

Addressing the Stigma of Homelessness Through Employment and Community Education

Experiences of Participating in Two Novel
Initiatives in Kingston, Ontario, Canada

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Table of Contents

1. Executive Summary	4
2. Introduction	5
3. Methodology	7
4. Study One: The Vocational Program	8
5. Study Two: “Support Not Stigma” Wrkshop Series	19
6. Recommendations	31
7. Limitations	33
8. Conclusion	34
9. Acknowledgements	35
References	36

1 Executive Summary

Stigma is a serious issue affecting the lives of persons who experience homelessness and use substances.

It influences every aspect of their daily lives including where they exist in public places, where they can live following homelessness, and access to housing, employment, and other opportunities that would enable thriving. In this report, we present the findings of two distinct studies which explore the experiences of administering or participating in two initiatives aimed at mitigating the stigma of homelessness in the lives of individuals who experience homelessness and use substances in Kingston, Ontario, Canada. These two initiatives were designed and led by Trellis HIV and Community Care in collaboration with a range of community agencies throughout the Kingston community and included: 1) the "Vocational Program," an initiative aimed at providing accessible, low-barrier employment to individuals who are currently unhoused and engaged in active substance use; and 2) the "Support Not Stigma" workshop series, a series of seven workshops aimed at reducing stigma among service providers in services for individuals who experience homelessness and use substances. While this research was qualitative and not aimed at measuring the effectiveness of these interventions, our findings indicate that these two approaches were worthwhile initiatives that need to be implemented and evaluated in future implementation efforts. We provide several recommendations for research, policy and practice for consideration by researchers, policymakers and service providers in future efforts designed to reduce stigma in services and the broad Kingston community.



2 Introduction

Homelessness is a growing and pervasive social issue that affects millions of individuals worldwide.

Internationally, 150 million individuals experience homelessness annually, 15 million are forcefully evicted from their homes, and 1.6 billion people live in poor quality housing [1]. In Canada, it is estimated that at least 235,000 individuals experience homelessness every year, and that this number continues to grow [2, 3]. Beyond the immediate hardships of lacking stable housing, individuals experiencing homelessness often face stigma associated with being unhoused, using substances, and living with mental illness [4].

Stigma associated with homelessness is complex, and includes public stigma, self-stigma, and structural stigma. Public stigma refers to the negative stereotypes and discriminatory attitudes held by society toward people who are unhoused. This often manifests in social exclusion, verbal harassment,

and at times, physical violence [5-8]. Self-stigma occurs when individuals internalize these negative perceptions, leading to diminished self-esteem, mental health issues, and a reluctance to seek help [9]. Structural stigma involves societal and institutional policies that disadvantage unhoused individuals, such as criminalization of homelessness and barriers to accessing healthcare and employment [5, 10].

The impact of stigma on persons who experience homelessness can be profound and affect multiple aspects of their lives. Not only can stigma negatively influence well-being for a population that already faces severe health inequities [11-13], but it can also limit opportunities for community integration, the ability to leave homelessness, and housing stability following homelessness. Interventions aimed at reducing stigma are essential for fostering more inclusive and supportive communities for individuals who are currently unhoused, and for preventing ongoing homelessness.



Rationale and Goals of this Report

In this report, we summarize research conducted to explore experiences of participating in two novel initiatives aimed at reducing the stigma of homelessness in Kingston, Ontario, Canada. These two interventions were led by Trellis HIV and Community Care and included: 1) a Vocational Program aimed at providing paid employment to unhoused persons living with active substance use disorder; and 2) a workshop series called “Support Not Stigma.”

Project Setting

Trellis HIV and Community Care is an organization that is funded to provide non-stigmatized education regarding HIV/AIDS, harm reduction supports, and social services throughout Southeastern Ontario, Canada [14]. This organization offers several programs to both housed and unhoused persons. These programs are delivered in collaboration with other community partners, and include a consumption and treatment centre, a shelter for unhoused persons, and a drop-in centre for daily use by persons who are experiencing homelessness among other services.

The city in which Trellis HIV and Community Care is situated is Kingston, Ontario, Canada. This city is categorized as a large population centre by Statistics Canada [15] and in 2021, had a population of 132,485 [16]. Kingston is a vibrant and growing urban community yet has long struggled with a problem of homelessness due to its historically low vacancy rates. In 2023, the overall vacancy rate was 0.8% [17], meaning that only 0.8% of all market rental housing was actively available. This represented a reduction from the vacancy rate of 1.2% in 2022 [18]. It is widely regarded that having a vacancy rate of over 3% in a community at any given time represents a healthy and balanced availability of housing, yet Kingston’s vacancy rate has not achieved this threshold since 2020, when it reached 3.1% [19]. This increase was widely considered to be an anomalous year induced by the COVID-19 pandemic. Prior to this, the vacancy rate in Kingston has remained well below 3% for several years, which has contributed to

a severe and growing homelessness problem [20], particularly for a city of its size. Further deepening this problem is the lack of available social housing. As of May 2024, there were 1002 unique individuals on the social housing waitlist in this city alone [21], many of whom remain on this waitlist for several years at a time.

Currently, there are more than 539 unique individuals who are estimated to be unhoused in the city of Kingston as of March, 2024 [20], and fewer than 200 shelter beds at any given time. The lack of available housing and shelter beds in this city has left many individuals living in dire circumstances that force them into living in encampments in the absence of other solutions, and services feeling overwhelmed by the high level of need to which they are tasked to respond. The stigma of homelessness and substance use is especially prevalent in the Kingston community due largely to the visibility of homelessness in the city, and a perceived lack of response by the municipality, persons who experience homelessness, and the services who are tasked with supporting them [22, 23].

Structure of this Report

This report provides the findings of two distinct qualitative studies that were conducted to identify the experience of participating in two novel interventions delivered by Trellis HIV and Community Care aimed at reducing the stigma of homelessness and substance use in city of Kingston: 1) the Vocational Program; and 2) the Support Not Stigma workshop series. In the following sections, the methodology used for these two studies, and the findings of each are presented. These sections are followed by recommendations based on the findings of these two studies, a description of the limitations of this research, and a concluding section aimed at reflecting on the findings and implications of this report.

3 Methodology

In the studies presented in sections four and five of this report, we used a qualitative case study design. This study design was used for its utility in describing unique or novel approaches in context, using the perspectives of relevant community representatives (Creswell, 2013; Yin, 2018). In Study One, we conducted semi-structured qualitative interviews with administrators and employees of the Vocational Program that was the subject of this research. In Study Two, we conducted semi-structured interviews with attendees of the Support Not Stigma workshop series. Both of these studies were approved by the Western University Non-Medical Research Ethics Board in London, Ontario, Canada. Specific methods used in each study are presented in their respective sections.

Reflexivity Statement

In this report, we present two distinct qualitative studies, which have been analyzed and interpreted by a team of individuals who have been deeply involved in research and practice in the area of homelessness. The principal investigator has worked in mental health and housing services since 2005 primarily in the Kingston, Ontario community, representing nearly 20 years of clinical and research experience. The co-investigators involved in this research have been immersed in the conduct of several studies related to homelessness and mental health. Most are master's and PhD students at Western University, and all have been involved with studies related to homelessness and homelessness prevention. Many members of our team have been involved as service providers in the area of homelessness in addition to their research experience. While our research team represents individuals who all identify as women, we represent a range of ethnic, spiritual and racial backgrounds. We all identify as researchers who take a social justice and health equity perspective in our work. As is common practice in qualitative research, it is important that we provide the reader with information regarding our positioning to enable them to account for this as they review our findings. We have not set aside our pre-understanding of social justice, mental health and homelessness in conducting this work, but rather have drawn on this depth of knowledge to inform our analysis.



Study One

4 The Vocational Program

The Vocational Program is a harm reduction-focused pilot intervention designed to provide low-barrier employment opportunities for unhoused individuals living with active substance use disorder.

Employment opportunities available to participants in this program include working as an assistant in a commercial kitchen where meals for shelter and community residents were prepared, in a laundry facility serving shelter and kitchen programs, and in a building maintenance and janitorial service. To be considered for inclusion in the Vocational Program, participants needed to be: 1) currently unhoused; and 2) actively using substances. Employees were paid and were provided with flexibility regarding work hours and access to the shelter spaces in which they resided while unhoused during the course of the pilot. Consistent with a harm reduction approach, employees were not required to abstain from substances during work hours to maintain their employment. This program was in operation from October 2022 to March 2024, and over the course of this time, a total of 24 unique individuals participated as employees in this program. We conducted interviews from December 2023-February 2024 after the program had been operating for over a year. We chose this timeframe to ensure that we could recruit participants who had an adequate depth of experience in administering or participating in the Vocational Program to inform rich interviews.

