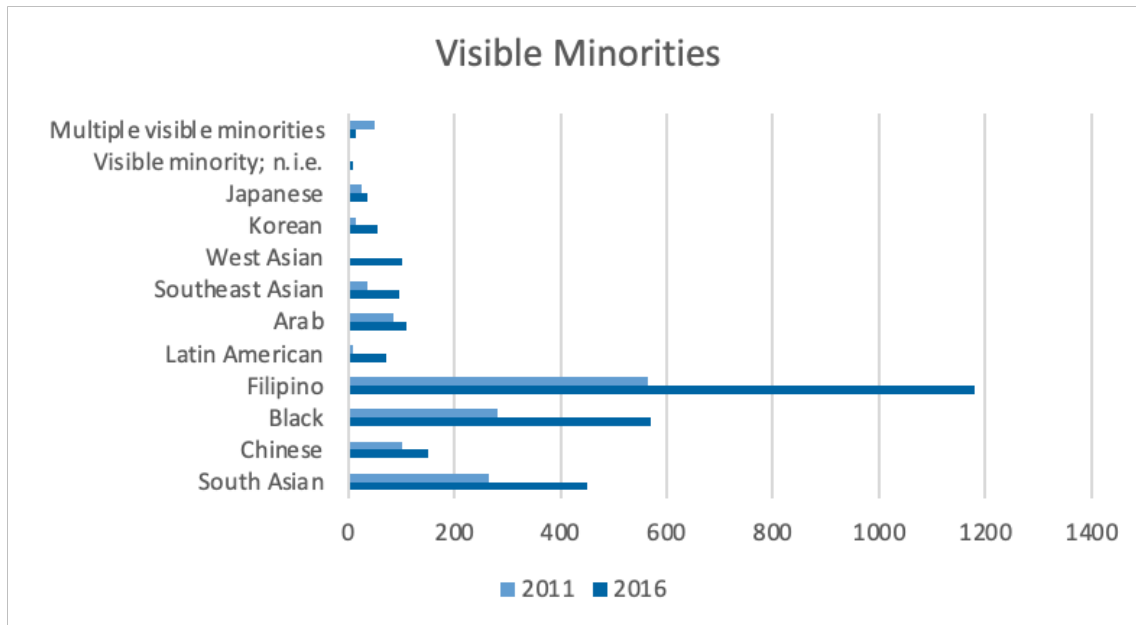
From 2011 to 2019, the population within the City of Leduc has seen an increase in the proportion of seniors population.

- In 2011, children aged 0-14 comprised 20.5% of the population. In 2019 the proportion of children increased to 21.6%.
- In 2011, the working age population aged 15-64 comprised 68.6% of the population. In 2019, this age group declined to 63.9%.
- In 2011, seniors 65+ comprised 10.8% of the total population. In 2019, this increased to 14.5% of the total population.
 - Seniors aged 65-74 experienced a larger increase from 5.8% in 2011 to 8.2% in 2019.
 - Older seniors aged 75+ increased from 5.1% in 2011 to 6.3% in 2019.



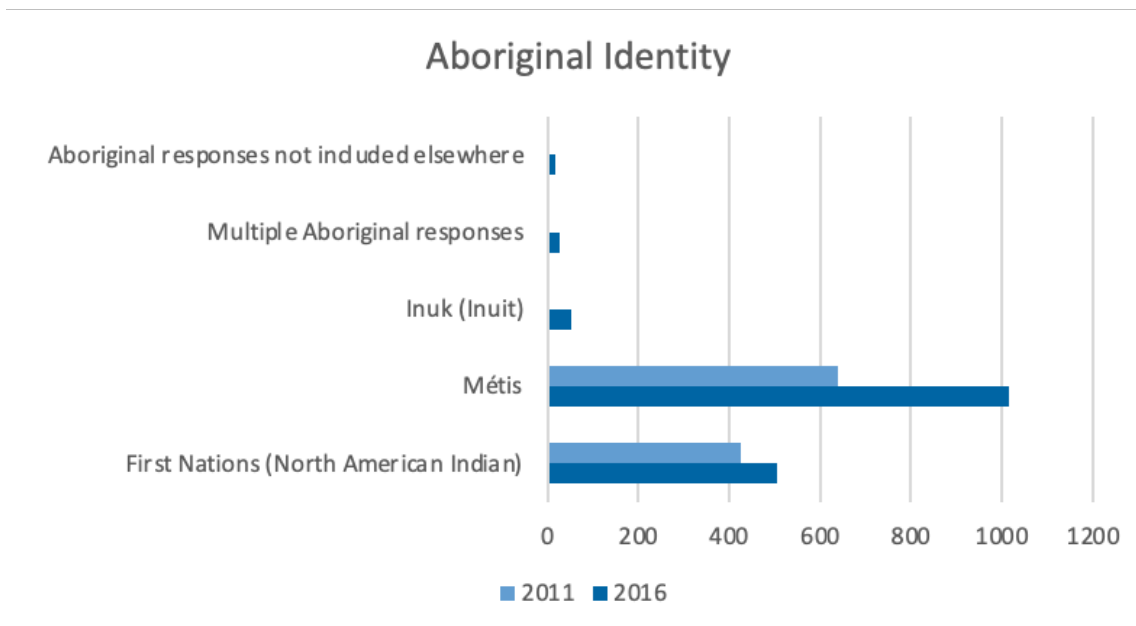
Population by Visible Minority

- In 2011, 6.0% of the population identified as a visible minority, compared to 9.6% by 2016.
- The three largest visible minority groups in the City include Filipino, Black and South Asian.



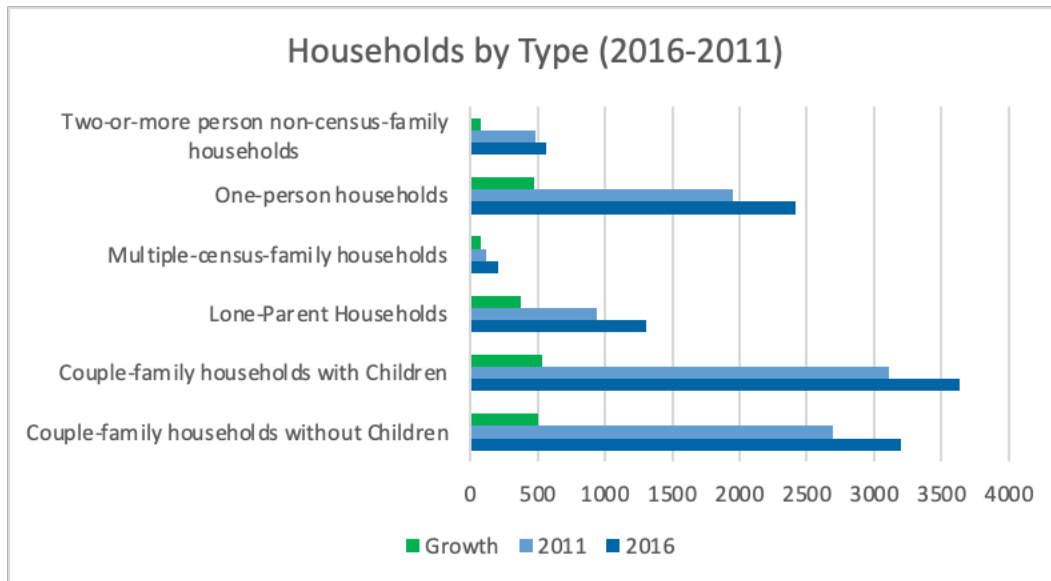
Population by Aboriginal Identity

- In 2011, 2.7% of the population identified as Aboriginal Identity, compared to 3.7% by 2016.



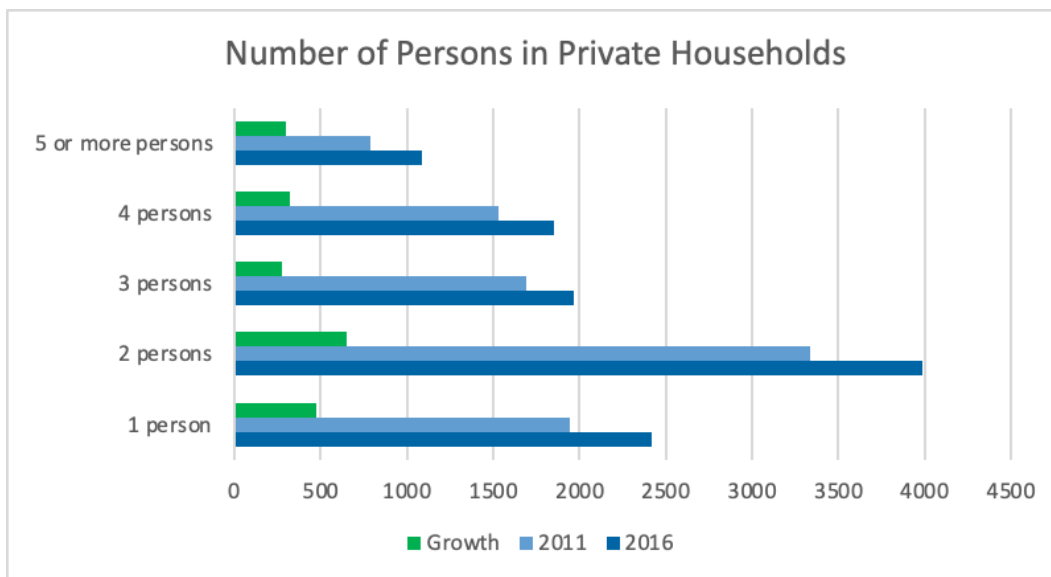
Households by Type

- Overall, the number of households increased by approximately 2,000 households from 2011 to 2016.
- The largest increase in households is in Couple households with children, Couple households without children and One-person households.



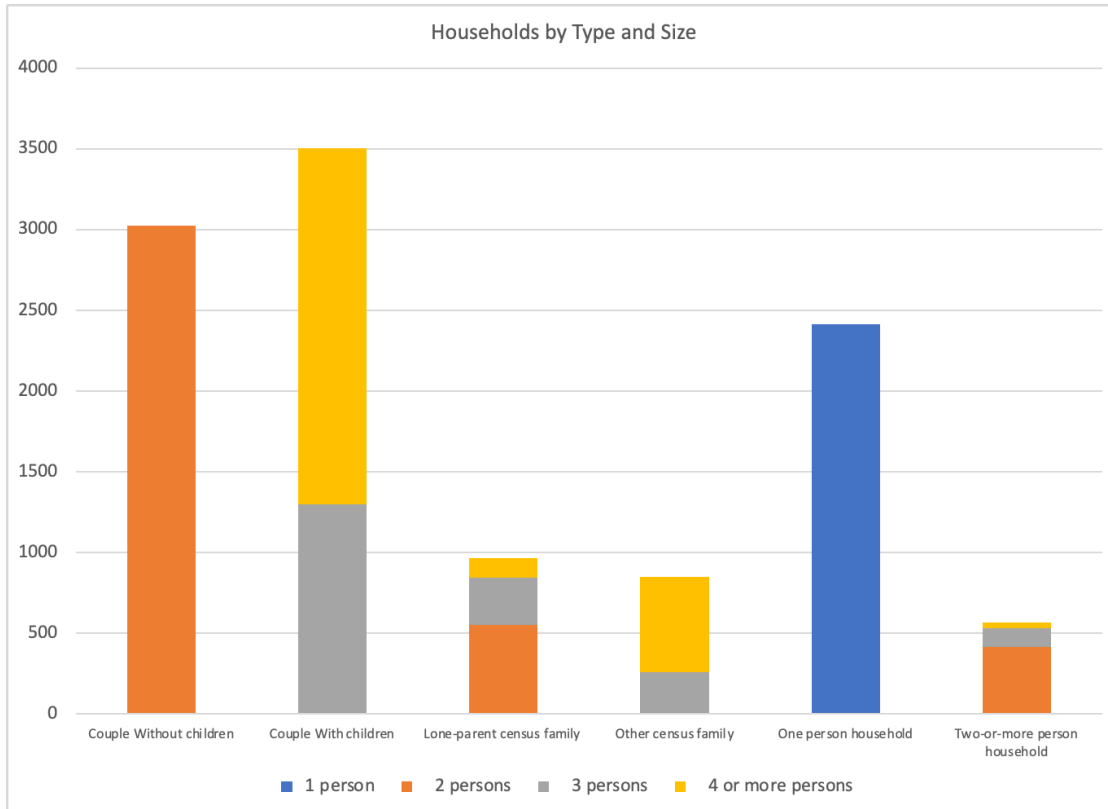
Households by Size

- Two person households had the largest increase of 650.
- Households with 5 or more persons increased by 38.2% from 2011 to 2016.



