January 2023

Left Outside: The Experience of Being Banned in Edmonton

The Complex Needs Banning Research Team acknowledges we are situated on land known as Amiskwaciwâskahikan on Turtle Island which is colonially referred to as Treaty 6 territory or Edmonton, Alberta, Canada. This is land occupied, travelled, and cared for by Indigenous Peoples since time immemorial to the present day.

We recognize this is a collective place many share as home. We honour and acknowledge that the inclusion for all who struggle with homelessness and complex needs is an act of reconciliation. We acknowledge these things as a reminder that we are all Treaty People bound to one another by the spirit and intent of treaty.

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INTRODUCTION

This report entitled: Left Outside: The Experience of Being Banned in Edmonton, is one of two reports coming out of this research project, one focusing on banning and the other focusing on people living outside in the prior 12 months who were also banned[1].

The Complex Needs Committee

The Complex Needs Committee consists of a group of service providers who meet regularly to discuss trends and identify gaps and potential solutions to issues arising within their sector. Following earlier work in Edmonton that explored the Banning of Youth (OSCMAP, 2017) they were interested in learning about banning practices and their effect on adults in the community; particularly the effect banning has on people with complex needs. From these interests the research project was born.

As background to the research project, it was imperative to clearly define this groups' understanding of those with complex needs. They drew on the definition as outlined in the Canadian Charter of Rights and Freedoms. *People with complex needs include a diverse population that experience multiple barriers to accessing services, fulfilling their basic needs, or otherwise enjoying the basic human rights*. Every person accessing a service will have multiple needs, but it's the interaction of these multiple needs that leads to complexity. Issues people with complex needs may be dealing with are homelessness, substance use, mental health concerns, and physical health issues (such as mobility issues), as well as involvement with justice, racism, disabilities, trauma, and loss, among others.

Research Approach

This community-based research project recognized the strengths and perspectives of all members involved in the research. Community service providers and service users informed the process, vetted, and made meaning of the results. The intent was to facilitate understanding and change.

Guiding Principles

Collectively, the community partners and researchers defined the following guiding principles as the framework for the project:

- Work with an Indigenous Elder and/or Wisdom Holder to integrate Indigenous practice as required in the community and to center our research team.
- Honour the truth of research participants.
- Work with partners to nurture working relationships and emphasize ethical practice in the community.
- Use the 7 Grandfather teachings of the Anishanaabe: Love, Respect, Wisdom, Courage, Honesty, Humility, and Truth as a guide for all activities.
- Work with agencies to appropriately engage with community members.
- Be sensitive to the demands placed on agencies and research participants. This included informing ourselves of other data collection projects to be careful to not over engage the same people participating in other projects.
- Hire research staff who have lived experience and a strong knowledge and awareness of the community.

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[1] Staying Outside is Not a Preference: Homelessness in Edmonton

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Setting and Background

Community-based research is subject to change, refocus, redesign, and differential perspectives and understanding. Researchers must be comfortable with ambiguity and change throughout the process and must be able to move outside the realm of expert to stand beside, be guided and challenged by all involved.

Community involvement is imperative throughout the entire research project. Agency staff brought understanding through many lenses of inquiry, and through their subsequent perceptions and directions. Life experiences shaped the framework for the inquiry from which the project emerged.

Who was involved?

The Research Team

The role of the research team was to carry out the work guided by the advice, knowledge, and expertise of the community partner agencies. Deborah Morrison has well-established relationships of trust with community members, service providers, and local government and has served as the Executive Director & Partnership Enhancement Facilitator for M.A.P.S. Alberta Capital Region for over 20 years. Since Deborah's retirement during this project, Matthew "Gus" Gusul has taken Deborah's former role. Gus comes to M.A.P.S. with community experience and is known to many of the CNBR Agencies. Marlene Mulder's experience in research and data analysis, along with her work in the community with the homeless and with refugee sponsorships and settlement, grounds her in the community. Colette Cornejo brings experience interfacing between project teams and their stakeholders grounded in a wide variety of projects ranging from community health evaluations in remote First Nations communities to province-wide stakeholder consultations for Alberta Health. Jennifer Vogl supported the research project through her extensive knowledge of the human services sector in Edmonton as well as by securing ARECCI approval for the research project. The researchers have all lived and worked in Edmonton for most of their careers.

When hiring Research Assistants (RAs) we wanted our research team to comprise experience and education. The job ad for research assistants was shared with our community partners. RAs were recruited based on their experience with data collection, working in the community, and/or lived experience. They brought a wealth of experience to the project in Indigenous ceremony, front line work in partner agencies, as well as daily interactions with individuals living outside. RAs were also selected for their ability and willingness to work as part of a team and align with the approach and tools designed for the data collection.

Given the casual hours of work and the desire to retain staff, it was most important to offer training and experience that was of value to the research staff beyond the immediate project. Training included smudging, Indigenous research protocols, building rapport in the community, interviewing skills, data collection, and data entry. At the training session, time was also scheduled to role play, learn from each other, and build community.

Four research assistants were hired and retained throughout the project. The first was an Indigenous Elder, community knowledge keeper and prayer camp volunteer. This individual described their role in the community as being "to provide emotional, mental and spiritual supports to all." Another Indigenous RA was well known in the community as "Uncle", the person who cared and checked in on people. This individual had work experience in shelters and doing data collection with street level populations as well as first-hand knowledge of the inner workings of running encampments, including camp sustainability. The third research assistant was a 2nd year Masters in Counselling student with work experience in Edmonton as both a street team worker and a shelter worker for one of the community partner agencies. The final research assistant was a 5th year University of

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Alberta student completing a combined degree program towards a Bachelor of Arts in Native Studies as well as a Bachelor of Arts in Elementary Education.

Indigenous Partner

This project was greatly enhanced by the involvement of staff from NiGiNan Housing Ventures. They provided guidance and resources to ensure Indigenous content and protocols were included in a respectful and meaningful way throughout the project. They supported the development of the project methodology and data collection tools and offered suggestions and insight for working in the community. They also helped start off the data collection phase of the work in a good way by hosting a Traditional Nehiyawak Feast in their ceremony room at Ambrose Place.

Community Partners

Representatives from community partner agencies, comprised largely of members of the Complex Need Group, sat on one of two tables for the purpose of this research project. The Project Support Group (PSG) where members helped define the purpose, the potential actions and desired learnings from the research, provided the funding, and proposed project goals and membership. PSG members included Homeward Trust Edmonton, Hope Mission, The Mustard Seed, The City of Edmonton, REACH Edmonton Council for Safer Communities, NiGiNan Housing Ventures, and the M.A.P.S. Research Team.