Methods

Interviews with administrators of the Vocational Program were conducted via Zoom [24], while interviews with employees were conducted in person in a private interview space within an organization that was different from the organizations that administered the Vocational Program. After reading a letter of information, participants were asked to complete a consent form. After providing consent, administrator and employee participants provided demographic information which was recorded in a survey developed in Qualtrics [25]. Following this, participants were engaged in a semi-structured interview which was recorded on Zoom or a digital recording device as indicated.

Different qualitative interview protocols were used to guide the semi-structured qualitative interviews with administrators and employees; however, these interview protocols mirrored one another in content. Interviews were transcribed verbatim to facilitate analysis.



SEMI-STRUCTURED INTERVIEW QUESTIONS POSED TO ADMINISTRATORS AND EMPLOYEES OF THE VOCATIONAL PROGRAM

ADMINISTRATORS OF THE VOCATIONAL PROGRAM	EMPLOYEES OF THE VOCATIONAL PROGRAM
1. Tell me about your experiences of administering the Vocational Program.	1. Tell me about your experiences of participating in the Vocational Program.
2. How is administering the Vocational Program affecting how you view persons with experiences of homelessness?	2. How is this program affecting how you feel about yourself? Your mental well-being?
3. How do you think the Vocational Program is perceived by the community?	3. How do you think the Vocational Program is perceived by the community?
4. In what ways do you think the Vocational Program has influenced the way that people in organizations and the broad community view individuals with experiences of being unhoused?	4. In what ways do you think the Vocational Program has influenced the way that people in organizations and the broad community view individuals with experiences of being unhoused?
5. In what ways do you think the Vocational Program has influenced the way that people in organizations and the broad community view individuals who live with substance use difficulties?	5. In what ways do you think the Vocational Program has influenced the way that people in organizations and the broad community view individuals who live with substance use difficulties?
6. In what ways do you think the Vocational Program has influenced the way that people who are working in the program view themselves?	6. In what ways do you think the Vocational Program has influenced the way that people who are working in the program view themselves?
7. In what ways has administering the Vocational Program influenced the way that you see your organization and its ability to support people who experience homelessness and housing precarity?	7. In what ways has participating in the Vocational Program influenced the way that you see yourself?
8. What are some challenges that you've seen with the Vocational Program? What strategies do you think are needed to address these challenges?	8. What are some challenges that you've seen with the Vocational Program? What strategies do you think are needed to address these challenges?
9. How is the Vocational Program benefitting organizations and the broad community?	9. How is the Vocational Program benefitting organizations and the broad community?
10. If you could think of three things that you could change about the Vocational Program and how it is currently being delivered throughout the community, what would they be?	10. If you could think of three things that you could change about the Vocational Program and how it is currently being delivered throughout the community, what would they be?
11. If another organization or community wanted to implement this same program, what advice would you give them to make sure that it was successful?	11. If another organization or community wanted to implement this same program, what advice would you give them to make sure that it was successful?
12. Is there anything about the Vocational Program that we haven't discussed in this interview that you think is important to mention?	12. Is there anything about the Vocational Program that we haven't discussed in this interview that you think is important to mention?

Analysis

We analyzed interviews using reflexive thematic analysis [26]. In conducting this analysis, our team utilized a social justice perspective believing that in a just society, persons who experience homelessness are entitled to housing and competitive employment that accounts for and takes a non-judgemental stance towards the presence of a substance use disorder. We combined the transcripts for all participants (administrators and employees) and used Dedoose, a cloud-based qualitative data management program to organize our data [27]. Four members of our research team coded transcripts (CE, PP, RG, EJ). Consistent with thematic analysis, we coded statements pertaining to our overall research question, informed by a social justice perspective. This was followed by grouping these codes into like categories. These categories were then arranged into themes, which were presented to the principal investigator (CM) and refined further through discussion and consensus. We met several times to finalize these themes, and subsequently identified a central essence characterizing resident experiences in alignment with the method described by Braun et al. [26].



Findings

Participant Characteristics

We interviewed 10 participants regarding the Vocational Program including six (60%) administrators and four (40%) employees. During the time of recruiting participants, the Vocational Program was ending, and despite multiple attempts to recruit employees, we were only able to secure participation from four employee participants. Most administrative staff in this program, however, elected to participate.

Administrators included four men, one woman, and one non-binary participant. These individuals had been administering the Vocational Program for a median of 14 months prior to the interview. Most were college or university educated ($n=5$; 83.3%) and occupied a range of roles in the organizations that administered or partnered on implementing the Vocational Program. Employee participants included three men and one woman with a median age of 40. Most were White ($n=3$; 75%), and despite living with a substance use disorder at the time of initiating employment in the Vocational Program, only one participant endorsed using substances during the time of the interview.


Employee participants had been working in the Vocational Program for a median of 5.5 months (range of 3-18 months) prior to the interview. Three (75%) had been employed as kitchen assistants, and one (25%) was employed in laundry and housekeeping. Regarding housing status, three (75%) were housed, and one (25%) was unhoused. All were unhoused upon being enrolled in the Vocational Program.


WHO DID WE INTERVIEW?

ADMINISTRATORS (n=6)

GENDER

 **MAN**
4 (66.7%)

 **WOMAN**
1 (16.7%)

 **NON-BINARY**
1 (16.7%)



LENGTH OF TIME WORKING IN THE VOCATIONAL PROGRAM

3-18 Months (Mdn=5.5)



LEVEL OF EDUCATION

- Some college/university **1** (16.7%)
- College/ university completed **5** (83.3%)

ROLE





- Vocational manager: **1** (16.7%)
- Chef: **1** (16.7%)
- Non-profit worker: **1** (16.7%)
- Director of supportive housing: **1** (16.7%)
- Executive director of an organization involved in implementation: **1** (16.7%)
- Systems analyst: **1** (16.7%)

EMPLOYEES (n=4)

GENDER

 **MAN**
3 (75%)

 **WOMAN**
1 (25%)

 **NON-BINARY**
0 (0%)

AGE



25-48
(Mdn=40)

RACE



- White **3** (75%)
- Asian **1** (25%)



CURRENT SOURCE OF INCOME

- Employment **2** (50%)
- Ontario Works **1** (25%)
- Ontario Disability Support Program **1** (25%)



HOUSING STATUS

- Housed **3** (75%)
- Unhoused **1** (25%)



LENGTH OF TIME WORKING IN THE VOCATIONAL PROGRAM

3-18 Months (Mdn=5.5)

HEALTH CONDITIONS

- Mood disorder **1** (25%)
- Stress and trauma-related disorder **1** (25%)
- Psychotic disorder **1** (25%)
- Substance use disorder **1** (25%)
- Physical health condition **1** (25%)

TYPES OF SUBSTANCES USED¹

- Methamphetamine **1** (25%)
- Cannabis **1** (25%)

EMPLOYMENT STATUS PRIOR TO THE VOCATIONAL PROGRAM

- Unemployed **2** (50%)
- Employed part time **2** (50%)

HOURS WORKED PER WEEK

WHILE IN THE VOCATIONAL PROGRAM 20-40 (Mdn=30)

JOB DUTIES IN THE VOCATIONAL PROGRAM

- Kitchen assistant (i.e. cooking, food prep) **3** (75%)
- Laundry and housekeeping **1** (25%)

¹Only one participant endorsed being currently engaged in substance use, and this participant indicated that they used both cannabis and methamphetamine

Qualitative Findings

Persistence is needed, and worth it to show the community what people are capable of

The essence of our qualitative analysis was the notion that to administer or work as an employee in an employment program for persons who are unhoused and engaged in substance use, persistence and patience with employees and oneself are needed. Administrative participants discussed how strongly they felt the stigma of homelessness and substance use throughout their community, particularly as they supported employees as they interfaced with the public, volunteers and other employees in the organizations in which they worked. They viewed exposure of the public to interactions with persons with histories of homelessness as essential for mitigating stigma: *"I just think people are scared. There's a fear of the unknown. I totally get that, and it's just stigma, but I think the more people meet people who are homeless, you build a relationship with them, those things would probably very quickly leave them. But people need to have opportunities to be exposed to people who are experiencing homelessness."* [Individual 3, Administrator]

Despite their efforts, participants recognized that stigma had the potential to prevent the Vocational Program from being implemented and from growing over time. One employee participant described the indelible nature of stigma, and how they felt this stigma from the public and in the context of their work in the Vocational Program: *"you can say as many things as you want and you're not going to change*

someone's mind. You know how people say a leopard never changes its spots? So, that stigma is always going to be there regardless" [Billy, Employee].