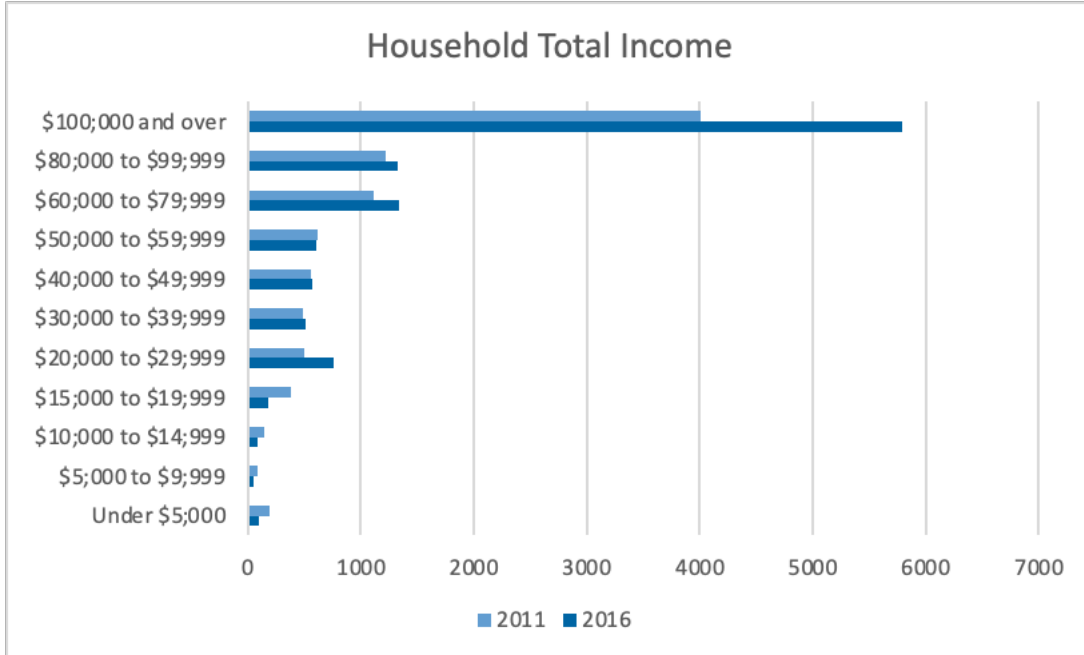
Households by Type and Size

- Almost 70% of Other Census Families have 4 or more persons in the household.



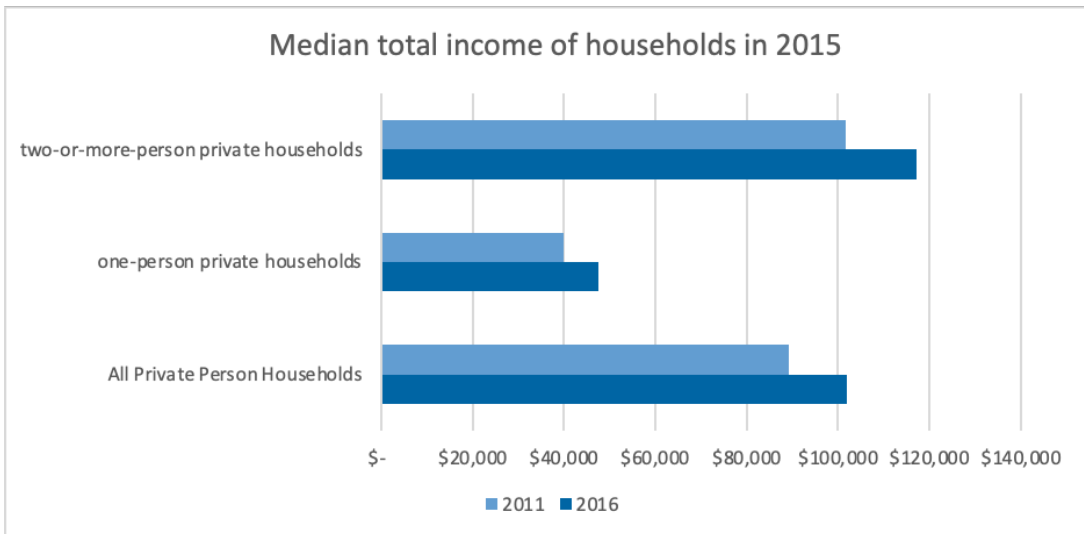
Total Income by Household

- In 2011, 6.0% of the population identified as a visible minority, compared to 9.6% by 2019.



Median Household Income

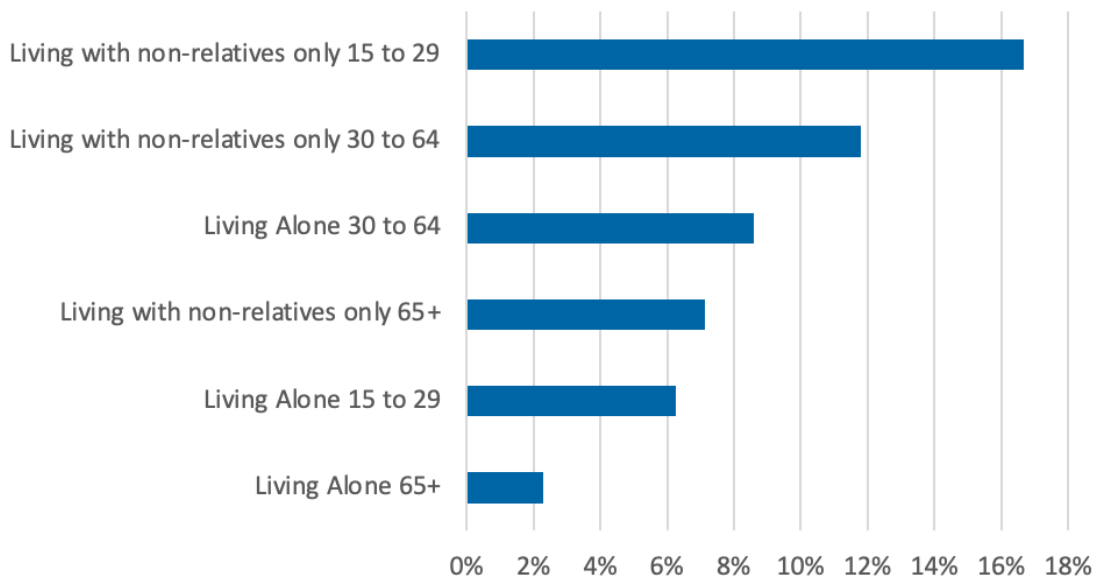
- In 2019, the median household income for one-person households was \$47,403.



Prevalence of Low Income among persons not in Economic Families

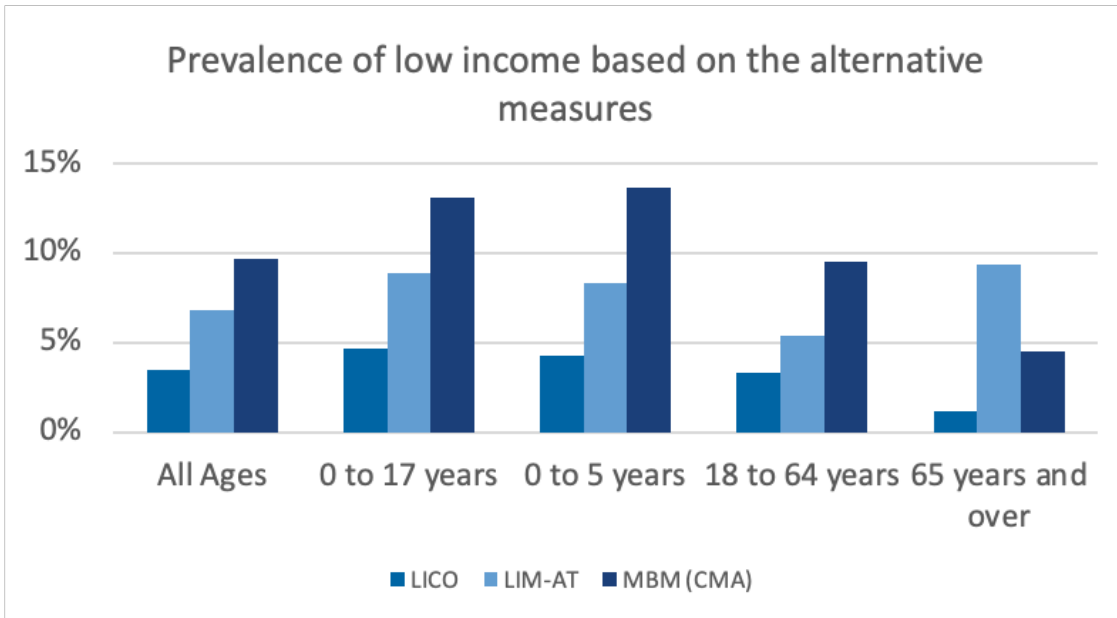
- Those persons not in economic families living alone have a 6% prevalence of low income based on LICO.
- Those persons not in economic families living with non-relatives only have a 14% prevalence of low income based on LICO.
- Those persons aged 15 to 29 living with non-relatives only had a 17% prevalence of low income based on LICO.

Prevalence of Low Income for Persons not in Economic Families



Low Income Measure

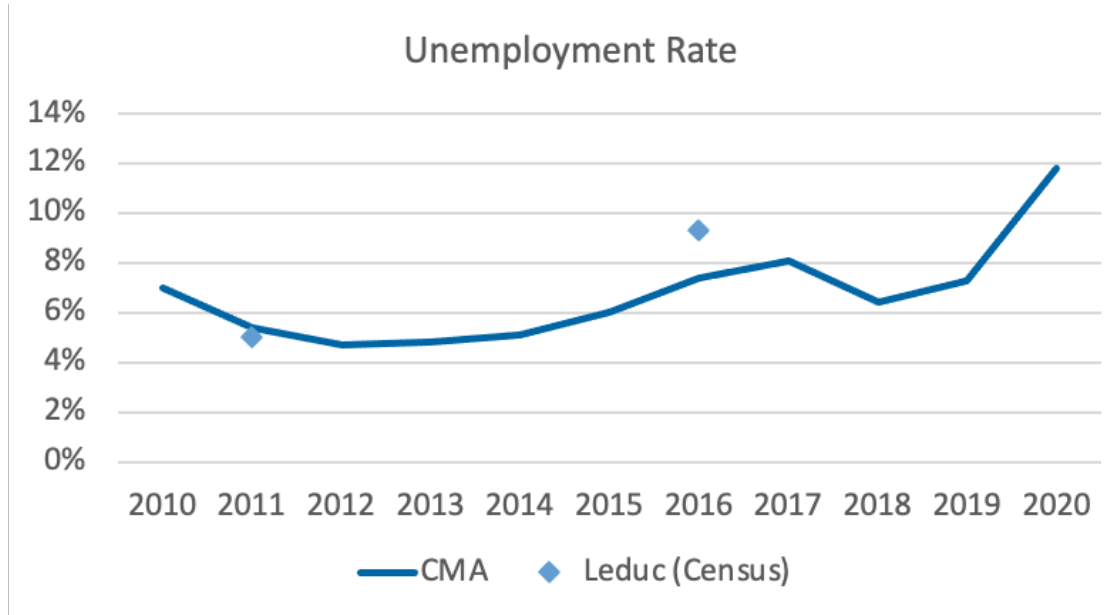
- From 2011 to 2016, the overall prevalence of low income based on LIM decreased from 9.4% to 6.8%.
- The highest prevalence of low income exists among the seniors population (9.4% in 2016).



3.2.Labour Force

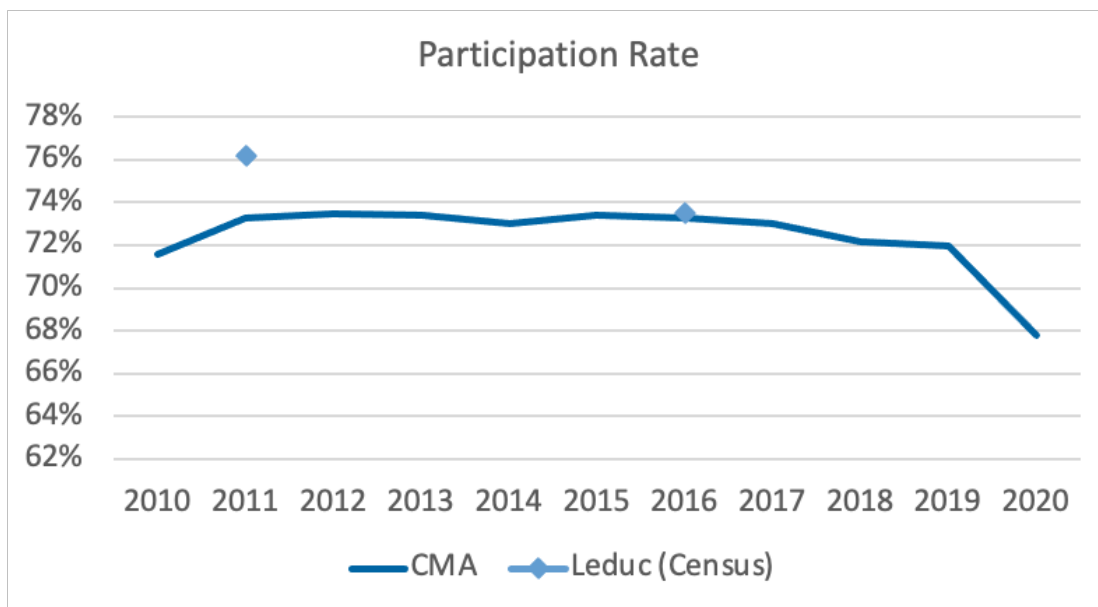
Unemployment Rate

- Historically the unemployment rate for the City of Leduc ranges from 5% to 8%. In 2020, the unemployment rate for the Edmonton CMA rose to 12%.