The Project Development Group (PDG) comprised people who were engaged with/had direct experience serving people with complex needs. The PDG was responsible for vetting the methodology, ensuring that the goals and scope of research, as defined by the PSG, shaped the question themes, and vetting data collection tools. Some members of this group hosted data collection events and recruited individuals to participate in the research. PDG Members included Bissell Centre, Boyle Street Community Services, Homeward Trust Edmonton, Hope Mission, Jasper Place Wellness Centre, NiGiNan Housing Ventures, REACH Edmonton Council for Safer Communities, The Mustard Seed, and the M.A.P.S. Research Team.

City of Edmonton Encampment Response Team

Early in the project, the research team was approached by the City of Edmonton Encampment Response Team (ERT) with a proposed collaboration. The ERT was working on responding to a recommendation outlined in the 2021 Encampments Response Evaluation Report that "encampment occupants be engaged to help inform the encampment response" and had identified an overlap in the population who are impacted by banning and those who are likely to interact with the encampment ecosystem (Edmonton, 2021). The ERT was also interested in collaborating with MAPS because of their multi-dimensional approach to collaborative planning, which includes community mapping and the development of journey maps.

Out of a shared desire to not overburden this population, the two teams set out to define how questions related to encampment could be integrated into the data collection tools being developed for the research project. As part of the collaboration, MAPS committed to provide analysis and a separate report based on questions specific to the encampment experience to the ERT. The City of Edmonton provided additional funding to enable this work.

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METHODOLOGY

Data collection methods and tools needed to be flexible in order to meet the needs and situations of research participants and supporting organizations, but consistent to ensure that data could be compared and contrasted.

Data collection sites and locations were chosen depending on agency and community member needs and situations. The majority of data collection was done at partner agencies. To address the challenge of finding individuals that do not engage with the shelter system one data collection event was held at a neutral venue that was neither a human services agency nor a shelter. This event was meant primarily for individuals that stay in encampments near Whyte Avenue. The idea for the event and a large portion of the recruitment leading up to it are credited to the insight and efforts of one of the research assistants with lived experience of banning and homelessness. Outreach staff from partner agencies and from the host site also spent time in the days leading up to data collection promoting the event in their daily interactions in the community.

Research staff worked with partner agencies that offered to host data collection events at their sites. Prior to the event research staff visited each host site to collectively decide how to best use the physical space available and to help the community partners understand the approach and format that the research team would be using the day of the data collection. Agencies were also asked for advice about what type of food and gift cards would be appropriate for individuals at their site. These visits provided a good opportunity for research staff to address questions, and to reinforce with agencies the research teams' commitment to accommodate host and participant needs and interests. Sites were also provided with posters to advertise the upcoming data collection events. In neighborhoods with multiple agencies, sites also cross-promoted each other's events.

Research schedule

A research schedule was developed with the goal of interviewing 100 individuals that had experience with being banned.

- October 2021 – May 2022: Seeking funding, meetings with project support group, project development group, and COE Encampment Response group
- June 2022: Traditional Nehiyawak Feast hosted by NiGiNan Housing Ventures
- June 2022: Ethics approval – ARECCI
- June 6 – August 18, 2022: Data collection
- August - September 2022: Development of project maps
- August – October: Data analysis and report writing
- November 2022: Target for completion of Final report and dissemination of data products.

Data Collection

The study comprised two data collection components. Community participants completed a 9-page survey through a one-on-one in-person interview led by a research team member. This method allowed each participant to have designated time with someone who was there just for them. Following the completion of their survey, individuals were invited to a focus group discussion.

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On-site Practices

- Three hours were typically scheduled for data collection and all data collection was done during the day on a weekday. At the suggestion of several host sites, data collection was often done in the morning; when individuals would be more likely to participate. To be respectful of each collaborating agency's needs and nature, the data collection format as outlined below served as a guideline and could be modified as required. Research staff worked with agency staff on site who provided support by setting aside the space for data collection and by recruiting participants.
- Research staff arrived on-site 30 minutes prior to data collection in order to set up the physical space and be fully available and attentive to community members when they arrived.
- The lead researcher was present at every data collection and led the focus group discussions.
- A refreshment station was set up with tea and coffee for use throughout the data collection event
- The Elder from the research team offered spiritual care as requested.
- The format and purpose of the research were explained by the research staff and participants were able to ask questions and voice concerns.
- Participants completed their survey through one-on-one interview with a member of the research team.
- Demographic information was collected so that we would be able to understand who is or has experienced banning and so that data could later be analyzed through different lenses.
- At the beginning of the survey, a qualifying question was asked to screen for experience of banning.
- Research staff took notes on observations and reflections at focus group discussions.
- Focus group sessions were audio recorded and subsequently used to ensure the staff notes were accurate.
- Research staff cleaned and organized the space to leave it in the same condition as found on arrival.
- Research team debriefed following each data collection.
- All materials needed for data collection, from hard copies of the survey to disinfectant wipes to sanitize areas used to serve food, were carried to and from each data collection. This was done to minimize the burden on hosting agencies.

Participant Recruitment and Inclusion

For the purpose of this work, we were looking for individuals who had experienced being banned and/or had stayed outside in the past 12 months. Individuals with these experiences are referred to in this report as 'community participants'.

It was effective to depend on the research assistants with lived experience to talk to people, ask the screening questions, and invite them to participate. Because they had lived experience their invitations were authentic and legitimate:

> *We need your voice.*

> *During this process for two hours, you're helping us.*

> *You'll actually have a thumbprint in change, if that matters to you.*

Some individuals were not able to participate because they were banned from the agencies where data collection was taking place, so the team moved their work outside on several occasions.

Some individuals were unable to stay long enough to complete both a survey and a focus group, so the focus group questions were integrated into the surveys for those individuals. A major reason for not being able to stay

inside longer at the data collection appeared to be concern for personal belongings that had been left unattended outside. For these reasons, accommodation was required.

Compensation and Appreciation

- Community participants were given a $25 gift card to thank them for their time. Choice was offered between a dollar store, a grocery store or a fast-food restaurant to accommodate participant needs and preferences. To meet our funder requirements community participants were asked to sign for these cards, however, if there was discomfort around divulging a name, pseudonyms were welcomed.
- At whatever point in time seemed best for the participant, they were offered a meal. Often individuals arrived hungry and eating first would make it easier to sit and concentrate on the questions they were being asked. The best food the budget would allow ($25/person) was ordered and it was always all gone by the time the event wrapped up.
- Community participants were also given tokens of appreciation up to a value of approx. $5/person. Items such as smokes, bus tickets, bus ticket pouches, and rain ponchos were helpful for putting people at ease and offering a small amount of comfort to individuals.

After Care Strategy

When organizing data collection events researchers requested that a staff member plan to be nearby during data collection in case a participant needed additional support during or after they participated in an interview or focus group. Community participants were offered a handout with the name of the staff on site that could be available to provide extra support for them if they felt they needed it in the hours and days following data collection. The handout also included the researchers' names and contact information with directions on how to access research findings.