Overall, the Vocational Program was described as challenging to administer. Both administrative and employee participants, however, believed that the program could be successful over time by using approaches that accounted for stigma that existed in the community around homelessness and substance use, and by using approaches that may enhance the success of employees in the program. Ultimately, participants believed in the Vocational Program, and its potential to help individuals who are unhoused and living with substance use disorder to gradually re-build their lives, improve their incomes, and leave homelessness altogether.

This essence was expressed through three distinct themes: 1) "Let's look at why they were successful and let's change it so the rest of them can be successful"; 2) "At the end of the day, that person is worth more than the job we're getting done"; and 3) One step in a greater journey of recovery.

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[Individual 3, Administrator]



“Let’s look at why they were successful and let’s change it so the rest of them can be successful”

Participants identified that there were challenges and successes that had been achieved within the Vocational Program, and overall, they saw it as a worthwhile endeavour. They acknowledged, however, that by some quantitative measures of success, it could be seen that the program had not achieved as much as it should have. They urged policymakers and funders to view the outcomes of the project in context. They described how employees in the Vocational Program were living within complex circumstances, and both employee and administrative participants emphasized the importance of exploring a range of outcomes not just including what could be measured in numbers, but also the meaningful changes in individuals that occurred throughout the course of the pilot. They emphasized the importance of identifying what did work for some individuals, and

building on those successes by revising the Vocational Program in future implementation efforts:

I just really hope that there will be funding, that they won't look at this pilot and say, 'oh, well, it wasn't successful because we didn't have numbers of people come through.' I mean, it's always about numbers when you come to money, but the fact that we did have two people who were successful. Let's look at why they were successful, and let's change it so that the rest of them can be successful. And we can't do that if it's like, 'oh, this didn't work and so there's no more funding.' So, I really hope that they'll look at it all and say it is a worthwhile project. We just need to change some things to make it more successful. I think it's sad if we don't do it again...I'm hoping that when they hear and see everything that they'll still think it's worthwhile and that it would start again. But with all the changes that we've learned from our mistakes.
[June, Administrator]

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[June, Administrator]



One of the challenges expressed by all participants was how challenging it was to be unhoused while working, even within the context of a flexible job. They described how living in shelters while working is extremely difficult, and hoped that if the general public saw this, it would help them to recognize how much more effort was required to work without housing. Perhaps it would help the general public to reflect on how housing, resources and support are critical for enabling participation in work, and thereby challenge any stigmatizing views that they may hold: *"Being homeless and working, it's no joke. It's not easy. To not know where you're sleeping that night when you get off work. Thank God there are shelters around, but if there wasn't, where would you stay? And how would you get up, and all this? Staff waking me up for work at like 6:00. And I'm up, I've had my coffee, and I'm ready for work when I get there"* [Bradley, Employee].

On reflection, it was recognized by administrators there was a need to fully consider the inclusion criteria for participants in a program of this nature at the outset, and identify realistic indicators of success, which hadn't been fully developed or understood among them in the beginning of implementation. They acknowledged that their expectations at the initial stages for outcomes were higher than they should have been given the complex nature of the lives of the employees who were the focus of the program. Further, expectations of the program funder and administering organizations should have been clearly agreed upon prior to initiating the program. If a similar program were implemented in the future, one participant advised:

Well, I think that they would need to really think about the criteria first and make sure that they're helping people be successful with that criteria, whatever it may be. And again, working toward people being housed is something that needs to be talked about and thought about before. And then what are their goals? So, I mean to say that by three months we're going to have people either not using [substances] or using less and being successful at work. I don't think that was realistic. So, I think we need to look at whoever we're targeting and make sure that it's a realistic goal for them wherever they're at. [June, Administrator]

"Being homeless and working, it's no joke. It's not easy. To not know where you're sleeping that night when you get off work. Thank God there are shelters around, but if there wasn't, where would you stay? And how would you get up, and all this? Staff waking me up for work at like 6:00. And I'm up, I've had my coffee, and I'm ready for work when I get there"
[Bradley, Employee].

"At the end of the day, that person is worth more than the job we're getting done"

Both administrator and employee participants described how there were inconsistencies among employees regarding their readiness to work and their ability to be reliable employees. This was largely attributed to the fact that employees lived chaotic lives without housing, and while they were managing addiction to substances. As a result, the program provided support and structure through the provision of transportation and revised shelter policies to counter the chaos that typically characterized the lives of employees. Still, the employees struggled to be reliable:

...we did offer transportation at the beginning. We'd pick them up and take them back, but also part of the program was to help them get more independent so that they're not dependent on others. And so, we'd get them a bus pass or something, and then a lot of them, of course, ride bikes. And as you know, in Kingston, bike theft is the number one problem. And so, we get a phone call: 'I'm going to be late. Somebody stole my bike.' They might even be at work and somebody's managed to steal their bike...that is definitely a challenge on both sides for them to not be able to get there on time. And for us, you're expecting four people to work at 9:00 and maybe one shows up and then the others straggle in or just don't show up at all. And so, that's one of our biggest struggles. [June, Administrator]

And so, we get a phone call: 'I'm going to be late. Somebody stole my bike.' They might even be at work and somebody's managed to steal their bike...that is definitely a challenge on both sides for them to not be able to get there on time. And for us, you're expecting four people to work at 9:00 and maybe one shows up and then the others straggle in or just don't show up at all. And so, that's one of our biggest struggles.

[June, Administrator]

This lack of reliability on the part of employees had a serious impact on the administrators of the program. The employment roles in which Vocational Program participants were placed included tasks that needed to be completed to ensure the successful and safe operation of the shelters that the administrators operated. If an employee did not arrive for a shift, these tasks would still need to be completed, often by the few employees who did arrive and/or the administrative staff themselves. Sometimes, employees wouldn't arrive for several shifts, the organization would hire another person to replace them, and then the original employee would ask to return to their previous role after time had passed. Administrators described how this added to the feeling of chaos within the program, and identified that they wished that they had taken this into account at the outset:

I think it was difficult to have people not show up for a few months and then jump in two months later and be a part of it again. And again, not that I didn't want to give opportunities to people who wanted to be involved, but I think it was unfortunate that someone was part of the program, and they took a empty spot. Now other people can't be a part of the program because it's full, and then certain people dropped off, and then there was that gap...But then if that person wanted back in, they could easily join back in after a long period of time. I don't know if it would have been beneficial to have a more concrete rules around 'like hey, you've missed two weeks without showing up. Unfortunately, you're out of the program. We're going to have someone else take your spot, and please come back and reapply for the program...we want you to be successful, but we need someone

who's going to be committed or at least show up and try to be consistent.' I know there's a lot of things that we were trying to figure out how we wanted it to look like, and that was just something that I wish we could have done better. [Mark, Administrator]

Administrators did adapt over time, and one recognized that this ability to adapt was a part of the culture of how their organization had evolved and currently worked. Being flexible and working with employees to identify the right way of operating the program efficiently was important, satisfying, and a way to stave off moral injury:

Well, when we started this, we didn't know what we were doing. We had no clue. And that seems to be the hallmark of our organization at this point is that we see need, and we don't know how to actually fix that, but we're at least willing to try. And so, that's where this came out of is us trying to figure that out. And so, there's been lots of challenges, but there has been a lot of joy along the lines as well. Seeing people succeed has just been – it's been life-giving to us, right? You get a lot of different places where there's a lot of moral injury, but this was one that we could control. This is one that we could actually do. And that was the one nice thing. We learned early on that people needed a lot more support than we thought might be needed in the first place, and that's OK. [Shawn, Administrator]

Staving off moral injury was important because administrators were driven to help, and worried that the Vocational Program was not doing enough to help people to leave the difficult circumstances of their lives behind. Over time, they learned to temper their expectations and accept that they were employing

Well, when we started this, we didn't know what we were doing. We had no clue. And that seems to be the hallmark of our organization at this point is that we see need, and we don't know how to actually fix that, but we're at least willing to try. And so, that's where this came out of is us trying to figure that out. And so, there's been lots of challenges, but there has been a lot of joy along the lines as well. Seeing people succeed has just been – it's been life-giving to us, right? You get a lot of different places where there's a lot of moral injury, but this was one that we could control. This is one that we could actually do. And that was the one nice thing. We learned early on that people needed a lot more support than we thought might be needed in the first place, and that's OK.