Participation Rate

- Historically the participation rate for the City of Leduc hovers around 73%. In 2020, the participation rate for the Edmonton CMA declined to 68%.



3.3.Housing Profile¹³¹⁴¹⁵¹⁶

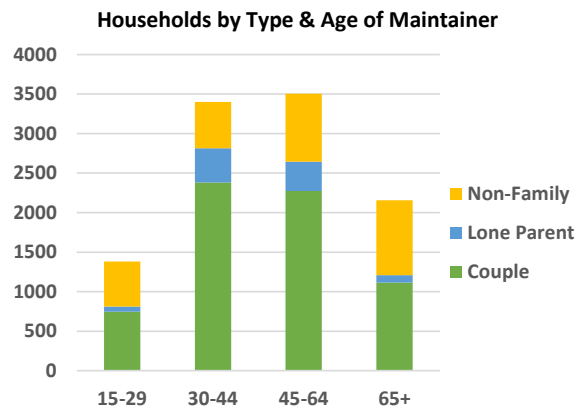
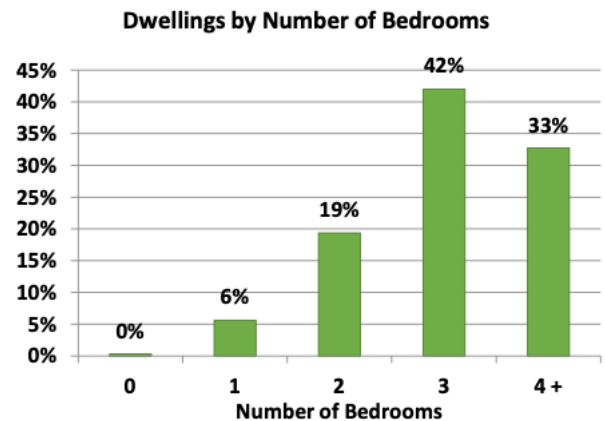
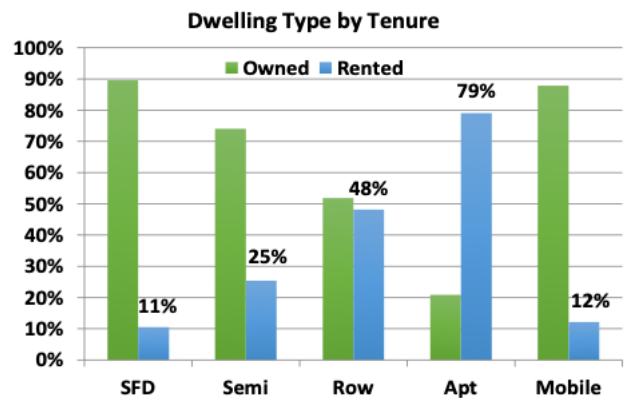
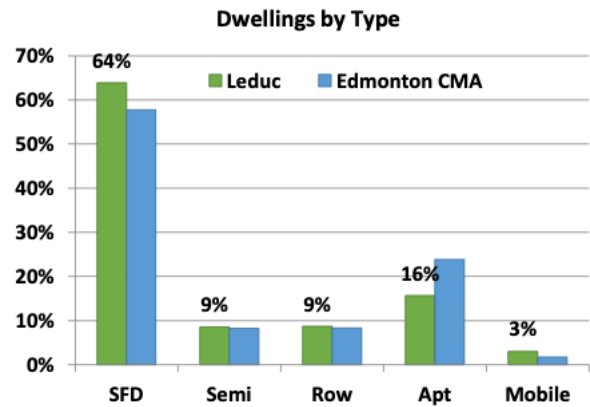
This community profile provides an overview of key housing stock and household characteristics, households in Core Housing Need, and the non-market housing inventory in Leduc. It includes some comparisons between Leduc and across the region, where appropriate. Specific highlights regarding gaps in the housing stock and who is in Core Housing Need are identified.

As expected, there is a greater diversity in built form across the Edmonton CMA when compared to Leduc. A majority (64%) of the structures in Leduc are single detached homes compared to 58% in Edmonton CMA. This means that other types of multi-unit structures are less prominent in Leduc. Apartments and semi-detached units make up 34% of the total stock.

About 15% (1,670 units) of the housing stock are condominiums, and 685 or 41% of them are rented. This could potentially result in significant rental rate increases during economic growth periods (i.e., condominiums tend to have higher rental rates due to quality of stock and individual investor mentality).

Most of the housing units contain 3 and 4+ bedrooms, with only 25% of the stock having 1 and 2 bedrooms. Conversely, 67% of households are 1 and 2 persons who require smaller units to meet their needs.

There is a rich diversity of household types by age. Families represent 65% of the households, which is a little higher than the Edmonton region overall. Most



¹³ Statistics Canada 2016 Census of Canada - Custom Order

¹⁴ Statistics Canada 2016 Census of Canada - Community Profiles

¹⁵ Leduc Regional Housing Foundation Portfolio Information

¹⁶ CMHC data on housing starts, vacancy and rental rates (2017 - 2020)

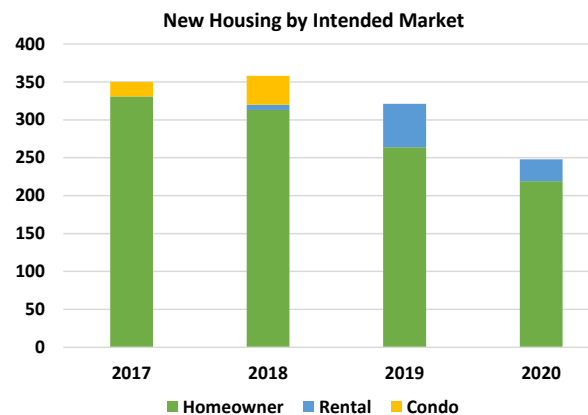
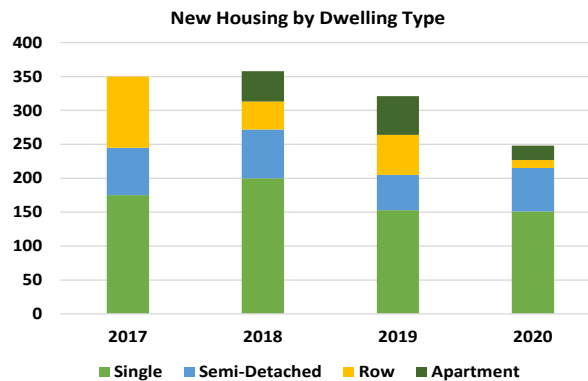
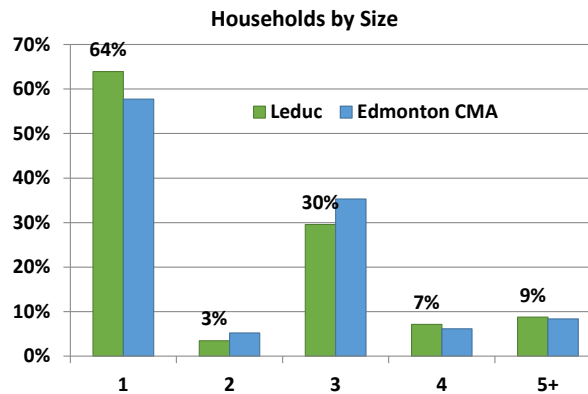
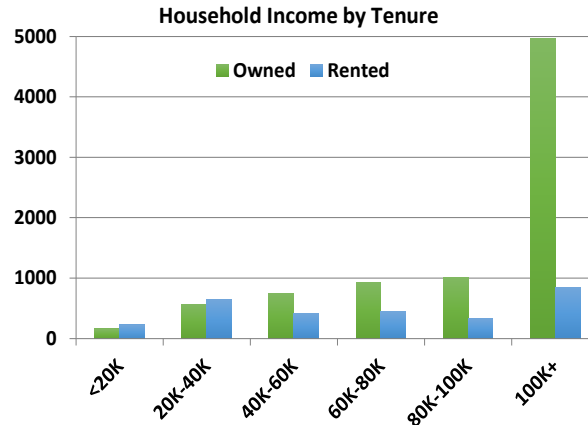
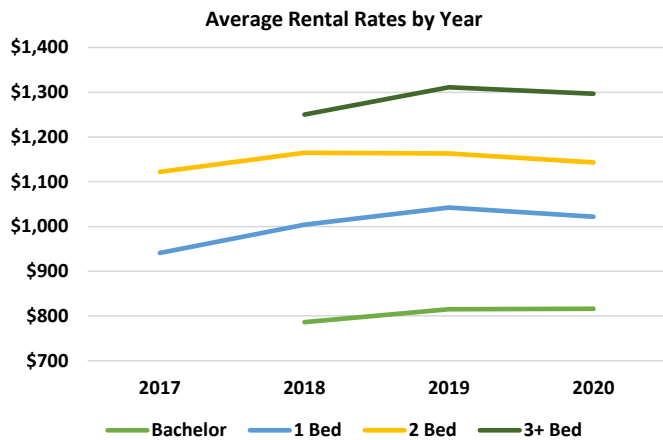
family household maintainers are between 30 and 64, although many are 65+.

The percent of non-family households (35%) is lower than average for the Edmonton region. While the households are mainly singles and are distributed across the ages, 61% are 45+ and most of them are 65+.

The data shows that renter incomes are much lower than owner incomes and distributed evenly at the lower income ranges. For example, 30% of renters earn less than \$40,000 annually compared to only 9% of owners. Most owners (59%) earn over \$100,000 annually compared to only 29% of renters.

Since 2016, new home construction has been strong, with more multi-family options (including some apartments) being constructed, which is diversifying the options available. Almost 90% of the new construction was for homeowners, with 7% being purpose-built rental and 4% condominium housing.

Leduc collects data on secondary suites and has recorded 212 units in the past 5 years. Many are being provided as an option by the builder to help the homeowner pay the mortgage. Banks are accepting the rental revenue in mortgage qualification.



Rental vacancy rates are low, declining from 4.7% in 2017 to 1.4% in 2019 and 2020. Even though rental rates have been relatively stable, a 1.4% vacancy rate is very low and prime for increases. This decline in the vacancy rate was achieved even with some new rental and condo construction.

During this same time, rental rates in the private rental market remained relatively constant. Rental rates are slightly lower than Edmonton, making the market relatively affordable for some modest income households who need affordable housing.

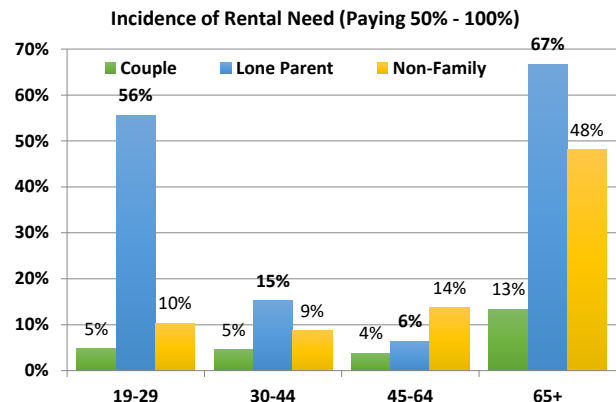
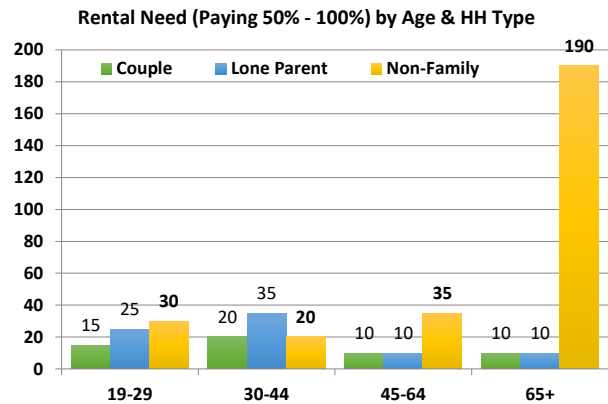
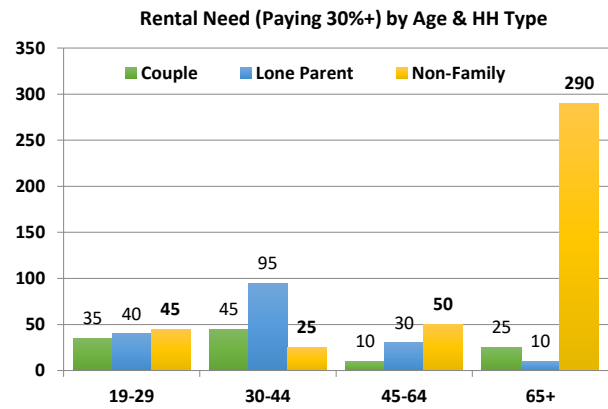
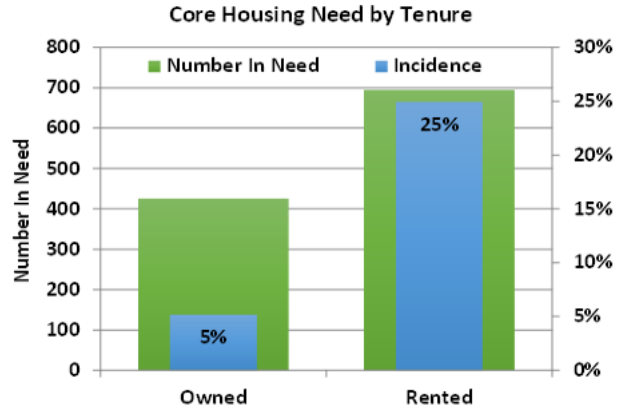
Core Housing Need

In total, there are 1,115 households in core need - 425 owners and 695 renters. In addition to need being more skewed towards renters, the incidence of core need is also five times higher for renters - one in every four renter households (25%) are in need. This compares to only one in every 20 owners (5%).