Community Focus Groups

Focus groups were held to gain the perspective of other groups in Edmonton that work with those experiencing banning and those who live in encampments. Two focus groups were held for staff that work at human services agencies. The first for staff that work inside the facility, primarily as drop-in or shelter staff and the second for staff that work outreach; meeting people and supporting them wherever they meet them. An additional focus group was held with a mutual aid group that provides outreach support to the street level population in Edmonton. Finally, a focus group was held with City of Edmonton staff that are involved in the various areas of the City's response to encampments. The questions focused on encampments.

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Deliverables

Sharing the Data

All research products will be broadly shared. Copies will be sent to the community partners and will also be available to download at no charge from the MAPS website at: https://mapsab.ca/community-based-research/

Research Documents

- Two research reports:
    - 'Left Outside: The Experience of Being Banned in Edmonton'
    - 'Staying Outside is Not a Preference: Homelessness in Edmonton'
- Infographic for community participants
- Research findings journey map: 'Banned; Falling Through the Safety Net'
- Journey map: 'Everyday in the Life of Homeless Edmontonians'[2]

Potential Actions and Outcomes

In planning this the project the research team and the community partners developed the following list of potential outcomes for the project. These expectations informed the development of data collection tools, the format and location for data collection events, and the research dissemination activities.

1. Recommendations for best practice around banning.
2. Inform banning policies/practices/services around serving people with complex needs.
3. Creating a shared database
4. A more consistent process of banning.
5. The City of Edmonton will receive input which will be used to socialize the experience / perspective of camp residents.

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[2] Jerry McFeeters, an Indigenous storyteller from Cold Lake First Nations Alberta who has first-hand experience living in encampments in Edmonton and supporting those living outside as "Uncle Jerry" who supports the community.

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SURVEY DATA

In order to reduce the likelihood that people had participated twice in the research the age and gender of all community participants were compared during the data analysis to ensure there were no duplicates. The same group of Research Assistants was used for every data collection event which provided the continuity required for staff to notice if an individual had tried to participate more than once in the study.

Seven agencies hosted data collection events that included 118 community participants. As discussed in the methodology section, some of the individuals who wanted to participate in this project were unable to enter the buildings where data collection was held. One of the agencies waived all bans for the data collection event. The following table shows the number of individuals who participated at each agency, as well as the delineation of those interviewed outside of the buildings.

Data Collection Sites by Inside and Outside Interviews
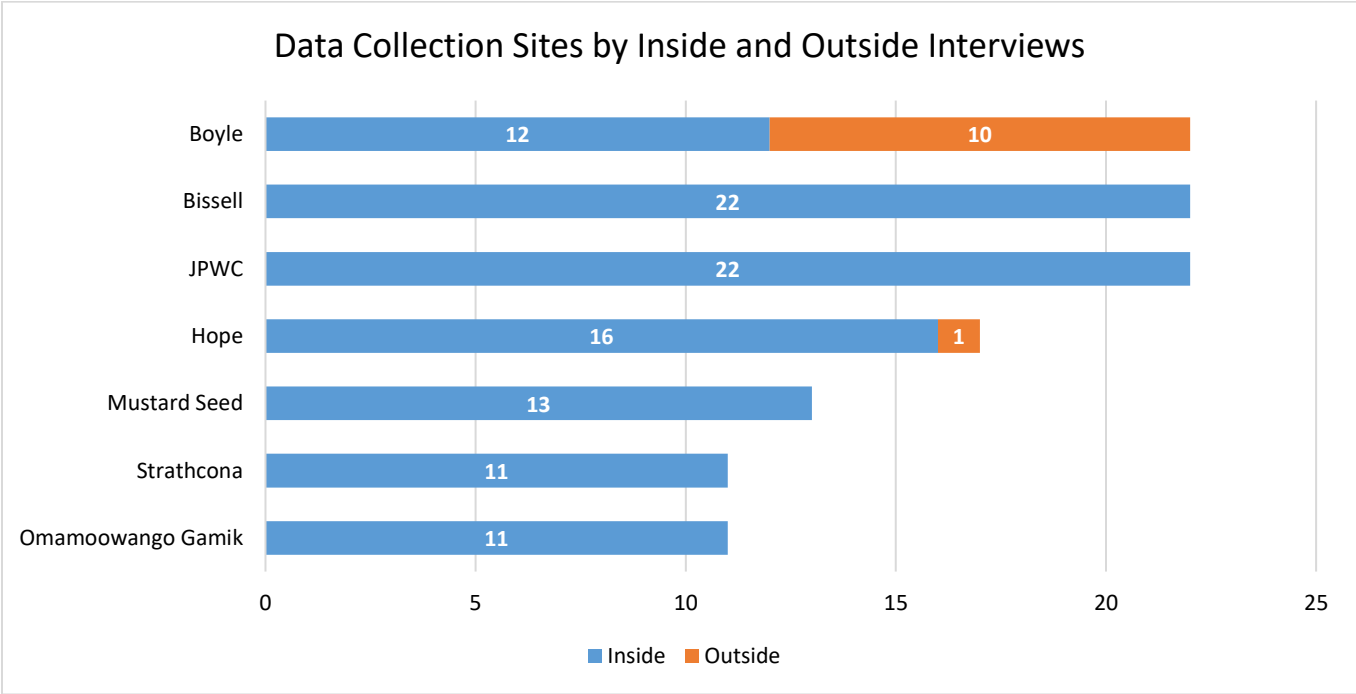
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Demographics

Indigenous Community Members

Indigenous members were asked which nation they belong to. While some of the responses do not reflect specific nations as defined by the Federal Government, the following responses were given. Seventy three percent (73%) of participants identified as Indigenous persons, belonging to 36 distinct Nations.

Saddle Lake Cree Nation	10	United States - Cherokee, Apache	2	Sconan First Nation	1
Dene Tha' First Nation	4	Alexander First Nation	1	Slave Lake First Nation	1
Ermineskin First Nation	4	Athabasca First Nation	1	Stoney Cree First Nation	1
Samson First Nation	4	Blood Reserve	1	Whitefish Atikameg	1
Cold Lake First Nation	4	Beaver First Nation	1	Bear River First Nation - Nova Scotia	1
Frog Lake First Nation	4	Buffalo Lake Treaty	1	Blood Vein - Manitoba	1
Paul Band First Nation	4	Dakota	1	Caleet Bay	1
Métis	3	Enoch First Nation	1	Cheam	1
Bigstone Cree First Nation	2	Conklin First Nation	1	Dog Rib Rae Band NWT	1
Driftpile First Nation	2	Mikmaw	1	George Gordy - Saskatchewan	1
Little Pine First Nation - Saskatchewan	2	Onion Lake First Nation	1	Inuit	1
Cree Nation unspecified	2	Peter Ballentine Cree Nation	1	Wabasca Cree Nation	2

Sixty one percent (61%) of Indigenous participants reported their status as being First Nations – Treaty (n=49), followed by 24% (n=19) Métis. The remaining numbers are 7 Non-Status Treaty, 3 Inuit, and 2 Indigenous not specified.