[Shawn, Administrator]

a complex population. Instead, they focused on accepting that stigma exists in society, and that there is potential to create a more caring society through educating a segment of the population that may be receptive:

...there's still hesitation because some people we've tried to help but couldn't overcome their addictions, and some people will never change their minds or their perceptions. Some people just aren't going to do that, right?...I think many don't think in terms of each individual having intrinsic value and deserving of being loved. So, I think a minority of members of society are always going to hold

negative stereotypes towards people. We're not going to change that, and that's okay. Because I think on the other side of the spectrum, there's people that'll think that everybody will always be successful and there's always hope, and the reality is that's not the case either. So, it's finding that middle ground where we could educate people.
[Anthony, Administrator]

Commitment to believing in the abilities of employees in the Vocational Program and demonstrating kindness and support in their interactions was expressed by administrators and described by employees. Employee participants expressed how they felt valued by administrators in the program, and that this was different than previous work experiences that they had in the past:

I would say they took care of me from the starting. Sometimes they were providing me rides to the work. If I was having a hard time, they were supporting. Not stigma, right? So, it was one of the best thing[s that] happened to me...So, I really enjoyed it, so that's pretty good...I felt like family, so they treated me very well. I never felt like I was something wrong, or I did something wrong. It was pretty good. [Bob, Employee]



“if people are working, there’s less time to use drugs. A big part of me getting off of drugs was staying busy and not getting bored and not sinking back into that depression and feeling of helplessness or hopelessness...it was a big part of it”
[Sherri, Employee].

One step in a greater journey of recovery

Participants described how the Vocational Program supported employees to begin a process of recovery from homelessness, mental health challenges, and addiction. Both employees and administrators described how participants in the Vocational Program often had histories of being excluded in society, and that this had a serious impact on their self-esteem. Being involved in employment was considered to be crucial for facilitating mental well-being and a transition from homelessness and substance use difficulties by providing a meaningful way to use time and by imposing routine in employees’ lives: *“if people are working, there’s less time to use drugs. A big part of me getting off of drugs was staying busy and not getting bored and not sinking back into that depression and feeling of helplessness or hopelessness...it was a big part of it”* [Sherri, Employee].

Working in the Vocational Program also contributed to the self-esteem of employees by increasing their incomes and allowing them to see that their work was valued: *“when they get their first pay cheque, they ask us to come and take a picture of them with their earned pay cheque. And you’re just like, this is awesome. It’s remarkable how high they held their heads when they realized that they are actually doing work that is meaningful to the community that they are part of”* [Shawn, Administrator]. Beyond earning money, the nature of the work provided to employees provided a sense of purpose in the social landscape of the community, and an important opportunity to give back:

Before the program I was confused like what would I do? I was having a hard time, but this program has affected me pretty good – impacting

me in a very good way. So, I’d be myself and the job I do is pretty good. So, we feed homeless people so it’s so satisfying. And I feel like I’m doing [a] good thing. It’s a pretty good thing for me...it feels like whenever you’re done with your work, and you go home, you feel like you did something good for people on the street and people who are having mental issues or health issues or something like that, so I feel pretty good. [Bob, Employee]

Not only did employees observe improvements in their lives as they participated in the Vocational Program, but they observed it in others, as well:

...one of my colleagues...he was on the streets before that and he was using substances. And he joined with me, and now he’s having his apartment by himself, and he’s doing pretty good. He’s working more than me, I would say in maintenance and a lot of things, and he’s pretty happy. He’s pretty satisfied with that. And I met him before the program, and he was kind of off the road...but nowadays, he’s – I haven’t seen any happy people like him. He’s always smiling. He’s always welcoming me. And so, I would say, I would set him as an example...this Vocational Program just changed him a lot, and he’s smiling every day. It’s a pretty good thing. [Bob, Employee]



Employees had been informed just prior to the interviews that the Vocational Program was ending, and that their positions would soon be eliminated. They expressed concern and worry during interviews, and questioned the timing of the notice, which was just prior to the December holiday season. They described how meaningful the work was to them, and how they were unsure of what they would do with their time without it. The opportunity to work and connect with co-workers was more important to employees than being paid:

...it was not a lot of time...What am I going to do? What's it like? Christmastime? What am I going to do now, man? I'm a little depressed. Am I supposed to go drink and get high? What am I supposed to do, man? Because I don't know what else to do. I don't have any family up here. So, what else am I supposed to be doing? Working is good for me. It keeps my mind off the trash. Because I'm basically doing what I'm supposed to be doing. But, yes, that's the best job I ever had. It's not even a question. It is. I even said to them like, 'If you guys need any volunteers, call me.' I said, 'I'm doing nothing anyway.' [Billy, Employee]

One participant had left his previous job to participate in the Vocational Program because of the presence of supports that were embedded within the program that were not available to him previously. When the Vocational Program ended unexpectedly, he felt lost without a way to occupy his time, which had an impact on his mental health: *"I couldn't go back to my previous job. So, it's like I'm just stuck in limbo now really. I got nothing to do during the days. I just go sit at the library, which sucks"* [Bradley, Employee].

The grief that employees expressed at the closure of the Vocational Program provides evidence of how important it was regarded in their lives. Administrators and employees discussed a range of ways that this program supported employees to regain a sense of self-esteem and control in their lives, which they had lacked previously beyond simply occupying their time and providing routine alone. For many, it offered a welcome connection to the community: *"...the communities, they were always welcoming, and all the times they are waving hands, and it's a pretty*

good thing like we are doing good things for people. And some people I don't even know, and they always say hi to me. It feels like we are doing very good for our community, and we are always welcome" [Bob, Employee].

Observing the success of employees in the Vocational Program was not only rewarding for employees, but also contributed meaning to the work of administrators:

The success stories are the best. I have one intern that is currently working with us and it's great. We have one at the warehouse that is just such a hard worker now, and it's been great to be able to see these guys progress out of homelessness and transition into being housed and reducing their use of substances and start to build something. And to just know you're a part of that. I don't know. That's just been really great to be a part of. And to continue to want to see other people be bigger, better versions of themselves in whatever way that looks like. I think that's a really rewarding thing, and I know I look forward to being a part of a program like this again someday. I don't know what else I can say really about it. [Mark, Administrator]

While the Vocational Program ended earlier than administrators and employees wished, administrators were clear that employees were always welcome to reach out to their organizations as an extension of their community: *"We really get to know the people personally, and they know that, and they know we care, and long after this program they know that if they need help, we'll do whatever we can to help them"* [June, Administrator].

"We really get to know the people personally, and they know that, and they know we care, and long after this program they know that if they need help, we'll do whatever we can to help them"
[June, Administrator].

Study Two

5

“Support Not Stigma” Workshop Series

The “Support Not Stigma” workshop series was a series of in-person workshops aimed at addressing the stigma of substance use and homelessness among service providers in the Kingston, ON community.

A total of thirteen sessions were planned, yet only seven of these workshops were delivered from 2022-2023. Each four-hour session was structured with three components: 1) a lecture; 2) food shared among attendees; and 3) an activity or discussion to help attendees process the learning content for the session. The specific topics of these seven interactive sessions are summarized below. These sessions were recorded and are available for online access using the links provided.