As in other areas, the primary problem is affordability. Current core housing need for renters is greatest in number among households led by (1) single seniors 65+ (290 HHs) and (2) lone parents under 45 years of age (170 HHs). The incidence of need for renter households is also greatest among seniors and younger lone parent families (see graph to the right).

Other core need data includes:

- 105 or 20% of renter households are immigrants
- About 75% of renter households have someone with an activity limitation
- 60 or 10% of renter households are Indigenous



In terms of homelessness prevention, renter households in core need and paying more than 50% of their income for housing are most at risk of becoming homeless. The graph to the right shows that there are 390 renter households paying more than 50%. The groups most vulnerable are lone parents aged 19 – 29 and 65+, and single seniors (See bottom chart). There are also 35 indigenous renter households of which 25 are individuals.

Non-Market Housing Portfolio

The Leduc Regional Housing Foundation (LRHF) operates 357 units in 9 buildings and 119 rental supplements which accommodate 671 people (see attached). There are some vacancies in the supportive living (lodge) units which are related to COVID-19 issues. The remainder of the portfolio is over 96% occupied and there are 65 households on the wait list - almost 80% want a one-bedroom unit. 59% of the LRHF units are designated for seniors, 30% are for families and 11% are for singles. About 23% of the units are affordable housing which has a fixed rate of 15 - 20% below market – the remainder are deep subsidy (RGI) units. The new Rental Assistance Benefit provides a modest benefit of \$2,500 annually on average.

Housing Gaps and Priorities

- Shortage of smaller bachelor and one bedroom market rental units. There are many one and two person households who do not have access to smaller rental units.
- Many of the lowest income households cannot afford the rent levels in the affordable housing LRHF portfolio. Many require housing that is 40 – 50% below the market.
- In terms of homelessness prevention, the households most vulnerable are single persons (265 households) and lone parents (80 households). Both groups include seniors and require deep subsidy housing units to ensure they pay no more than 30% of their income.
- 61% of the renters who are seniors are 85+ and most likely will require a higher level of supportive living (e.g. SL4 and SL4D)
- Specific support services to address other issues such as mental illness and addictions, are also required to reduce the risk of homelessness.

Core Housing Need - Renters

Renters in Core Need (30%+) by Age of Maintainer and Household Type

	15 to 29	30 to 44	45 to 64	65+	Total
Family Households	70	135	45	30	280
Couple Families	35	45	10	25	115
Lone-Parent Families	40	95	30	10	170
Non-Family Households	45	25	50	290	410
Total	115	160	95	320	690

Note: Data may not add correctly due to rounding by Statistics Canada

Renters in Core Need (50%-100%) by Age of Maintainer and Household Type

	15 to 29	30 to 44	45 to 64	65+	Total
Family Households	45	55	10	10	120
Couple Families	15	20	10	10	45
Lone-Parent Families	25	35	10	10	80
Non-Family Households	30	20	35	190	265
Total	65	75	50	200	390

Note: Data may not add correctly due to rounding by Statistics Canada

Leduc Regional Housing Foundation - Leduc Portfolio¹⁷

Program	Building Name	Client Type	Number of Units	Subsidy
Self-Contained	Goldage Apts.	Seniors	40	RGI
Self-Contained	West Grove Apts.	Seniors	50	RGI
Lodge	Planeview Place	Seniors	121	RGI + Meals
Affordable Housing	Connect Crossing	Singles	12	Below Market (15-20%)
Affordable Housing	Gaetz Landing	Singles	14	Below Market (15-20%)
Affordable Housing	Leduc Terrace	Singles	12	Below Market (15-20%)
Affordable Housing	The Willows	Families/Singles	24	Below Market (15-20%)
Affordable Housing	Yule Meadows	Families/Singles	20	Below Market (15-20%)
Community Housing	Linsford Gardens	Families	64	RGI
Rent Assistance Ben.	Various bldgs..	Families/Singles	117	Average \$2,500 annually
Total			474	

¹⁷ Leduc Regional Housing Foundation Portfolio Information

Appendix B: What We Heard Summary

The following section is a comprehensive documentation of the engagement processes that took place during the creation of the City of Leduc Homelessness Prevention and Poverty Framework. From what we did to whom we heard from and what exactly we heard, this section touches on all aspects of the engagement process.

The key themes and comments that emerged from a wide variety of feedback channels in the stakeholder engagement process have directly influenced the goals, and strategies defined in the framework.

The multi-phase engagement process reached out to and engaged a range of key stakeholders such as City staff, surrounding municipalities, program and service providing agencies and those with grounded expertise to identify needs and develop potential strategies for meeting those needs.

Engagement Summary

Engagement Type	Details	# Participants
Stakeholder Survey	Obtain input from stakeholders about key issues they experience, existing programs and services and gaps related to homelessness and poverty in the City of Leduc.	53
Stakeholder Sessions Round 1	These sessions were intended to better understand the scope of homelessness and those at risk of homelessness in the City. This includes discussing existing programs and services to support residents and gaps in services.	15
Key Informant Interviews	One on one conversations with key stakeholders to understand the challenges and opportunities from their organizational perspective.	12
Grounded Expertise/ Lived Experience	One on one telephone conversations/in-person to discuss the challenges they face/possible supports that could help in relation to homelessness or being at risk of homelessness.	9
Stakeholder Sessions Round 2	These sessions were intended to explore strategies to address homelessness and supports for those at risk of homelessness.	14

Stakeholder Survey

This section provides an overview of selected findings from the stakeholder survey.

The stakeholder survey consisted of a sample of surveys from local program and service providers, municipal and provincial departments, neighbouring municipalities and businesses in the City.

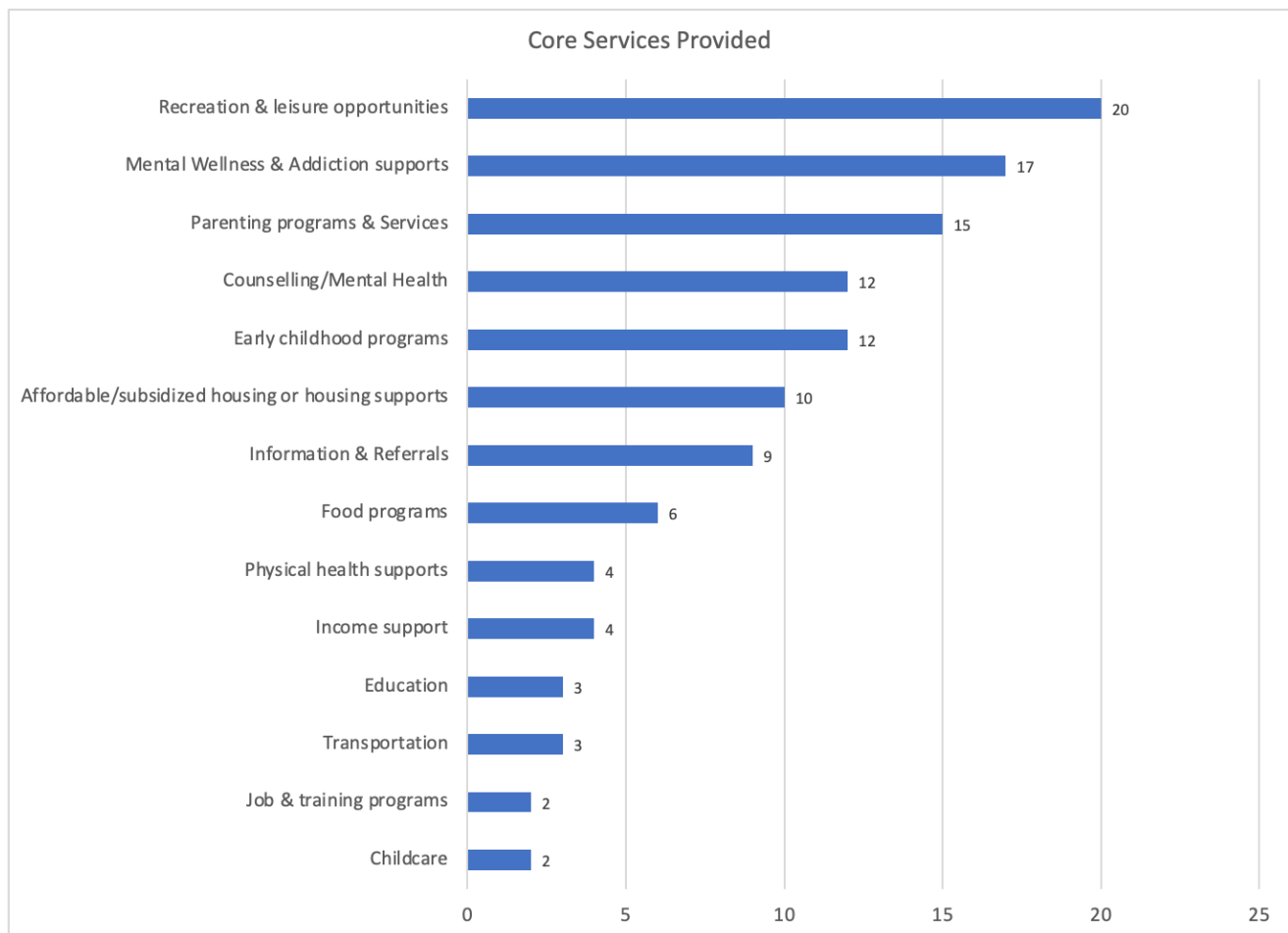
- Overall, there were 53 completed surveys.
- Completed surveys include responses from 17 community service providers, 14 municipal staff, 11 provincial government staff, 10 local businesses, 1 non-profit housing provider.
- The survey included questions about the current programs and services for those who are homeless or at risk of homelessness, top issues organizations are facing, challenges clients are facing.

Question 1: Please identify the core services you provide

Many organizations provide several different types of core services. For example, 20 respondents out of 33 that classified themselves as either community service providers or government organizations (including 6 from the City of Leduc) offer some sort of recreation or leisure opportunities.