Regarding attachments to residential school, day schools, or the foster care system, 64% had personal experience with the same proportion reporting parent(s) with experience. All but one Indigenous participant had personal experience or attachments to family or friends who had these experiences, and for some this experience existed in almost all their family and friends. The one respondent who did not know any others who had experienced residential school, reported that he was raised in the foster system in a white family, therefore, had no knowledge of his Indigenous family or relatives.

Proportion of Attachments to Residential School, Day School, or Foster Care

Category	Percentage
Parent (54)	64%
Myself (54)	64%
Relatives (48)	57%
Grandparent(s) (46)	55%
Friend(s) (45)	54%
Brother(s)/Sister(s) (40)	48%
My Children (29)	35%
Partner or Spouse (23)	27%
No One (1)	1%
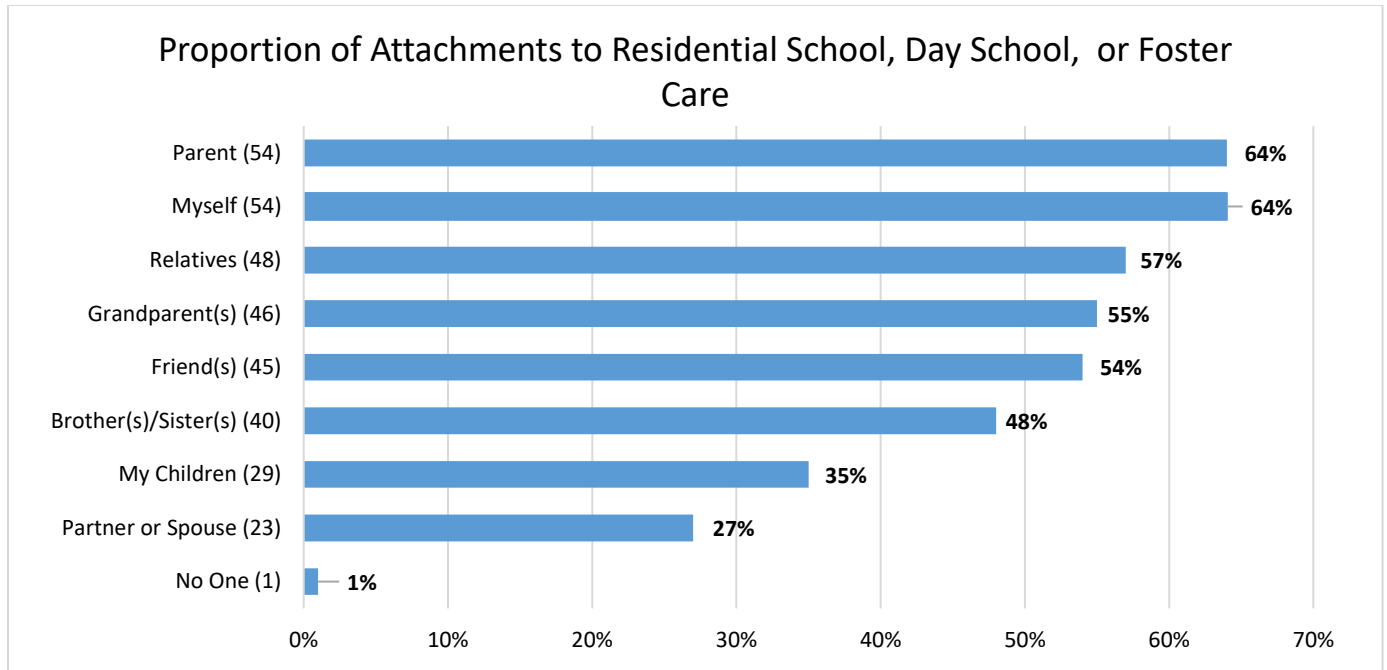
Non-Indigenous Participants

Twenty-seven percent (27%) of participants did not identify as Indigenous to Canada, six of whom were born outside of Canada. Those born outside of Canada came from Africa, Barbados, El Salvador, Italy, Morocco, and Somalia. All but one came to Canada in their twenties.

Age, Gender, Marital Status & Education

The average age of all participants was 46 years. While Indigenous females were significantly younger than their male counterparts at an average of 41 vs. 48 years, the gender differences were not significant for non-Indigenous participants. A small majority of participants (56%) were male, 41% female, and 3 persons indicated non-binary gender and there were no significant differences by Indigenous status or gender with regard to marital status. Only 8% of participants reported being in an attached relationship and living with another person. It is important to note that there was an additional 5% of participants who indicated that they were married or cohabitating but were not living with their partner at the time of the survey. For this small group, even though they saw themselves as attached, living apart would not give the day-to-day protections and supports of being with that person on a daily basis. Relationship attachment is known to provide a level of protection from marginalization and isolation (Gattino, 2013; Hossain, 2019). This may be especially true for the participants in this study where attachment may mean having someone to look after your belongings while your partner seeks out food or services.

Services in shelters were often gender specific making it difficult for partners to help each other. The need to be together came up in focus group discussions where a women required her partner to be with her to monitor her seizures and help her with mobility. As her partner was not allowed to stay with her or help her, the best decision for retention of her well-being was for both of them to stay outside.

> *Inaccessibility – for people like me, no elevators... if I didn't have him to help me down the stairs with my walker, I'd be screwed blued and tattooed... even in the showers.*

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An examination of highest level of education showed that a majority of participants (56%) had completed high school or higher education. Level of education was tested against gender, Indigenous/non-Indigenous, attachment, and age and no significant differences were found.