“SUPPORT NOT STIGMA” WORKSHOP SESSIONS

SESSION TITLE	CONTENT
The System is Broken	A panel discussed how work in housing and homelessness has changed in relation to three societal shifts: 1) the COVID-19 pandemic; 2) the growth of homelessness; and 3) the drug poisoning crisis. The topic of moral injury and its relationship with post-traumatic stress disorder was explored. The eight principles of harm reduction were reviewed. A model for knowledge co-creation using dialogical action was introduced as providing a foundation for workshop sessions that would follow.
The History of Neoliberalism and the “War on Drugs”	A history of how neoliberal ideology and policies have negatively impacted the lives of the working and middle classes in Kingston, Ontario, and have led to increased mental illness, substance use, and homelessness. A history of the “war on drugs” and its classist and racist policies was provided.
Trauma: Body & Mind	A discussion of how trauma manifests in both the body and mind was facilitated. How trauma is related to adverse childhood experiences, and pathways to substance use as a coping mechanism were explored. Finally, how trauma manifests in health and social care work with persons who use substances and/or experience homelessness was explored. The role of reflexivity in health and social care work in this practice area was identified as an opportunity for enhancing consciousness related to these dynamics.
Street Life Writ Large	This session explored why service providers serving street-involved persons should know more about the daily lives of the individuals with whom they work including the labour of substance use, the myth of choice, the impact of street life and how service providers can “do better.”
The Bio-Psycho-Social-Spiritual Model of Addiction	In this session, an overview of the bio-psycho-social-spiritual model of addiction based on three decades of working in and researching substance use was provided. Contemporary models of understanding substance dependence were outlined. By examining research on psychedelics, models of human consciousness were explored, and were used as a foundation upon which to base future practice.

“SUPPORT NOT STIGMA” WORKSHOP SESSIONS

SESSION TITLE	CONTENT
Harm Reduction	The history of the harm reduction movement and its emergence from the HIV/AIDS epidemic was explored. Harm reduction was defined as policies, programs and practices that aim to minimise the negative health, social and legal impacts associated with substance use, substance policies and substance use laws. The modern-day harm reduction movement which recognizes intersections of a range of social locations (i.e. gender, race, Indigeneity, etc.) was presented. A focus on shifting power to oppressed groups was explored.
The Elephant in the Room: Re-politicizing Kingston's Housing Crisis	An overview of the housing crisis, exploring municipal, provincial, and federal housing strategies as a means to better understand roadblocks preventing working-class, lower-income, and unhoused populations from accessing permanent and secure housing was presented. A focus on re-politicizing the topic of housing and homelessness was advanced as a solution to this social problem to ensure all citizens have housing and an opportunity to thrive.



Methods

For this study, we recruited individuals who had participated in the Support Not Stigma workshop series. We recruited participants by sending emails to 50 individuals who had registered for the series to request their participation in a one-hour interview. We included individuals who had attended at least one session of the series. This enabled us to include individuals who had exposure to the series, and either had attended several sessions, or who attended few sessions and did not continue. Taking this approach provided us with the opportunity to include the perspectives of individuals who would provide both encouraging and constructive perspectives on the series.

After reading a letter of information and completing a consent form, participants were asked to complete a demographic survey and additional questions regarding the Support Not Stigma workshop series via

the Qualtrics platform [25]. Demographic questions posed to participants included information about their age, gender, role and level of education. Participants were also asked to identify the percentage of sessions that they had attended, and ratings regarding their knowledge before and after the series regarding substance use, substance use stigma and harm reduction. Note that these questions were delivered only following the workshop series by self-report. As such, these ratings represent the participants' ratings of how much they believe that their knowledge had shifted through participating in the Support Not Stigma series, rather than a 'pre-post' measure of change.

After providing consent and completing the survey, participants were subsequently engaged in a semi-structured interview which was recorded on Zoom [24]. Interviews were transcribed verbatim to facilitate analysis.

SEMI-STRUCTURED INTERVIEW QUESTIONS POSED TO "SUPPORT NOT STIGMA" ATTENDEES

1. Tell me about your experiences of participating in the Support Not Stigma Lecture Series.
2. How has participating in the Support Not Stigma Lecture Series influenced how you view persons with experiences of homelessness?
3. How do you think the Support Not Stigma Lecture Series is perceived by the community?
4. In what ways do you think the Support Not Stigma Lecture Series has influenced the way that people in organizations and the broad community view individuals with experiences of being unhoused?
5. In what ways do you think the Support Not Stigma Lecture Series has influenced the way that people in organizations and the broad community view individuals who live with substance use difficulties?
6. In what ways do you think the Support Not Stigma Lecture Series has influenced the way that people who are participating in the series view themselves?
7. In what ways has participating in the Support Not Stigma Lecture Series influenced your ability to support people who experience homelessness and/or substance use challenges?
8. In your view, how is the Support Not Stigma Lecture Series influencing organizations and the broad community for better or worse?
9. If you could think of three things that you could change about the Support Not Stigma Lecture Series and how it is currently being delivered throughout the community, what would they be?
10. If another organization or community wanted to implement the Support Not Stigma Lecture Series, what advice would you give them to make sure that it was successful?
11. Is there anything about the Support Not Stigma Lecture Series that we haven't discussed in this interview that you think is important to mention?

Analysis

We used a similar process for analyzing interviews in this study as in Study One using reflexive thematic analysis [26]. In conducting this analysis, our team utilized a social justice perspective, believing that in order to ensure a welcoming and inclusive society for persons experiencing homelessness and who use substances, that the stigma of these social conditions held by service providers should be mitigated or eliminated. To facilitate our analysis, we used Dedoose, a cloud-based qualitative data management program to organize our data [18]. Five members of our research team coded transcripts (JH, CE, PP, RG, SP). Consistent with thematic analysis, we coded statements pertaining to our overall research question, informed by a social justice perspective. This was followed by grouping these codes into like categories. These categories were then arranged into themes, which were presented to the principal investigator (CM) and refined further through discussion and consensus. We met several times to finalize these themes, and subsequently identified a central essence characterizing participant experiences in alignment with the method described by Braun et al. [26].

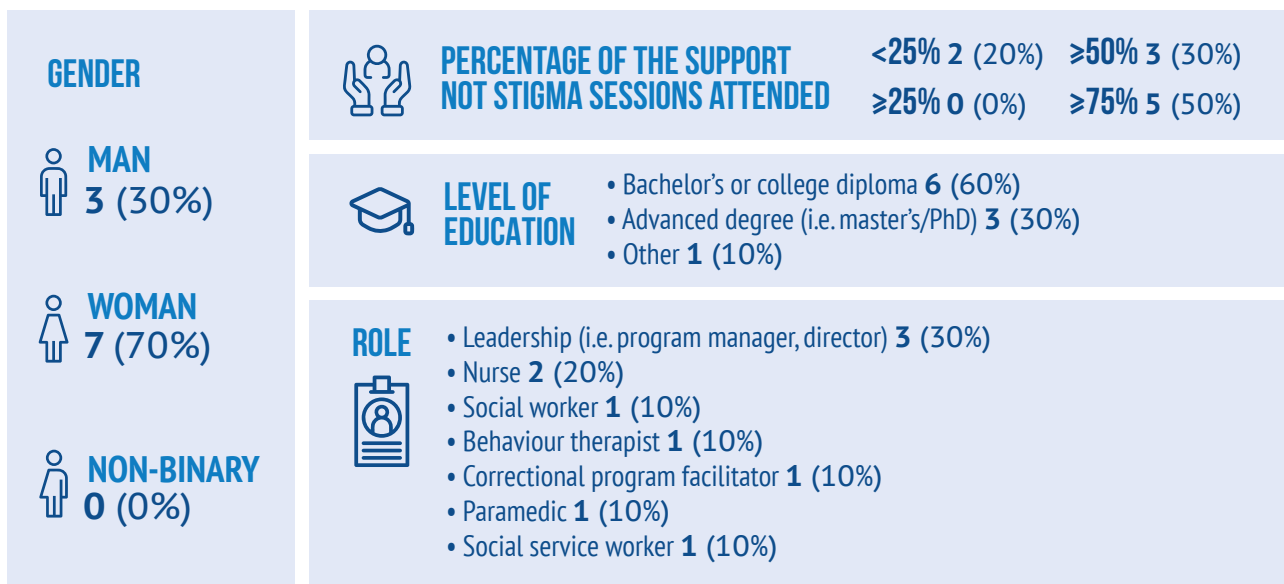
Findings

Participant Characteristics

Participants included 10 individuals including seven (70%) persons identifying as women, and three (30%) identifying as men. A total of three (30%) occupied leadership roles, followed by two (20%) direct service nurses and a range of other professions. Most participants (n=9; 90%) were college educated or higher. Prior to engaging in the Support Not Stigma workshop series, participants reported a mean score of 2.1 on a scale of 1-4 on their knowledge of substance use and substance use stigma before the workshop series, and 2.4 after. When asked about their knowledge of harm reduction, participants reported a mean score of 2.0 before the workshop series, and 2.4 after.