- Following recreation, the next most reported service was mental health and addictions supports,
- Fifteen respondents provide parenting programs and services, including 4 from Family & Community Support Services,
- Counselling is provided by twelve individuals from 10 organizations

Core Services Reported by Survey Respondents

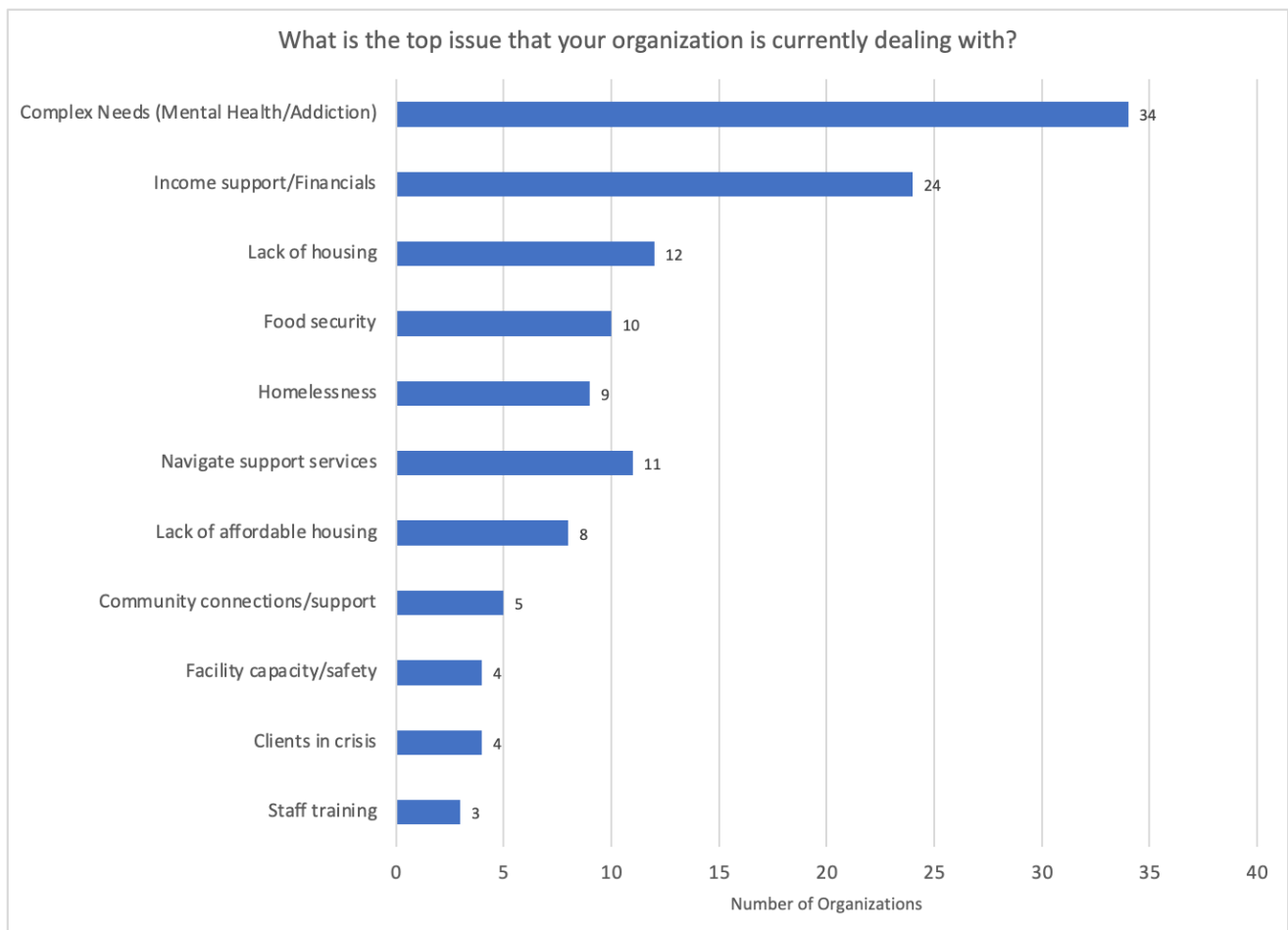


Question 2: What is the top issue that your organization is currently dealing with?

While 20 organizations surveyed provide mental health and/or addiction counselling or support services, 34 identified the complex needs of their clients, including mental health and addictions, as being their top priority, even though their organization was not mandated to provide mental health or addictions services.

If we combine lack of housing, lack of affordable housing and homelessness, housing issues are the next priority, reported as a top issue for 29 respondents, followed by financial issues and food security.

Top Issue Reported by Survey Respondents

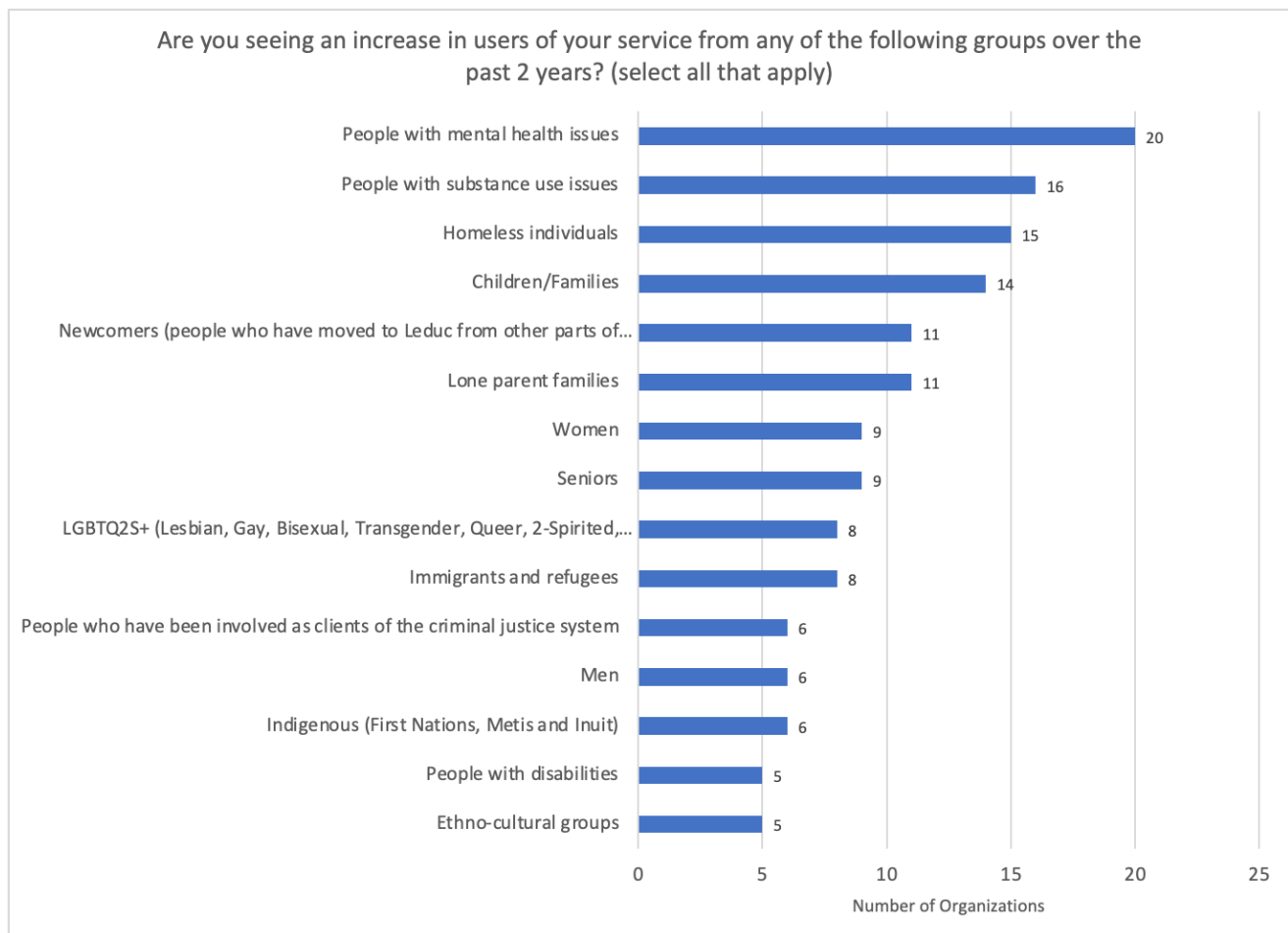


Question 3: Are you seeing an increase in users of your service from any of the following groups over the past 2 years? (select all that apply)

We asked survey respondents whether they were getting more clients over the past 2 years.

- 28 respondents reported increases in clients in one or more categories.
- 20 respondents have seen an increase in people with mental health issues, 16 reported an increase in clients with substance use issues and 15 have seen an increase in homeless individuals in their caseloads. Fourteen are seeing more families and children.

Respondents reporting an increase in users of service over past 2 years



Question 4: Have waitlists increased/decreased/remained the same over the last 2 years?

- 7 respondents reported their waitlists increased.
- 20 respondents reported their waitlists remained the same.

Reasons for increases in waitlists include:

- COVID and economic downturn are impacting employment, income security and mental health issues
- Increased poverty
- Lack of affordable housing
- Lack of housing and Income & food insecurity are leading to substance abuse and mental health breakdowns
- Other services closing down (in-person supports)
- Staffing shortages

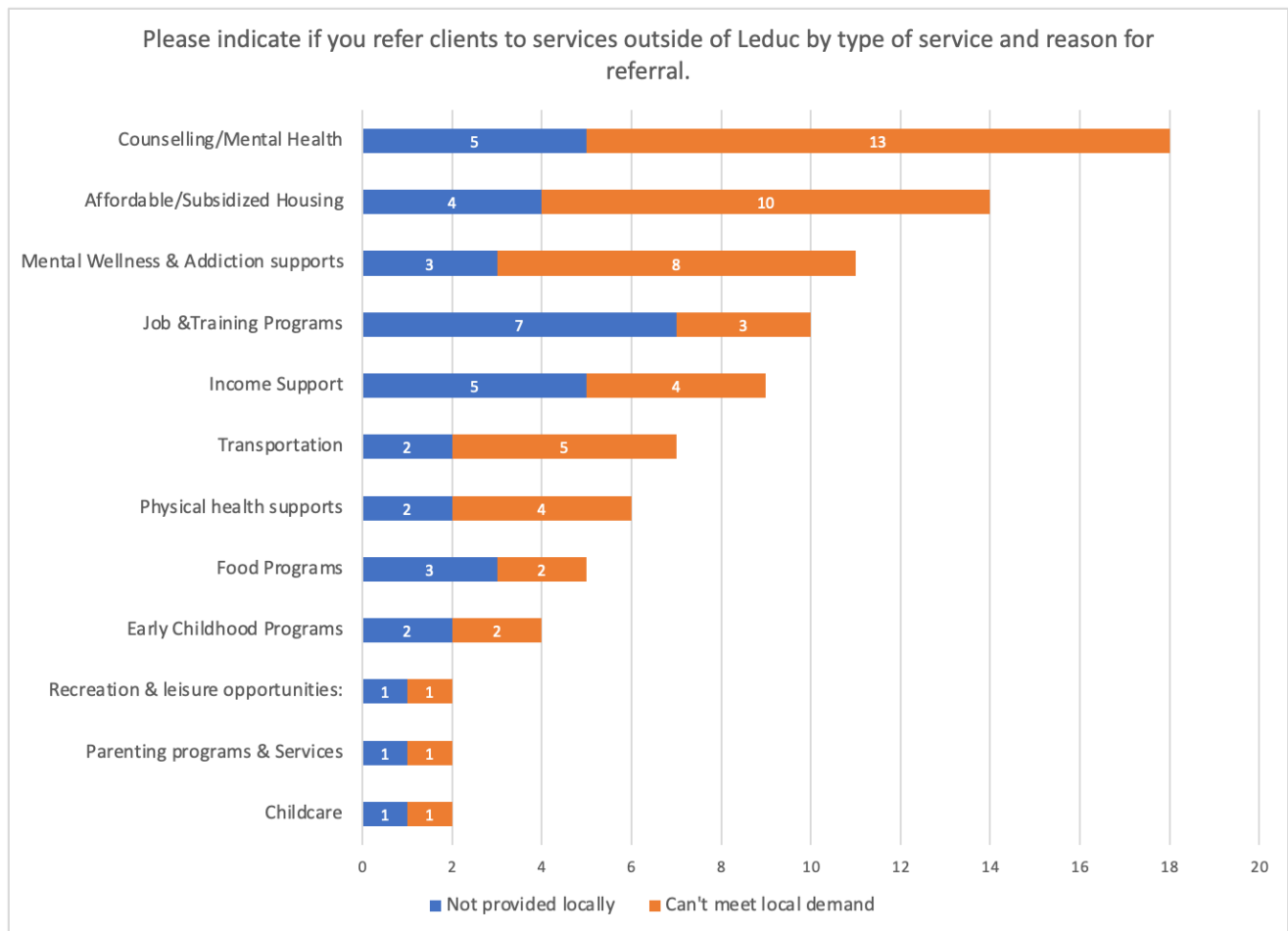
Operational factors related to increased waitlists include:

- Lack of funding
- Lack of staff
- Lack of properly trained staff
- Clients with complex needs
- Space limitations

Question 5: Please indicate if you refer clients to services outside of Leduc by type of service and reason for referral.