Highest Level of Education

Education Level	Percentage
No schooling	4%
Elementary (Grade6)	7%
Junior High School (Grade 9)	34%
High School (Grade 12 or GED)	26%
Some College/University (certificate)	14%
College Diploma	10%
Bachelor's Degree	3%
Advanced Degree (Master or PhD)	3%
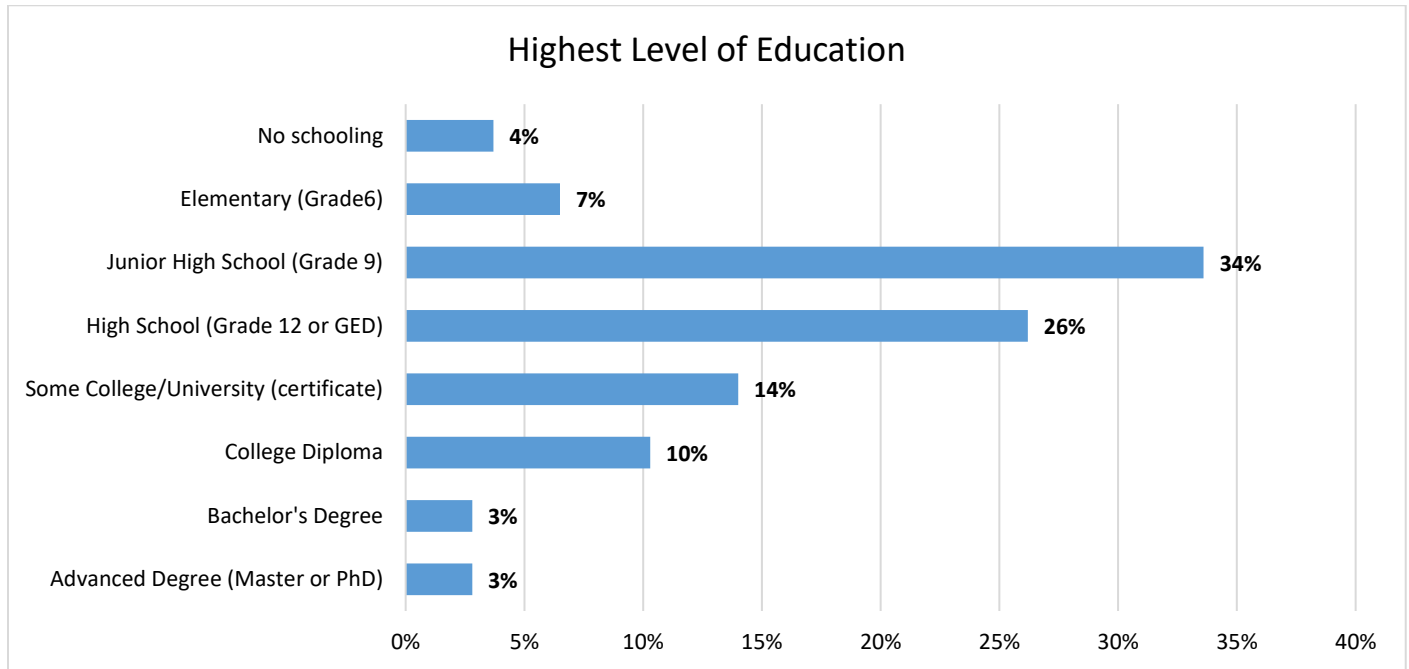
Health

Participants were asked to assess their overall health, including mental, physical, spiritual and emotional health. Forty-one percent (41%) stated that they were *somewhat unhealthy* or *very unhealthy*, with the remaining 59% reporting *somewhat healthy* or *very healthy*. From the perspective of the researchers, people who said they were in good health often appeared not to be as they had physical difficulties with movement. Statistical testing of overall health by gender, Indigenous-non-Indigenous, and age found no significant differences, however, those in attached relationships reported better overall health (mean 3.25 – between somewhat healthy and very healthy), than their unattached counterparts (mean 2.51 – between somewhat unhealthy and somewhat healthy). This difference is significant at the $p=.03$ level meaning that there is 95% surety that this difference is not due to chance. While 87% of the attached reported being somewhat or very healthy, the remaining 13% reported that they were very unhealthy. Participants in attached relationships, talked about how they help each other to stay healthy by helping with personal care, remembering medications, protecting medications from theft, and keeping medical appointments.

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Overall Health Self-Assessment

Category	Percentage
Very Healthy	12%
Somewhat healthy	47%
Somewhat unhealthy	26%
Very unhealthy	15%
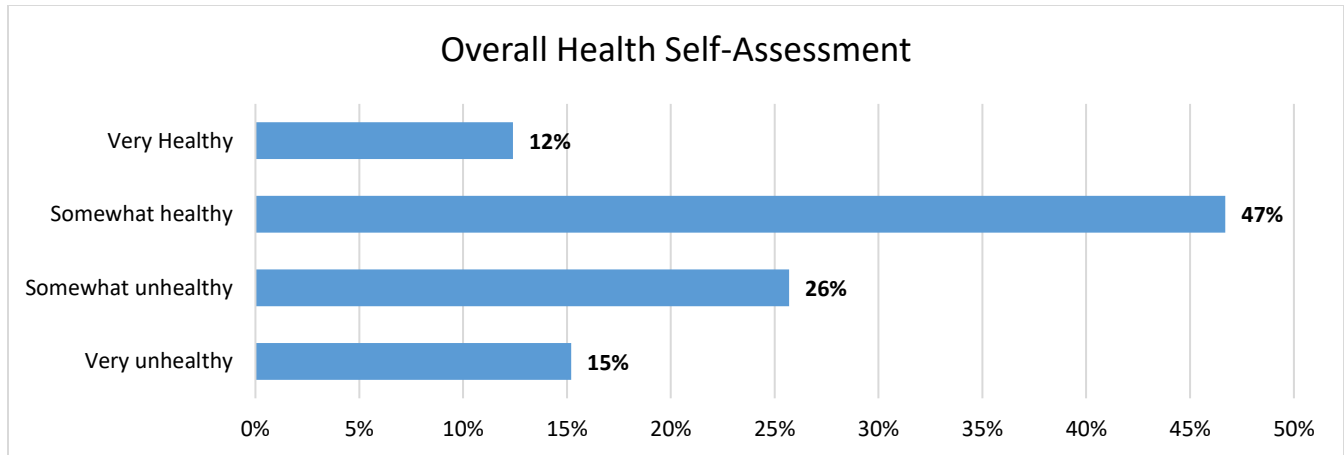
Participants who offered a self-assessment of their health were also asked about six specific health challenges: trauma, addiction/substance use, mental health issues, medical conditions or illness; physical disability; and learning or cognitive disability. While 98% identified at least one health challenge 11% were challenged in all six areas. The average number of health challenges was 3.73. No significant differences by subgroups were found.