WHO DID WE INTERVIEW?



Prior to engaging in this series, how would you rate your knowledge of substance use and substance use stigma?
M=2.1

- I knew a bit **1 (10%)**
- My knowledge was moderate **8 (80%)**
- I knew a lot **0 (0%)**
- I had a high level of knowledge **1 (10%)**

After engaging in this lecture series, how would you rate your knowledge of substance use and substance use stigma?
M=2.4

- I know a bit **0 (0%)**
- My knowledge is moderate **4 (40%)**
- I know a lot **5 (50%)**
- I have a high level of knowledge **1 (10%)**

Prior to engaging in this series, how would you rate your knowledge of harm reduction?
M=2.0

- I knew a bit **2 (20%)**
- My knowledge was moderate **6 (60%)**
- I knew a lot **2 (20%)**
- I had a high level of knowledge **0 (0%)**

After engaging in this series, how would you rate your knowledge of harm reduction?
M=2.4

- I know a bit **0 (0%)**
- My knowledge is moderate **4 (40%)**
- I know a lot **5 (50%)**
- I have a high level of knowledge **1 (10%)**

Qualitative Findings

“The Support Not Stigma” Workshop Series was a good start, but there is more to be done

The essence of our analysis was that the Support Not Stigma workshop series was valued by participants and seen as the beginning of something greater that needed to happen in the Kingston community. Overall, participants described the series as a positive contribution: *“I feel it was worth participating and I would again if they had them...Overall, they were good. A good experience”* [Vicky]. One participant described how many initiatives had been tried in the community to improve the lives of individuals who live with substance use disorder and experience homelessness, and this series brought together service providers to consider future possibilities: *“I think it was impactful...Being in the field for 17 years - we try hard, and we’ve tried so many things and it’s not working...but I think there’s a lot of upsides with some of this work”* [Gregory]. In fact, participants discussed how they wished for more opportunities to learn alongside one another, and for some of the sessions to repeat in the future: *“I feel like this could be like a constant...thing and even like a rotation, right? So maybe there is a series of 12 and then they rotate and do it again”* [Jessi]. Many participants indicated they hoped that the series could continue on an ongoing basis: *“it was a well worthwhile endeavour and I think a lot of work and effort and time and money went all into this. So I mean I certainly think it was well worth all of that and I’d love to see it continue in whatever form. Like, these things always get revamped to improve but I’d love to see it continue”* [Jack].

This essence was expressed through three distinct themes: 1) “it opened up my eyes”; 2) “it was a good experience but there was room for improvement” to have a greater impact; and 3) “we had all these different viewpoints kind of collaborating together...it was helpful to see different perspectives.”

“it was a well worthwhile endeavour and I think a lot of work and effort and time and money went all into this. So I mean I certainly think it was well worth all of that and I’d love to see it continue in whatever form. Like, these things always get revamped to improve but I’d love to see it continue”
[Jack].

“It opened up my eyes”

Participants discussed that the stigma of substance use and homelessness remained particularly intense in their communities, and that the Support Not Stigma Series helped to raise their consciousness. This series was described as essential for service providers, particularly the aspect of this education that pertained to harm reduction:

It’s very very interesting about how the same type of people who were affected by the HIV and AIDS crisis are the same people who are being affected by the drug poisoning crisis. I think that speaks volumes to how we treat and view the population of people who are unhoused or use substances. The early teachings of harm reduction have been around for so long. Even now it’s 2024 and we still have people who are like, ‘No, it’s enabling.’; Well, it’s keeping people alive, actually! How are they supposed to get help if they’re dead? [Alice]



The stigma is immense...that bootstrap mentality is very very much still ingrained. Even in some social services - some people that I've worked with...I think that it's really hard that people aren't [able to] to grasp the enormity of [what] one...individual is facing...or just feeling overwhelmed to see that it's not that easy, but we just want them better. They're like, oh, well, they just need to do this.

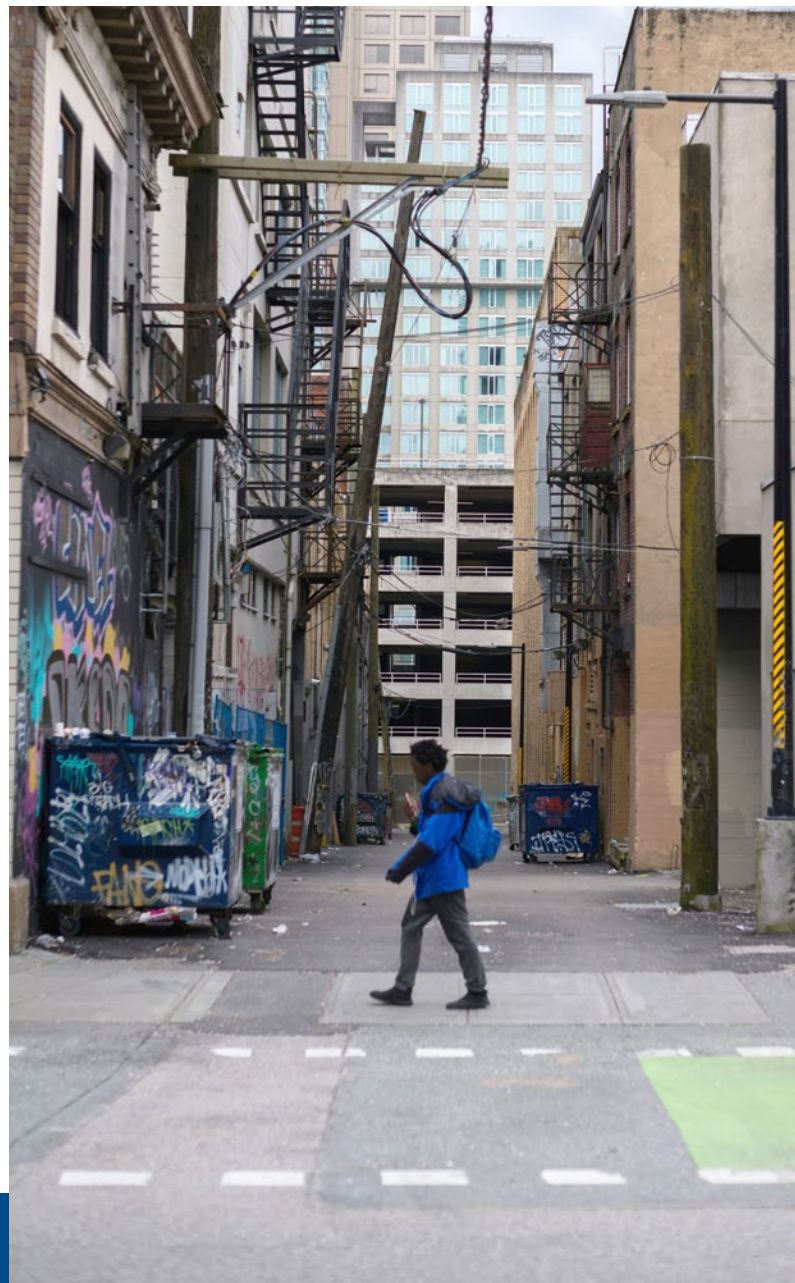
[Anne]

Several participants concurred, identifying that even beyond harm reduction, old ways of thinking about how to provide services to persons who use substances and experience homelessness were imbued with stigma, and resulted in suboptimal care, which was a direct consequence of stigmatizing attitudes:

The stigma is immense...that bootstrap mentality is very very much still ingrained. Even in some social services - some people that I've worked with...I think that it's really hard that people aren't [able to] to grasp the enormity of [what] one...individual is facing...or just feeling overwhelmed to see that it's not that easy, but we just want them better. They're like, oh, well, they just need to do this.
[Anne]

Acknowledging that service providers are products of the culture in which they are embedded, participants recognized that stigma is engrained in service providers prior to working in their fields. For this reason, it can be particularly challenging to effectively change. Still, participants thought that information about stigma was essential learning in staff training in their organizations, and appreciated that it was a core component of the workshop series:

Like a lot of people I would say - if you ask them why people use drugs, right? I think a good chunk of the population would just say, 'well, they chose to do that and they're choosing to continue to be addicts.' Like if they wanted to stop, they could stop, which I mean - with the information that probably those people are ever taught, right? Like, they wouldn't know there is so much more that goes into that. And that's one of the things I try and train our staff, right? [Jack]



Overall, the education provided through the Support Not Stigma workshop series was considered to be valuable and essential learning. In some cases, the information presented validated what participants already knew, and built on their existing knowledge. For others, however, a rise in consciousness regarding substance use, homelessness, and the stigma that surrounded these health and social conditions was, for them, transformative:

Even like outside of the work level - like I look at things so differently now...like how you could go to an intersection and those people with signs and holding and asking for donations...I was judgemental prior to that, of course. I am so not now. I can understand why they're out there doing this. What it can mean to them even if I only pass them a toonie, where that toonie can go. I would assume...that, oh, they're just going to waste it. They're going to buy drugs, whatever, that kind of thing. Not my take on it now. Like it opened my eyes up. I can see what could have led them there and just how not to be judgemental...It feels good because I'm actually sharing it [with] my children and for my children to not judge them that way and to look at them in a different view now and I break it down for them. [Macy]

"It was a good experience but there was room for improvement"

Although participants characterized their experience of participating in the Support Not Stigma Series as a positive one, they also expressed ways in which their learning could be optimized, and how the series could be more effective for mitigating the stigma of mental illness and homelessness: *"Overall I would say it was a good experience. There were things about the way it was run that I wish could have been done differently and I thought would have been more effective maybe for a learning outcome, but overall, everybody was fantastic. They were nice. They were very open, nonjudgemental. Like it was a good experience, but there was room for improvement, I guess" [Macy].*



Even like outside of the work level - like I look at things so differently now...like how you could go to an intersection and those people with signs and holding and asking for donations...I was judgemental prior to that, of course. I am so not now. I can understand why they're out there doing this. What it can mean to them even if I only pass them a toonie, where that toonie can go. I would assume...that, oh, they're just going to waste it. They're going to buy drugs, whatever, that kind of thing. Not my take on it now. Like it opened my eyes up. I can see what could have led them there and just how not to be judgemental...It feels good because I'm actually sharing it [with] my children and for my children to not judge them that way and to look at them in a different view now and I break it down for them. [Macy]

I think because of the group I don't think there was a huge shift so there weren't individuals there that were against harm reduction, and they had an epiphany...I guess it's almost the same with homelessness too. There wasn't a drastic shift. I think the expression preaching to the choir would be appropriate. Like I say, other participants said, 'these are our people.' I think for me, I guess, I brushed up on a few things, so I maybe had more details about harm reduction and trauma informed care and psychedelics. I was quite intrigued by that. For me personally, I just became a bit more knowledgeable. I think prior to the training I try not to be judgmental in all my walks of life, but I strive to be open-minded with people's experience and so try not to judge somebody if they have a really tough addiction. I entered the training like that, but I would say it's only increased. I would say for the rest of the participants there might be a mild shift of increased knowledge but there wouldn't be anything...[other] than that because of the group. [Gregory]

Mostly, participants felt that the attendees at the workshop series were already interested in having their minds changed and felt that the events were simply sharing information with converts rather than targeting service providers who needed this education the most:

I think because of the group I don't think there was a huge shift so there weren't individuals there that were against harm reduction, and they had an epiphany...I guess it's almost the same with homelessness too. There wasn't a drastic shift. I think the expression preaching to the choir would be appropriate. Like I say, other participants said, 'these are our people.' I think for me, I guess, I brushed up on a few things, so I maybe had more details about harm reduction and trauma informed care and psychedelics. I was quite intrigued by that. For me personally, I just became a bit more knowledgeable. I think prior to the training I try not to be judgmental in all my walks of life, but I strive to be open-minded with people's experience and so try not to judge somebody if they have a really tough addiction. I entered the training like that, but I would say it's only increased. I would say for the rest of the participants there might be a mild shift of increased knowledge but there wouldn't be anything...[other] than that because of the group. [Gregory]

Other participants indicated that there were a lot of staff attending from a single agency, which contributed to this problem:

I thought one agency had an awful lot of staff there so they kind of focused on their challenges and they are an agency who does have a lot of challenges. I get it and they did focus on their sort of bosses or managers a lot. I mean they get a lot of support from them. That's great but they did talk about them lots so I just felt that the one agency was sort of a little heavily attended. We would have benefited from more diverse agencies being invited. [Vicky]

One participant summed up this sentiment by stating that "I think probably the people that would have most benefited from that training were probably not at that training" [Jack]. The attendees included service providers with lived experience, yet one participant indicated that the workshops could have been improved by not only including service providers but persons with lived experience more generally. Including persons with lived experience who were not service providers would have meant that: "...the conversation would have been richer...Especially, I'm thinking of people from the community who are closely affected by homelessness, and people who use substances...that could have opened up [additional] conversation" [Andy].

Beyond the ability to change attitudes in attendees, participants also described a range of scheduling and organizational challenges with the workshops that challenged their ability to participate. The timing of the workshops, for example, was mentioned by several participants. Some appreciated that the workshops were scheduled in the evening: *"I think the time of day was good because you could go after work. You didn't have to take time off of work"* [Jessi]. Others, however, struggled to participate as they found it difficult to balance work and home responsibilities: *"It was pretty much the worst time of day possible for me as a mom...I'm single parenting... it was like I had to wait around in town after work was done, and then didn't get home till like...9:30-10:00. So, it's a long day"* [Andy].

Finally, participants reported frustration with changes to the location or timing of the workshops with little time to prepare, which impacted their ability to engage:

I didn't appreciate a couple of times, it got rescheduled and postponed, which is fine. I get that. Things happen, but maybe a little more notice than 24 hours' notice would be good... because I don't check my email every hour of every day. Like sometimes, I can go a day or two without checking my email and I drove – I physically drove there one time only to realize that it was cancelled. [Macy]

For others, the evening sessions felt far too long in duration for a session scheduled so late in the day, and they mused about ideas for shortening the

"I think the biggest challenge for us was the length of time it took to get through all that information. I think as you let someone sit, you know even if you're very passionate about it, the longer that drags out...you have to strike while the iron is hot, right?...After, you know, it starts to cool down. You lose that momentum" [Jack]

sessions to facilitate engagement and convenience for attendees: *"it was just hard because it was evening so they had the lecture and then we had a bit of a meal break. Maybe talking during the meal break and then reconvening after to discuss as a big group. It might have just shortened the evening down a little bit more. It was long"* [Vicky]. Participants indicated that the sessions were scheduled far apart, and shortening the sessions and the timing between them could improve engagement for attendees: *"I think the biggest challenge for us was the length of time it took to get through all that information. I think as you let someone sit, you know even if you're very passionate about it, the longer that drags out...you have to strike while the iron is hot, right?...After, you know, it starts to cool down. You lose that momentum"* [Jack]

"We had all these different viewpoints kind of collaborating together...it was helpful to see different perspectives."

While participants indicated that the Support Not Stigma workshop series included attendees who were in agreement on issues of stigma related to homelessness and substance use prior to the workshop sessions, they appreciated that differing points of view were expressed in the workshops by people from a range of organizations and roles throughout the city of Kingston. While there were many attendees from the same organization, there was still a smaller group of attendees from multiple other organizations, which was seen as a strength: *"I liked how it brought so many different people, from so many different sectors together...there was public health, there was Street Health, there was correctional services, there was housing, there was everything you could possibly imagine was a part of it and there were such learning opportunities from all those other areas that you don't even know exist really...I loved that like cooperative approach to it"* [Macy].

Despite this diversity, participants felt comfortable in sharing their perspectives with one another. The ability to share diverse points of view was facilitated by participants' sense that a safe emotional space had been created for them to share ideas with one another, which they viewed as essential given the sensitive nature of the topics discussed: *"I think the other thing that came up often among the participants*

during our small group discussions is I don't normally talk like this. I don't normally share that much. We got real when we had the discussions. We weren't trying to say what was right, but we were trying to share experiences...I think it's powerful, and to be able to witness and to share. That is definitely meaningful" [Gregory].