- There is a shortfall in mental health and addictions supports in Leduc, making these the services the ones providers are most likely to refer to organizations outside of Leduc.
- The shortage of affordable housing is an issue for the City of Leduc.
- The need for local job training programs and income supports (lack of in-person Alberta Works office)

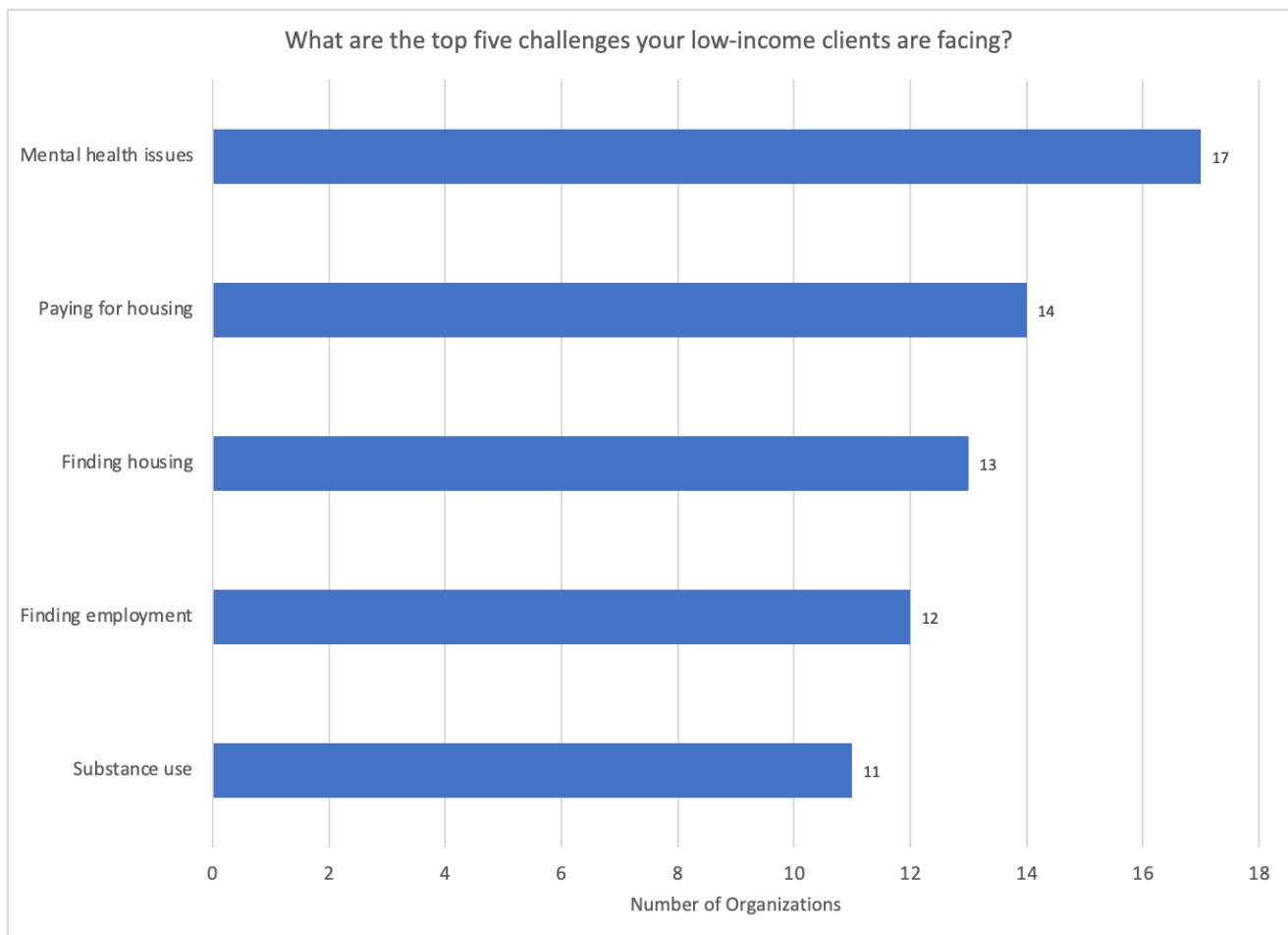
Referrals to services outside of the City of Leduc



Question 6: What are the top five challenges your low-income clients are facing?

- The top challenge reported by survey respondents was paying for housing,
- The challenges most frequent in the top 5 list include: mental health issues, paying for housing, finding housing, finding employment and substance use.

Respondents reported the top five challenges facing low-income clients



Question 7: What additional services would you like your agency to be able to provide to your low-income clients?

Respondents were asked about additional services they would like to provide to their low-income clients. They reported the following:

- Additional staff to help clients navigate the system
- More transportation options
- More access to mental health services
- Year round shelter space
- Access to public transit

Business Survey Questions

The survey also included a few questions for businesses to understand their perspective on what they may be seeing in relation to homelessness and poverty within the City of Leduc.

Question 1: Has the Covid-19 pandemic impacted your business? If yes, how?

- Yes: 9 businesses reported
- No: 1 businesses reported

How has it been impacted?

- Had to implement safety protocols
- Virtual meetings
- More students that have mental health issues and require more supports.
- Loss of revenue
- Community connections not as strong

Question 2: In the past 2 years in the City of Leduc, do you believe that homelessness has:

- Stayed about the same: 2 businesses reported
- Gotten worse: 8 businesses reported

Question 3: In the past 2 years in the City of Leduc, do you believe that poverty has:

- Stayed about the same: 0 businesses reported
- Gotten worse: 10 businesses reported

Question 12: What do you see as the main gaps in community services to support low-income residents and poverty in this community?

Respondents provided the following comments:

- Lack of mental health supports
- Lack of affordable housing. Not affordable for those making minimum wage.
- Low-income housing
- Providing safe spaces for people who are trying to leave a bad situation.
- Warming and cooling shelter spaces.
- A place for people to go in all weather conditions. Currently there is the overnight shelter in the winter months, but not other times of the year. We regularly have homeless and transient people in the areas around our school playground and the nearby city park.
- Facility's in place for those who come out of treatment centres for housing and work.
- People who are unable to work have a place to go to be accountable to- coop or work share program to have everyone feel useful.
- Support services offered in shelter

Question 12: Could your business play a role in addressing poverty in your community? If yes, what do you see as your role?

- Yes: 6 businesses reported
- No: 4 businesses reported

Those businesses that reported yes provided the following comments:

- Supports to construct/provide low-income housing or build modular units.
- Provide financial support
- Transitional housing and detox spaces.

Stakeholder Sessions

Stakeholder Sessions Round 1

The first round of stakeholder sessions was to gain a better understanding of the homelessness and at risk of homelessness population in the community. During the stakeholder engagement we discussed existing service levels, gaps and opportunities related to housing, mental health and addiction, and income, jobs and training.

Below are summary findings from the engagement:

Housing

Gaps

- Smaller bachelor and one bedroom market and affordable rental units for one and two-person households.
- Deep subsidy units for single persons (265 households) and lone parents (80 households), many of whom are 65+.
- More units with higher levels of supportive living are required for renters 85+.
- New secondary suites rental rates are not affordable.
- Can not qualify for affordable units.
- Challenges to encourage developers to build new affordable units to meet needs.
- Safe affordable housing.
- Timely financial support for housing.
- Rental assistance benefit waitlist and process.
- Income Support is not enough to cover affordable unit rent.
- Housing for homeless with complex needs is not available.
- Operational funding to maintain affordable units.
- 70 bed facility with 24 hour support was shut down leaving a big gap in supportive housing.

Opportunities

- Increase number of rental supplements.
- Explore mixed income housing models.
- Work with landlords to improve safety and condition of units.
- Develop a list of safe affordable housing units.
- Existing cabins around Telford Lake- could those fill the gap for single person housing.
- Continue to explore Rapid Housing funding.
- See value of having more partners (municipalities, business community) to attract more funding.
- Density bonus - allow more stories if can reserve specified number of units for subsidized.
- City could lease city owned land to non-profits at below market rates.
- Continue to explore Habitat for Humanity.

Mental Health and Addiction

Gaps

- Long wait times for mental health and counselling service (3-4 weeks)
- RCMP need to take people to mental health and substance abuse to designated hospitals in Edmonton.
- PreCovid, agencies were collaborating more to support clients. Covid has stalled this process.
- Covid caused isolation and resulted in less connection among agencies.
- Boundaries between service areas creates barriers to services.
- Centralization of services (Income Support/Mental Health and Addiction) is a huge barrier for vulnerable population.
- Clients need to go to multiple agencies to access supports.
- Funding for some initiatives were halted because of Covid.
- Supports for tenants to maintain housing.
- Stigma around accessing services.
- Parenting supports to deal with anxiety and managing stress.
- Online/virtual fatigue.
- Lack of knowledge of what is available.
- Dealing with addiction and suicide attempts at younger ages.
- Getting information to those who are harder to reach.

Opportunities

- Explore ways to support clients while they are on waitlists.
- RPAC - police working with a nurse. Opportunity to expand this model?
- Collaboration with emergency departments to provide support locally.
- Renew and support a collaborative, client-centred approach. Look at ways to use technology when we can't meet in person.
- Hire a navigator to help vulnerable population to navigate the social service system and be a support along the way.
- Continue to explore centralized intake.
- Business community is interested in participating to explore fundraising opportunities.
- Learn best practices from FASD program to apply to mental health programming.
- Office at Lindsford Garden to provide info on support services.
- Connecting people to services where they live.
- Continue to explore more in-person supports. Has changed a lot because of Covid.
- Youth outreach/drop-ins/relationship building in the schools.
- Peer support groups.
- Normalize parent/child conversations around issues, mental health.
- Easier access to information. Bite-sized format.
- Services Connect Day to promote local services and build relationships by offering free services (haircuts, pedicures, etc).

- Fridge magnet with some key contact information.
- 211 campaign to other demographics/locations around the City.
- Use the school newsletter to communicate social services programs/services/events.
- Advocate to all levels of government.
- Advocate regionally.
- Must get buy-in from key stakeholders.

Stakeholder Sessions Round 2

The second round of stakeholder sessions was to explore some of the potential strategies to support the homeless and those who are at risk.

Below are some of the topics explored during these sessions:

- Hire a Community Navigator
- Community Resource Centre
- Emergency Shelter/Temporary Housing
- Permanent Supportive Housing

Below are summary findings from the engagement:

Potential Strategy: Hire A Community Navigator

Target Group:

- Should serve the most vulnerable clients (many FCSS clients are well served by the existing system, and don't need additional help). The Navigator's clients are those people who need more than just preventative services, and who need help to access these services.
- Services Provided:
 - Provide help to access programs:
 - Letting clients know about services they can access
 - Giving them access to computers and internet
 - Helping them fill out applications and submit the necessary paperwork
 - Following up if the client doesn't hear back
 - Directing them to immediate emergency help (shelter, foodbank)
 - Making sure they get to their appointments
 - Reminders of upcoming appointments
 - Ensure they have transportation to get there
 - Some clients may need to be accompanied to appointments
 - Follow up with those who need extra support:
 - Periodic calls to see if the services are working for them and if additional supports are needed
 - Follow up for "hard to house" clients to ensure they are paying their bills and meeting other tenant requirements
- Connect with clients:

- Walk-ins: People should be able to access the navigator in-person (walk-in). Some people may not have a phone or internet access, or they may have “pay by the minute” phone plans, so it is hard for them to set up appointments (especially when calling Alberta Supports, where they may be put on hold for 30 minutes to an hour before being served). Also, there is a high rate of illiteracy in Leduc, and clients may not want to disclose their inability to read.
- Telephone/text to set up in-person appointments: The Navigator will also respond to phone calls and texts, and meet the client at a convenient place where the client feels comfortable (e.g. a coffee shop or the library).
- Outreach – meet people where they already go for services
- The Navigator can have office hours, but can work out of different locations over the course of the week/month:
 - The Hub
 - The Foodbank
 - Leduc Regional Housing Foundation space
 - Next door to Mental Health & Addictions services (formerly the LINK space, currently vacant)
 - The Library
- Flexibility – the Navigator can arrange to meet clients at the library or a coffee shop, or wherever they feel comfortable, attend Homeless Connect Day, and even visit homeless camps (along with the Peace Officer)

Potential Strategy: Community Resource Centre

Short-term (using existing space)

- The short term involves having some “flex space” available in existing agency facilities, so different services can be accessed from a single location over the course of the week/month. The existing programs that would be most appropriate for this kind of shared space include: Leduc Hub, Food Bank, Mental Health and Addictions, Leduc Regional Housing Foundation, Income Support, Library.

Long-term (new facility to provide range of services under one roof)

- Over the longer term, a purpose-built facility could accommodate a range of services, including services for the wider public (e.g. youth drop in, parenting courses, children’s storytime, fitness classes for people rehabbing from injury). If there is a suitable building available, it could be renovated for this purpose.
- Pros: Reduce stigma/reluctance to access “poverty” services, Easier for co-located services to collaborate and share resources like administration and meeting rooms, Raise public awareness about the community services that are available, Convenience of “one-stop” shopping and potential for single door access to multiple programs
- Cons: Some members of the public may not be comfortable being around “vulnerable populations”, If someone gets “banned” from one service, then can’t access other services in the same building, Significant initial capital costs and operating costs (though they can be shared among the tenant agencies)

Ideas around implementation

- Community navigator as part of centre
- Alberta Works staff to be available in-person. Need to advocate around this.
- Community health space
- Community kitchen space
- Potential sites:
 - Downtown/close proximity to downtown
 - Existing HUB location is central, has meeting rooms, has meeting space.
 - Foodbank is central. Has additional space for flex spaces.
 - Linx space is currently vacant and could be used for flex space.
 - LRHF has a flex space and could accommodate other providers on a rotational basis,

Potential Strategy: Emergency Shelter/Transitional Housing

Homeless Prevention

- Increase the number of rental supplements/housing allowances.
- Develop a tenant support policy
- Increase the number of affordable and deep subsidy housing units
- Permanent supportive housing

Shelter Space

- Existing shelter provides shelter space but not support services.
- Need space for domestic violence.