Number of Health Challenges by Proportion of Participants

Number of Challenges	Percentage
0	2%
1	4%
2	17%
3	18%
4	24%
5	25%
6	12%
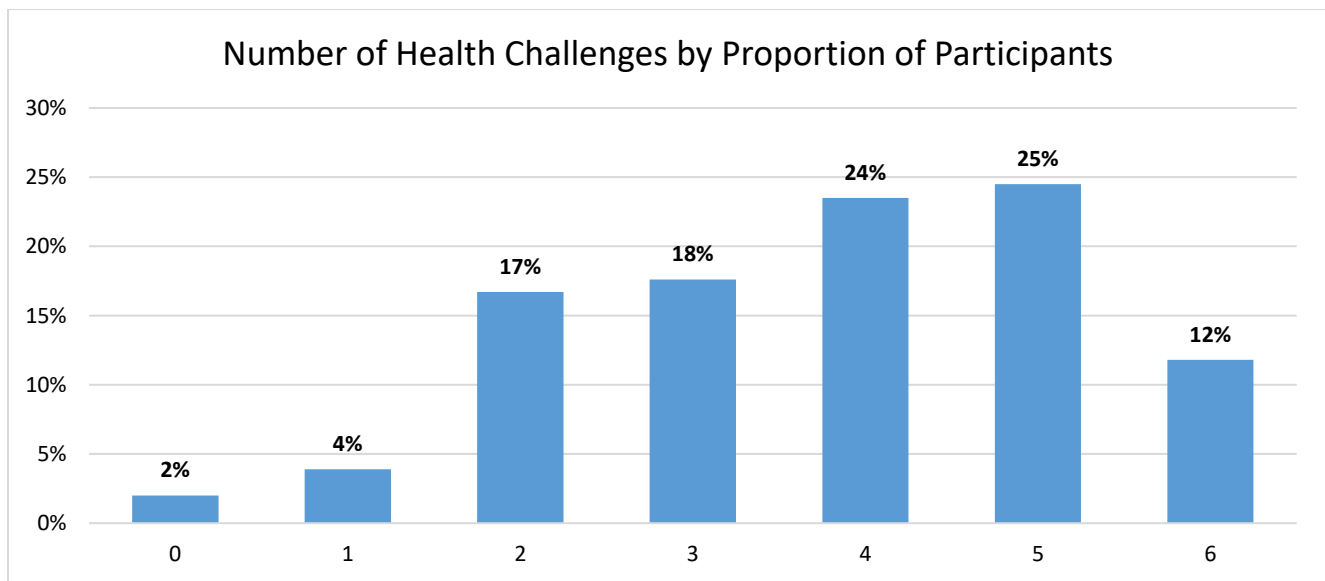
The following table shows the specific health challenges participants experienced. We see that five of the six health challenges were experienced by a majority of the participants with trauma being the highest at 78%, followed by addictions and/or substance use at 69%.

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Proportion of Participants by Specific Health Challenge

Challenge	Percentage
Trauma	78%
Addictions/Substance Use	69%
Medical Condition or illness	70%
Mental Health	61%
Physical Disability	58%
Learning or Cognitive Disability	37%
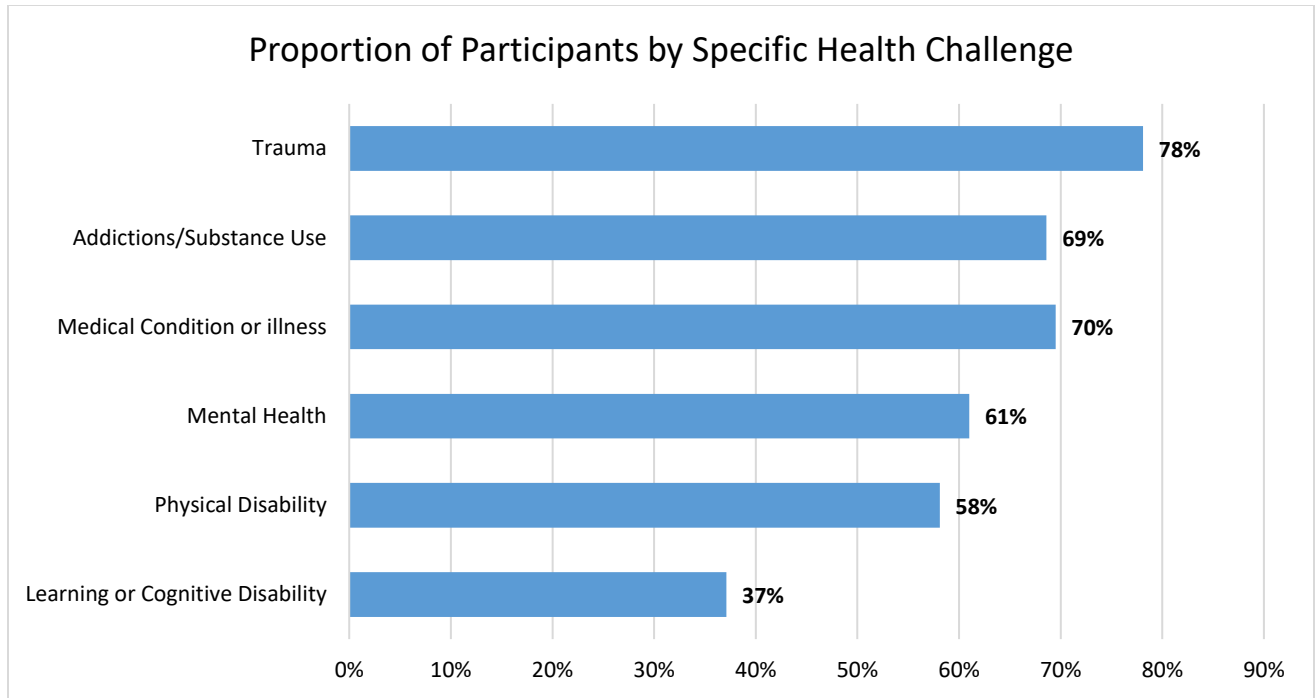
Another aspect of health challenge is whether or not one was receiving or had received treatment for their health challenge(s). The following table shows the proportions of those receiving treatment or not. Overall, only a minority or participants were receiving or had received treatment for their health challenge(s).