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Participants expressed how much they appreciated the presence of service providers with lived experience of homelessness and addiction. This was viewed as an important opportunity that helped to create this safe space, and for these service providers to offer input to a range of agencies on how to deliver services in a non-stigmatized manner from a lived experience perspective:

It's just nice to see the fact that there's people who use the services sitting at these tables and at these conversations. That's what they're designed for. How are we supposed to better ourselves if we don't actually take into consideration what they're saying? It felt like a very inclusive safe space. Almost every single one of the professionals that are in these settings have had an experience with substance use. Either with a close friend, family member, or themselves. Having that feeling of being seen and heard and that our thoughts and opinions are valid also will shape for us [ways] to better understand how these services should be ran. [Alice]

In reflecting on their experience, participants described feeling validated and valued in the Support Not Stigma sessions: *"no one was there to prove anything. I think there is some ego no matter what event you go to. There's some people that are trying to prove things that maybe they know more than other folks. As far as being a space where I could ask a silly question...[it] was really nice" [Bob].* Several participants commented on how the facilitator was a catalyst for cultivating this tone: *"the facilitator did a good job at bringing in diverse voices and giving space for everyone who needed to speak" [Andy].* This was important as participants indicated that the controversial and sensitive discussions that were facilitated at the workshop sessions required skilled handling: *"If you get a bunch of people in the room who are pretty passionate about things, it could go off the rails pretty quick...The person I found was really, really good. They did a good job to make sure everyone had the opportunity to speak and no one went on too long...Like running a therapy group" [Andy].*

In terms of mitigating stigma, bringing diverse perspectives together to collaborate was considered to be critically important. Participants were deeply appreciative for this experience, and hoped for future opportunities to participate in similar initiatives despite the fact that the group was rather homogeneous with respect to their prior knowledge of substance use and homelessness: *"I didn't hear too many contrary views but if there was space for more dialogue, for more opposing views to have helpful conversation and to actually maybe bridge a gap. I don't know if this necessarily did...but it did what it did well" [Bob].*

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6 Recommendations

We conducted two studies presented in this report to describe the experience of being involved in two initiatives aimed at addressing the stigma of homelessness in Kingston, Ontario, Canada. Our findings have led us to develop a range of recommendations regarding research, policy and practice:

1. Research is needed to identify the effectiveness of employment initiatives on mitigating public and self-stigma:

Employment is a goal for many persons who experience homelessness. Few moderate to high quality studies have been conducted to determine the effectiveness of employment interventions for individuals who experience homelessness [28]. None are known to the authors of this report which have measured the effectiveness of employment interventions on stigma, and filling this gap in future research is essential.

2. The structure of employment-based programs for individuals who experience homelessness need to be fully considered prior to implementation to promote engagement:

Inclusion criteria, including housing status and the goals of the program regarding tenancy sustainment and substance use outcomes need to be agreed upon by all community partners before a program is implemented in the future to ensure success. These outcomes need to be clearly communicated to potential participants in future implementation efforts to ensure one's willingness to commit to such goals during program participation.

3. Vocational programming that is low-barrier and accessible to individuals who experience homelessness and use substances needs to be piloted in a refined form in Kingston to build on the observed successes as identified in this report:

Policymakers at the municipal, provincial, and federal levels may consider funding a future implementation of a refined version of the vocational program described in this report to contribute to opportunities for persons who experience homelessness to participate in the workforce, increase their incomes, and work toward mitigating the stigma of homelessness. A robust evaluation of a refined version of such a program needs to be conducted and should measure a range of outcomes including public stigma, self-stigma, substance use patterns, participation in competitive employment beyond the vocational program, and indices of psychosocial well-being. These measures need to be delivered at baseline and multiple time points to identify the effectiveness of participating in the vocational program on key outcomes. This was not possible in Study One presented in this report as researchers were approached to conduct an evaluation after the vocational program had already begun to be implemented. As such, we conducted a qualitative study of the experience of administering and participating in this intervention as an alternative.

4. Education is an important approach for addressing the stigma of homelessness and substance use among service providers, and needs to be evaluated in future research:

While many studies have been conducted to describe the experience and causes of stigma faced by persons experiencing homelessness [29], fewer studies have been conducted to evaluate the effectiveness of education for service providers on their attitudes and beliefs regarding the people that they serve in their work. Research needs to be conducted to identify a standardized set of modules that build on the initial work of the Support Not Stigma series so that it can be replicated and evaluated in future implementation efforts.

5. Integrating interactive anti-stigma education such as the Support Not Stigma series needs to be included in the training of staff working in the housing and homelessness sectors:

Organizational policymakers may consider developing their own interactive training modules or collaborate with Trellis HIV and Community Care on the delivery of such training in their workplaces. Including individuals who have been recently hired in anti-stigma training may set a tone regarding expectations for service delivery within an organization. Training current employees may heighten awareness of the stigma that may inform decision-making within the context of service delivery and may inform opportunities for incorporating anti-oppressive practices.

6. Service providers may consider reflecting on their own practice, and identify the ways in which the stigma of homelessness and substance use may be informing the decisions they make when supporting persons who are unhoused:

Creating informal work cultures where staff feel safe in discussing stigma and how service delivery can be revised to limit the extent to which stigma may be influencing the lives of service users in negative ways needs to be fostered. Intentionally providing structure and processes for challenging current practices in organizations needs to be incorporated as a standard approach in health and social care services designed to serve persons who experience homelessness and engage in substance use.



7 Limitations

While the studies presented in this report demonstrate a range of strengths, like all research, our findings are limited in how they can be interpreted or transferred to other settings.

Firstly, as these studies are qualitative, they should not be regarded as an evaluation of the effectiveness of the Vocational Program or the Support Not Stigma Series. At the time that the researchers were approached to be involved in these initiatives, both had already begun to be implemented, which restricted the ability of the research team to evaluate the effectiveness of these initiatives on reducing stigma and affecting other psychosocial outcomes. As a result, qualitative research aimed at describing the experiences of administering or participating in these initiatives was proposed and subsequently conducted instead. The findings presented in this report, while valuable for informing the implementation of a refined version of the Vocational Program and Support Not Stigma workshop series, should be regarded as narratives describing the experiences of participants only, and not a measure of the effectiveness of these initiatives. This research was conducted in Kingston, Ontario, and the reader should be aware that the findings presented in this report are reflective of the demographic and organizational context of this city. This should be considered when transferring the findings to other contexts.

The limited sample of employee participants in Study One is an important limitation. Ideally, additional employee participants would have participated in interviews to contribute additional narratives regarding their experiences. Despite multiple attempts on the part of administrative staff within partnering organizations to encourage participation in these interviews by employees and former employees combined with the recruitment efforts of the research team, only four individuals agreed to participate. Similarly, only 10 participants involved in the Support Not Stigma workshop series agreed to participate in interviews despite several attempts to secure participation from attendees by email and word of mouth. This is certainly a limitation of this study. As such, the reader should be aware when interpreting the findings of Study Two that key perspectives from individuals who did not participate in interviews that may have been distinct from individuals who participated have not been captured, and thus, are not presented in this report.



8 Conclusion

The stigma of homelessness and substance use have long been acknowledged in research and in services for persons who experience homelessness, and are widely acknowledged to impose a negative influence on psychosocial well-being for this population [29]. In this report, we have presented the findings of research aimed at understanding the experiences of administering or participating in initiatives aimed at mitigating the stigma that persons who experience homelessness and use substances unfortunately face. Our findings demonstrate that providing accessible and flexible employment opportunities has the potential to address stigma held by the public and service providers, as well as the stigma that persons who experience homelessness hold within themselves. Educational opportunities such as the Support Not Stigma workshop series demonstrate promise for helping service providers discuss stigma openly when a safe emotional context is cultivated. Opportunities for service providers and members of the public who may hold more stigmatizing views towards persons who experience homelessness and use substances need to be provided to more effectively mitigate stigma throughout the Kingston community.



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We would like to sincerely thank all of the individuals who participated in this important research for their contributions and commitment to reducing the stigma of homelessness and substance use throughout the Kingston community. Additionally, we would like to thank Trellis HIV and Community Care and the agencies who partnered on implementing these initiatives for the incredible work that they do in the community to support individuals who experience homelessness and/or who use substances. Homelessness and substance use are life threatening conditions and organizations that support people who are affected by either or both are saving lives every day. Thank you for everything that you do everyday to improve the lives of individuals who deserve far more than they are given in our society. We hope that as a community, our collective care for this population can create synergies that will reduce the extent to which stigma affects the lives of persons who experience homelessness and/or use substances in Kingston, Ontario, Canada.

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