Transitional Housing

- Could LRHF play a role in transitional housing.
- Require community engagement to reduce stigma.
- Help to build individual capacity and life skills for those who need to start again.
- Co-locate close to support services.

Permanent Supportive Housing

- Gap for single individuals on Income Support
- Individuals require an address to access supports.

Key-Informant Interviews

In addition to the stakeholder group sessions, we spoke individually with key stakeholders who have on the ground knowledge and expertise in working with their clients and understanding the issues impacting them.

Below are some of the key findings from these discussions:

Understanding homelessness

- Those that want shelter and supports and those that want to be left alone.
- Many of the homeless are those typically in Leduc.
- During extreme cold the City opens up other shelter spaces (LRC, city hall)
- Many camp around Telford Lake. Usually only public complaints during summer months.
- Clients do not want to go to Edmonton. Safety issues and outside of their comfort zone.
- Many are single individuals - lack of affordable housing.

Access to Services

- Closure of local in-person supports is a huge barrier for clients and more pressure on FCSS
- Collecting CERB benefits has impacted the eligibility for other supports for some clients.
- No domestic violence safe places.
- Improve transit access to allow people to get into Edmonton.
- Shelter needs to include staff trained to deal with complex issues.
- For women access to affordable childcare is an issue and can lead to isolation and not being able to work.
- First point of contact agencies need to work together to support client needs.
- Outdoor bathrooms downtown for people to access.
- Explore opportunities to connect homeless and business community.

Housing

- Regional municipalities have clients that access the shelter spaces when needed.
- County has some more affordable long stay motel options.
- Need transitional housing with supports (life skills, connect to resources)
- Shelters have limited hours.
- Many patients discharged from the hospital do not have a place to go.
- Adequately resourced shelter spaces with social worker support.
- Current shelter space is limited in operating hours/months based on bylaw.
- Supports for rural seniors to be able to maintain housing.

Mental health and addiction

- Biggest challenge is around immediate services (shelter, income, food)
- Centralized intake is a barrier to access services.

- There is access to low cost/free counselling in community (awareness).
- As a result of Covid people experiencing more depression and anxiety but not a clinical mental health issue.

Collaboration

- Continue inter-agency lunches
- Have a connection among first responder agencies to be able to support clients.

Grounded Expertise

During the engagement process we had conversations with people who are experiencing homelessness or those living with low-income.

Some key themes that emerged from these discussions:

- Those on Income Support can barely afford housing and struggle to pay for nutritious food.
- Having access to a community mentor can be helpful to support them.
- Difficulty to pay for personal hygiene items.
- FCSS is a key access point for services.
- Parents with children lack income and transportation to provide any programming for children.
- Can access LRC but difficult to get transportation there.
- Options to build social connections in community.
- Leduc Hub provides basic needs but difficult to connect to services beyond that.
- Individuals need supports (life skills, confidence, work experience) to get them back on track.
- Awareness and Inclusion - how to treat homeless.
- First point of contact agencies are Hub, Foodbank and FCSS staff.

Appendix C: Best Practice Research



Best Practices - Hard to Reach Populations

The best practices outlined in the following section are based on research from other studies and the engagement process.

	Opportunity	Details
a	Hire outreach staff who have training and experience in behavioral health	Look for outreach staff with experience in setting boundaries with compassion, who can provide the structure and support some individuals need to be successful
b	Staff education and awareness	Educate staff about the underlying causes of poverty, addictions, and homelessness, in order to overcome any tendency to "blame the victim"
		Provide outreach staff with training on motivational interviewing, de-escalation, duty to warn, and other relevant topics.
c	Outreach staff can share tips and skills with each other based on experience, that contribute to more effective outreach interactions.	Tips for Outreach Workers by Outreach Workers - Homeless Hub - 2008
d	Be flexible and creative in connecting with clients	What might impact the person's success in connecting - are there child care issues and can you meet them where they need to be; working hours - can they meet in the morning, during a break or in the evening? Are cell phone minutes an issue and does calling at the beginning of their paid plan make a difference? Sometimes clients that won't answer the phone, or for whom you lack an accurate phone number, will answer the door if you knock. Creative contact (for example, throwing acorns at the client's third-story window so the client who has no phone or doorbell can throw the entryway key down to staff). Leaving a note under the door has resulted in clients calling. Neighbors may be able to direct care providers to locations where they can find the client.
		An excellent resource for reaching families: Are disadvantaged families "hard to reach"? Engaging disadvantaged families in child and family services
e	Location - go to where the clients are	Reach people where they are most comfortable - at home, The Hub, FoodBank, coffee shop, etc.
f	Relationship - it takes time to build trust	It can take time to develop a trusting relationship. If there is somebody in the community that they already trust, (e.g. Food Bank or Hub staff), can you partner with that trusted person to help the person feel safer?
		Consider using a peer-based approach by using homeless clients to distribute information to other homeless people, and drug users to distribute harm reduction materials among their social networks.
g	Start where the client is at: Ask them how you can help.	Ask them what you can do to help instead of assuming you know - for example, they may not be ready to withdraw from drugs yet; what they are seeking is a safe drug supply. Providing water and food (addressing dehydration and low blood sugar) can meet their most immediate needs and make it easier to work with them.
h	Not all barriers and challenges are obvious. Try to fully understand the barriers clients are facing.	Barriers can include: lack of English language; illiteracy; low levels of comprehension; inability to be around too many people; distrust of authority and institutions; no shelter; no food; cultural beliefs; age, gender, ethnicity issues; previous trauma; fear of harm, stigma or being taken advantage of
		Engaging the Hard to Reach p.147-149
		Delivering Integrated Service Responses to Homelessness p29

	Opportunity	Details
l	Acknowledge the clients' expertise when making decisions and determining what support will best work	When clients and providers engage in shared decision making, more information about client preferences, practices, and values can be taken into consideration. It is expected that this process will result in decisions that are more appropriate for individual consumers, and that these characteristics will lead to increased satisfaction and perhaps to better health outcomes. Provide clients with information and listen to what clients have to say so an informed decision can be made about their care.
j	Set realistic care plans (consider limitations of your client's environment and circumstances)	Along with setting boundaries with compassion, modify treatment to account for extreme circumstances, explore barriers to compliance, encourage ANY positive change
k	Respond to any efforts positively and maintain a safe and caring environment	Every success - small or big - is a win and meant to encourage and promote continued success. Be aware of the expectations being placed on the individual and what they are actually capable of doing in that moment
l	Stay connected	Gather as many forms of contact as possible i.e. email, phone, address, contact information of friends and or family, community services they frequent - the Hub, FoodBank, places they like to hang out.
		Utilize the \$5000 Technology grant for 2022/23 to have smart phones available for clients so they can be reached for appointments and follow-up.
		Explore ways to allow clients to connect with a real person at all hours.
m	Frequent follow-up	Recognize the effort being made by the client to make healthier choices and the many factors that may disrupt their progress or have them give up. With frequent follow-up the more opportunity to update information and or break a negative cycle or barrier and support the client on keeping on or getting back on track.
n	Reach out to people after major life events or crises (e.g. when they come in to the emergency room, or have a run in with the RCMP)	Presents an opportunity to engage new people and those who were previously not ready for care. (Those who don't want to be contacted could be added to an internal Do Not Call list.)
o	Assign all individuals with complex needs to a Community Navigator	Community Navigators could take on an expanded role of regular calls to the client, assistance to complete application forms and collect required documentation, delivering information, medication, and other materials, updating client files, supporting the client with remembering appointments, arranging transportation, etc.

Best Practices - Mental Health & Addictions

The best practices outlined in the following section are based on research from other studies and the engagement process.



	Opportunity	Details
a	Listen to client's interests, and challenge myths of client apathy.	Meeting people where they actually are living is valuable, but meeting them where they are thinking can be even more helpful. What's going on with them? What are they dealing with right now? How does their cultural background impact their willingness to seek help? Follow advice? Acknowledge both the impact of social stigma on their reluctance, and their right to refuse care. Many people do not see mental health or addiction as their primary problem. Start by asking the question: How can I help? Right now it might be a clean needle or a naloxone kit; but if you help them with what they think they need right now (e.g., a meal or a bed), they will also come to you when they are ready for treatment.
		Enhancing Motivation for Change in Substance Use Disorder Treatment
b	Treatment decisions should be based on conversations where people are truly heard.	Clients do not always feel like they are being listened to; they can feel like they are being talked at and directed to do unrealistic things when the worker does not understand the full complexity of the environment they live in and the situations they are dealing with.
c	Ask: Generate ideas by asking questions rather than giving solutions.	If somebody says they can't get to a doctor's appointment, is it because they don't have a way to get there, because they have to pick up their children from school, or something else? It is important to ask questions to make sure the worker really understands what the obstacles are.
d	Recognize client's strengths and capabilities, not just their deficits	Use assessment and measurement tools that recognize and utilize the client's strengths as well as identify treatment needs.

	Opportunity	Details
e	Clients are active participants, not passive recipients. Acknowledge the clients' expertise when making decisions and determining what treatment will best work	When clients and providers engage in shared decision making, more information about client preferences, practices, and values can be taken into consideration. It is expected that this process will result in decisions that are more appropriate for individual consumers, and that these characteristics will lead to increased satisfaction and perhaps to better health outcomes. Provide clients with information about mental health and addictions, and treatment options, so they can make informed decisions about their treatment and care.
f	Provide multiple options for treatment and care	Build partnerships and networks, include people with grounded expertise in developing approaches and solutions. Shared-Decision Making in Mental Health Care. Does the client need to be alone, in a peer group, or in a group facilitated by peer specialists or other staff and what supports may change and or expand these preferences?
g	Set realistic care plans (consider limitations of environment)	Modify treatment to account for extreme circumstances. Explore barriers to compliance. Encourage ANY positive change. Care planning with community-based organizations
h	Develop an assessment tool to prioritize treatments for those with greatest need (e.g. HCC risk scores or Stepped Care model)	US Centres for Medicare and Medicaid Services' Hierarchical Condition Categories, or HCC risk scores, use these HCC risk scores to create tiering - Extreme, High, Rising Risk and General Priority - based upon risk for future healthcare costs. The two highest tiers are prioritized with the Care Coordination staff who are located in the clinics (a modification being made to this model is to include stability of housing in the rating scores). Complete guide to CMS-HCC risk scores

	Opportunity	Details
i	Adapt the level of treatment based on client's needs at the time.	The United Kingdom's stepped care model steps up or down the level of treatment based on the level of patient stress and/or need based on an initial or ongoing assessment. Stepped Care
j	Recognize local assets, skills, and talents, including those of clients. Adopt mechanisms for tapping into these assets.	Collaboration for Addiction and Mental Health Care: Best Advice
k	Create opportunities for clients to build positive relationships with other members of the community	Provide support to identify, reunify, develop, and/or sustain a network of natural supports such as family and friends. Help to identify the resources clients already have and develop new supports and or networks if needed.
l	Be creative in connecting with the client	See Appendix: Best Practices in reaching the hard to reach.
m	Develop a client registry to support service providers in following up with clients and best meeting their needs.	It can be challenging for service providers to find or follow-up with hard-to-reach clients that may be isolated, transient or homeless, particularly those with behavioral health needs, and engage them in their own care. Support plans can use innovative strategies to locate these clients and connect them to the primary and behavioral health care, social services, and long-term services and supports that they may need. A client registry can serve as a place to document critical details about the life of the clients, including: updated cell numbers, places they frequent, critical details about their health and life challenges, health and other services they have received and/or been referred to, allergies, advice for approaching/serving the client, any cautions.

	Opportunity	Details
n	Create shared database between health care staff, community service providers, outreach workers and the corrections and justice system	For people with mental illness or addictions, or people who are homeless, their first contact with the social service system may be with law enforcement. Police are often aware that a health issue such as mental illness or addiction underlies a legal infraction. However, police may have limited options, especially with the lack of local intake services. If police have access to a shared client database, they may be able to connect the "perpetrator" to their social worker, psychiatrist or counsellor instead of arresting them. See Calgary's integrated homeless client database system: https://www.homelesshub.ca/resource/homeless-management-information-systems-hmis-toolkit
o	Establish/expand a social work position in the hospital emergency department to help link people with mental health or addictions issues to appropriate services	In Leduc there is a social worker who serves 2 hospitals, who helps link emergency room patients and patients being discharged to appropriate community and health supports. This is a valuable and effective service, but the social worker is not always getting patient referrals where patients could benefit, and the social worker is not able to follow through to see if these referrals are successful. Expansion of this service or the creation of a Community Navigator position could help greatly.
p	Use a social justice approach to address systemic inequities	Collaboration for Addiction and Mental Health Care: Best Advice p.52
		Integrating equity and social justice for indigenous peoples in undergraduate health professions education in Canada: a framework from a critical review of literature
		The role of health care workers in advocating for equity in social determinates of health: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5135524/

Appendix D: Strategies Explored

This appendix provides a summary of strategies explored through the engagement process. A selection of these strategies are included in the priority framework.