Treatment or Untreated by Health Challenge

Challenge	Treatment	Untreated
Trauma	33%	67%
Addictions/Substance Use	40%	60%
Mental Health	37%	63%
Medical Condition or illness	36%	64%
Physical Disability	34%	66%
Learning or Cognitive Disability	36%	64%
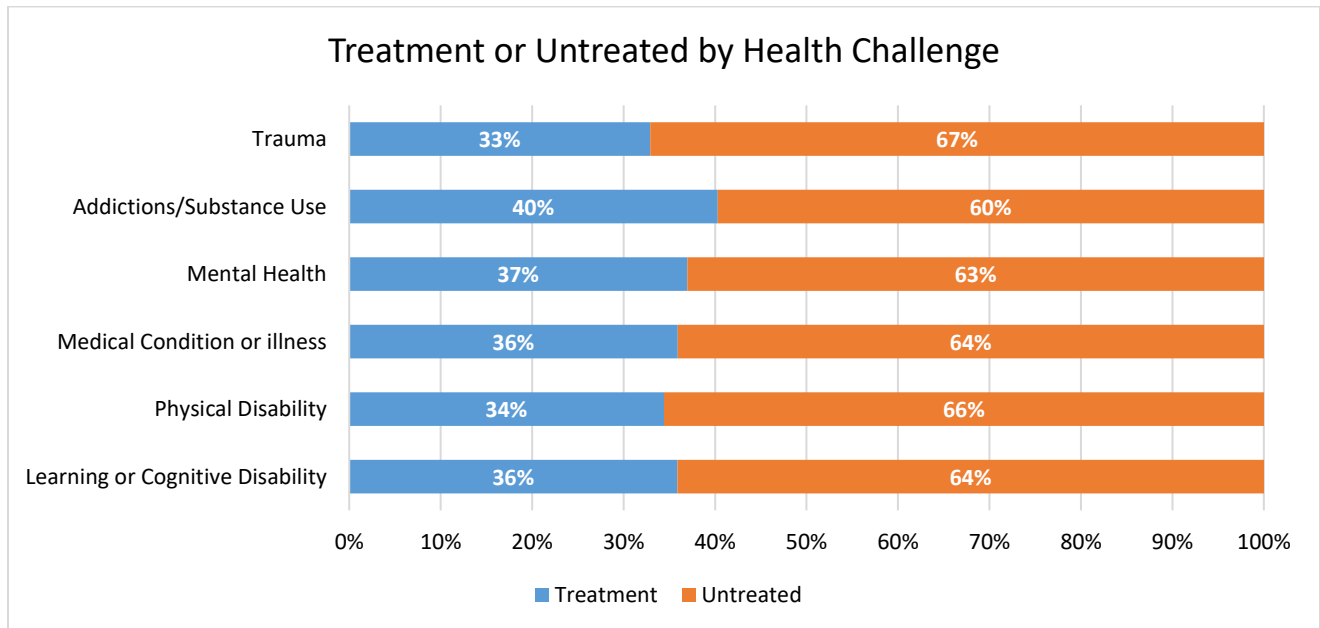
Seventy- eight percent (78%) reported having trauma challenges. Independent Samples T tests were employed to determine if health challenges and treatments were statistically different when gender and Indigenous/non-Indigenous status were considered. Significant differences by gender were found only for mental health challenges where females were more likely to report mental health challenges at 71% compared with males at 55% (p=.0). Three areas of significant differences were found for Indigenous and non-Indigenous participants. Regarding mental health challenges, Indigenous participants were significantly less likely to report mental health

challenges at 54% compared with 79% for non-Indigenous participants (p<.001). They were also less likely to report trauma challenges at 73% compared with 93% for their non-Indigenous counterparts (p<.001). Indigenous participants were far less likely to have received treatment for medical conditions at 51% compared with their non-Indigenous counterparts at 85% (p<.001).

Income

Participants were asked to select all their sources of income from a list. The most common source of income was from Alberta Income Supports at 42%.

Sources of Income

Source	Percentage
Alberta Income Support (Alberta Works)	42%
Bottle collecting	34%
Money from family/friends	29%
Panhandling	24%
GST refund	18%
Disability benefit (AISH)	14%
Casual job(s)	13%
No income	9%
CPP or other pension	4%
Part-time job	3%
Old Age Security (OAS)	3%
Child and family tax benefits	1%
Employment Insurance	1%
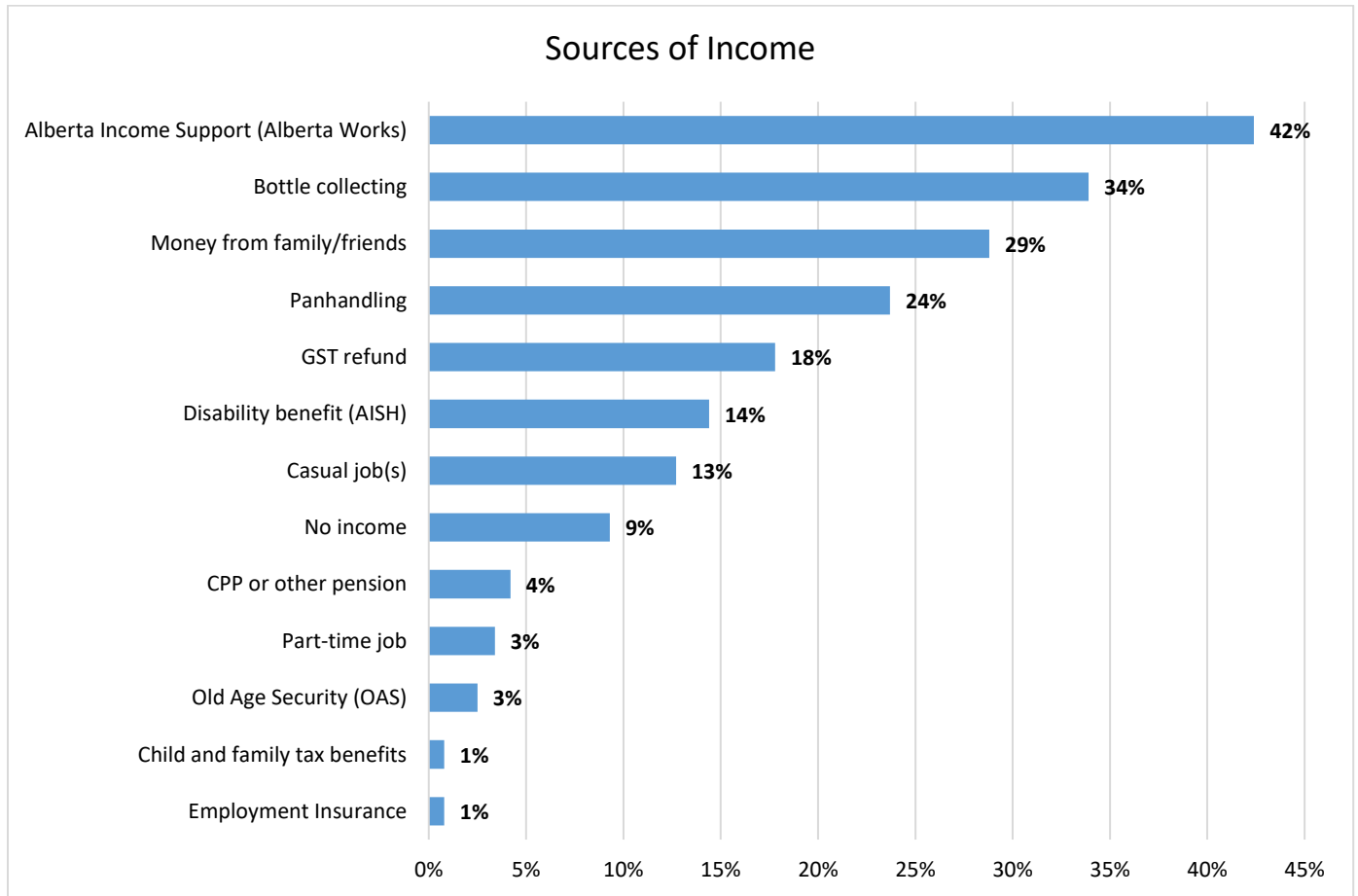
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Banning

Just under 2 in 3 participants (65%) reported that they did not know about the banning policies at places they go. The 35% who indicated knowing about banning policies were most likely to have gleaned this information from what staff had told them, followed by reading posters or pamphlets, and then from what friends had told them.