All Residents can access the supports they need to lead healthy, productive lives

Improve Access to Services		TIME FRAME	LEAD	PARTNERS	TARGETS & MEASURES	POTENTIAL FUNDING
1	Goal 1: Improve information and referral services so residents can access available services					
a	Hire a Community Navigator - to help clients access services	Short term	City of Leduc - Family & Community Support Services (FCSS)	Service providers , People with Grounded Expertise	Number of clients using the service; number of programs successfully accessed.	Ministries of Health and Social Development. Alberta College of Physicians & Surgeons, Michael Smith Foundation, McConnell Foundation
b	Develop and distribute pocket-size directories of local community health and social services	Short term	FCSS	Non-profit service providers, the Library, local service clubs	Number of directories distributed ;user feedback	
c	Use technology to link providers	Medium term	City of Leduc - Geomatic Services	FCSS, Non-profit service providers, the Library	Number of clients using the service; number of programs successfully accessed.	Brighter Communities Powered by Shaw; Donner Foundation, Bill and Melinda Gates Foundation
2	Goal 2: Support Inter-Agency Collaboration to improve services for clients					
a	Support Inter-Agency Collaboration to take a client-focused team approach and share information in collaboration with the client	Short - Medium term	Alberta Health, FCSS	Non-profit service providers and health care workers can attend meetings and share non-confidential client information where appropriate.	Number of clients receiving this team-based approach Establishment of a shared client registry and feedback from users	Maytree Foundation; McConnell Foundation

All Residents can access the supports they need to lead healthy, productive lives

Improve Access to Services		TIME FRAME	LEAD	PARTNERS	TARGETS & MEASURES	POTENTIAL FUNDING
3	Goal 3: Provide an accessible, convenient and affordable transportation system					
a	Expand and enhance the existing affordable transit pass program	Short term	Leduc Transit		Increase in number of clients receiving transit passes and number of trips facilitated for low-income riders through the transit pass system	
4	Goal 4: Reduce financial barriers to accessing services					
a	Create a one-access card for all City programs and services; make this card available to low income individuals and families.	Long term	City of Leduc - FCSS	Leduc Transit, non-profit community organizations, and local businesses	Number of clients issued One-Access Card; Number of services accessed through use of this program	
5	Goal 5: Eliminate other barriers for low-income residents in accessing community social services					
a	Provide clients with computer and internet training and technical support to improve their ability to access on-line services	Short - Medium term	City of Leduc - FCSS	The Library, other learning institutions , FCSS	Number of clients successfully completing the training and their feedback	Bill and Melinda Gates Foundation
b	Develop a Community Resource Centre where a range of services are available at a single location	Long term	City of Leduc - FCSS	Non-profit service providers. United Way, Chamber of Commerce, Business Association can all assist with fundraising.	Establishment of the Community Resource Centre	Donner Foundation, business community, major developers

Everyone in Leduc has housing that is affordable, safe, secure, and suitable

Housing

		TIME FRAME	LEAD	PARTNERS	TARGETS & MEASURES	POTENTIAL FUNDING
1	Goal 1: Make housing more affordable and accessible for low income residents					
a	Advocate to Alberta Seniors and Housing (ASH) to increase the number of rental supplements/housing allowances. Allow layering of these supplements onto affordable housing (including secondary suites) to reduce rental rates.	Short term	City of Leduc - Council & Leduc Regional Housing Foundation (LRHF)	Service providers, business community, secondary suite owners, and other community stakeholders	Number of new rental supplements and average subsidy amount	Alberta Seniors & Housing, CMHC
b	Develop a tenant support policy to help tenants access and maintain housing	Short term	City of Leduc - FCSS	Regional municipalities, private landlords, LRHF, secondary suite owners, other housing providers	Number of tenants assisted; average amount of assistance; number of evictions prevented	Alberta Community and Social Services, Alberta Seniors and Housing, CMHC
c	Collaborating with regional municipalities, advocate to senior levels of government for funding to fill gaps in affordable housing	Long term	City of Leduc - Council & LRHF	Service providers, community service clubs, business community, Leduc Regional Housing Foundation (LRHF)	Number and type of new housing units	Alberta Seniors and Housing, CMHC, LRHF and regional municipalities
d	Establish an Housing Reserve Fund to raise funds for all types of non-market housing, including land	Long term	LRHF	Regional service providers, community service clubs, business community	Amount of funds raised and number of housing units created annually and in total	Fund raising events, land contributions, one-time grants, etc.

Everyone in Leduc has housing that is affordable, safe, secure, and suitable

Housing		TIME FRAME	LEAD	PARTNERS	TARGETS & MEASURES	POTENTIAL FUNDING
2	Goal 2: To provide affordable and appropriate housing to people with mental health and addictions					
a	Provide transitional and permanent supportive housing with community-based supports	Long term	City of Leduc and/or Community agency	Alberta Family and Social Services, Alberta Seniors & Housing, Alberta Health, Alberta Health Services, CMHC, LRHF and other housing providers, and non-profit agencies providing mental health & addictions counselling, treatment and support.	Number of new transitional and permanent supportive housing units	Alberta Family and Social Services, Alberta Seniors & Housing, Alberta Health, Alberta Health Services and CMHC.
b	Locate appropriate community services on the ground floor of supportive and affordable housing developments	Long term	City of Leduc - Council and Planning	City FCSS, Food Bank, LRHF and other non-profit agencies	Number of instances where community services are located within supportive and affordable housing developments	Alberta Family and Social Services, Alberta Seniors & Housing, Alberta Health, Alberta Health Services and CMHC.
3	Goal 3: To provide temporary and transitional housing to people who are homeless					
a	Ensure existing temporary emergency housing at the HUB is available all year; explore innovative forms of emergency and temporary housing	Short - Medium term	Community agency (could be HUB)	City FCSS, Food Bank, LRHF and other non-profit agencies	Number of existing spaces funded and length of funding; number of temporary housing units funded	Alberta Family and Social Services, Alberta Seniors & Housing, CMHC.

Residents of Leduc with mental health or addictions receive the services they need

Mental Health & Addiction		TIME FRAME	LEAD	PARTNERS	TARGETS & MEASURES	POTENTIAL FUNDING
1	Goal 1: To reduce wait times for access to mental health and addictions services					
a	Advocate for a decentralized intake process	Short term	Municipal Council	Community advocates, business leaders and community service providers and councils from other Leduc municipalities	A more localized and personal intake process for clients wanting to access mental health and addictions services.	Alberta Health
b	Provide virtual training and tele-health supports to front line service providers	Medium term	Alberta Health	Primary health care providers, peace officers, recreation staff, mental health and addictions professionals and other community service providers.	Number of frontline workers accessing on-line training. Number of service providers utilizing tele-health services.	Alberta Health
2	Goal 2: To improve outreach to contact and serve people with mental health and addictions issues					
a	Create a multi-disciplinary team to provide comprehensive outreach services to adults with severe and persistent mental illness and/or addictions	Long term	Alberta Health, City of Leduc-FCSS	Community service providers, peace officers, first responders and other front-line workers.	Number of overdose deaths prevented. Reduction in ER visits.	Alberta Health, Hospital Foundation, Ministry of Community and Social Services & CMHA
3	Goal 3: To reduce harms to people misusing and/or at risk to drugs and alcohol					
a	Utilize proven harm reduction strategies to address the harms of substance misuse	Short to long term	Alberta Health	City of Leduc, Service providers. Library, Leduc Recreation Center.	Number of overdoses prevented; lives saved; reduction in Hepatitis C among drug users	Alberta Health

Residents of Leduc with mental health or addictions receive the services they need

Mental Health & Addiction		TIME FRAME	LEAD	PARTNERS	TARGETS & MEASURES	POTENTIAL FUNDING
4	Goal 4: To enhance collaboration, care and community inclusion					
a	Launch a collaborative, broad-based community engagement and education initiative to change perspectives about low-income people and the causes of poverty and homelessness.	Short term	City of Leduc-FCSS ,Leduc Hub	Non-profit service providers, library staff, recreation staff, the police department, and business owners	Number participants; evaluation of program effectiveness by service providers.	Maytree Foundation
b	Create opportunities for front line workers and community members to meet and get to know the homeless population.	Short term	City of Leduc-FCSS ,Leduc Hub	Non profit service providers, library staff, recreation staff, police department, and emergency personnel	Number of events bring community members, service providers and homeless people together	Maytree Foundation
c	Utilize a trauma-informed integrated care management (ICM) approach for adults and youth	Medium term	Alberta Health	Providers of mental health and addictions services and other health providers	Number of clients served through ICM approach and increase in successful long-term outcomes; client feedback	Alberta Health
d	Provide residential detox and Short term treatment services in residential neighbourhoods	Medium term	Alberta Health, non-profit addiction services providers	Mental Health and Addictions counselling and treatment organizations	No. of detox and treatment beds; No. of clients completing these programs.	Alberta Health

Families in Leduc have easy access to the support services they need

Supports for Families		TIME FRAME	LEAD	PARTNERS	TARGETS & MEASURES	POTENTIAL FUNDING
1	Goal 1: To provide affordable and quality childcare					
a	Assess unmet childcare needs in the community	Short term	FCSS	Childcare providers	Completion of a needs assessment	Alberta Child Care Grant Funding Program
b	Provide of out-of-school care on school grounds	Medium term	School District	FCSS, Childcare providers	No. of new out of school spaces on school grounds	Federal-Provincial Alberta Child Care Grant Funding Program
c	Obtain new childcare spaces through the development process	Long term	City of Leduc Planning Department	Childcare providers	No. of new childcare spaces obtained through the development process.	Density bonusing and rezonings
2	Goal 2: Expand and/or develop community services					
a	Utilize schools as community hubs to deliver programs for children and families	Medium term	FCSS	School Board, Service Providers	No. of community programs provided in schools and No. of participants	Canada Post Community Foundation Community Action Program for Children (CAPC). More listed in document.

Everyone in Leduc has access to nutritious, affordable food

Food Security

		TIME FRAME	LEAD	PARTNERS	TARGETS & MEASURES	POTENTIAL FUNDING
1	Goal 1: Increase access to affordable and nutritious food and reduce food waste					
a	Offer community education programs to support healthy eating	Short term	New or existing non-profit agency.	FCSS, Alberta Health	Number of people attending programs	
b	Make land available for community gardens and urban community farms and make accessible for all. Sponsored plots/saved plots for low-income families	Medium term	City of Leduc Planning, Community Development	Non-profits, businesses, residents	Number of people participating. Amount of fresh produce provided by these programs.	Government of Canada's social development Partnership program. Environment and Climate Change Canada, Alberta Health
c	Support innovative business models that help retailers sell and or give away healthy foods to underserved communities	Medium term	Leduc & District Food Bank	Local food retailers and restaurants	Pounds of food distributed. Number of business participating.	Mazon Canada · The McLean Foundation
d	Establish e-commerce platform to use combined purchasing power to buy wholesale nutritious food with on demand delivery services	Medium term	New or existing non-profit agency.	Food wholesalers	E-commerce platform is set-up. Number of people purchasing products through platform/ social enterprise.	Trico Charitable Foundation
e	Provide grocery store space in underserved areas through the development process.	Long term	City Planning	Retailers, developers	Target: Every resident within a 15 minute walk of a grocery store.	Rezoning and density bonusing

Residents have sufficient income to meet their basic needs

Income Supports, Training and Jobs		TIME FRAME	LEAD	PARTNERS	TARGETS & MEASURES	POTENTIAL FUNDING
1	Goal 1: Provide access to sufficient income, income supports, job training and placement services for those who need them.					
a	Advocate for a guaranteed basic income and a living wage	Short term	City Council	Non-profit organizations, local businesses	Increase to average incomes and reductions in poverty.	Alberta Works
b	Advocate for in-person, local access to income supports, job training and referrals	Medium term	City of Leduc - FCSS, Alberta Works	Leduc Hub and other non-profit organizations	Local Alberta Works staff in place; Increase in number of clients accessing the supports they need	Employment and Social Development Canada provides funding for jobs, training and social development; Skills and Partnership Fund
c	Establish a Community Development Corporation and support the development of social enterprises	Long term	FCSS	Entrepreneurs, Downtown Business Association and non-profit organizations	Establish the Corporation; Number of social enterprises created; Number of jobs created	Social Enterprise Fund; UCEED Social Impact Fund; Trico Charitable Foundation