Sources of Learning about Banning Policies

Source	Percentage
Staff told me	28%
Poster or Pamphlet	12%
A friend told me	9%
Verbal warning	7%
Personal experience/common sense	6%
Internet	1%
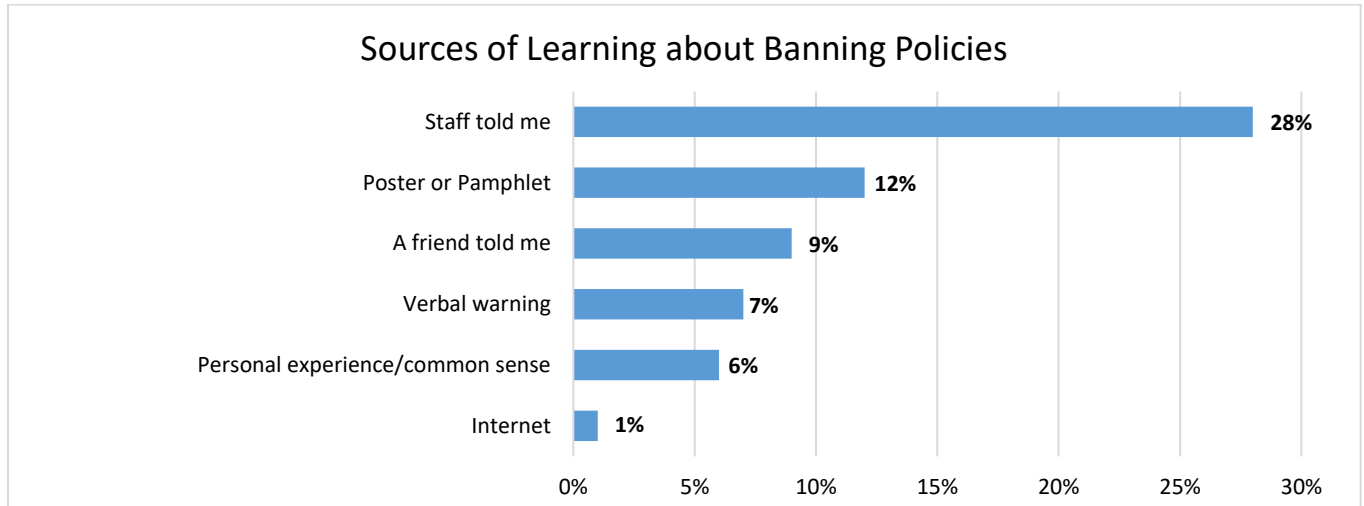
Participants were asked about the places they had been banned or barred from in the past 12 months. The only type of location where more than half of participants being banned was from shelters at 60%. In addition to the below listed places, an option for other places banned from was offered and responses included: any public space that requires payment, public event, banks, theatres, pubs, outdoor spaces such as parks, government property, educational institutions and ones' home. A count of the number of types of places that people were banned from showed that while just under one quarter (24%) had been banned from only one type of place, one-third (33%) were banned from 5 or more types of places.

Types of Places Banned from by Proportion of those Banned

Type of Place	Percentage
Shelters	60%
Malls	48%
Stores	48%
Drop-ins	42%
Public Transportaiton (ETS)	36%
Fast Food Restaurants	32%
Libraries	31%
Housing Facilities	28%
Hospitals/health facilities	7%
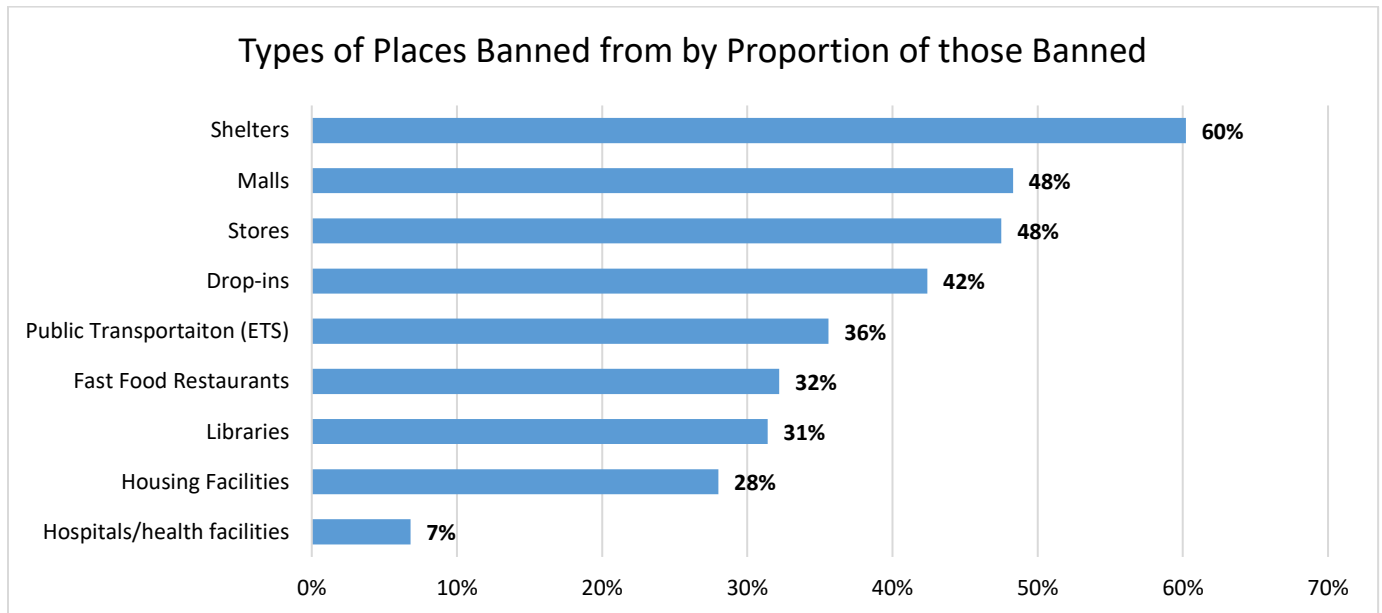
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An in-depth analysis of the data showed that males were more likely to be banned from housing facilities (33%) than their female counterparts at 15%, a statistically significant difference at the p=.033 level meaning that there is 95% surety that this difference is not due to chance. Indigenous people were more likely to be banned from malls at 56%, compared with their non-Indigenous counterparts at 32%. This difference is also significantly significant (p=.024) meaning that there is 95% surety that this difference is not due to chance.
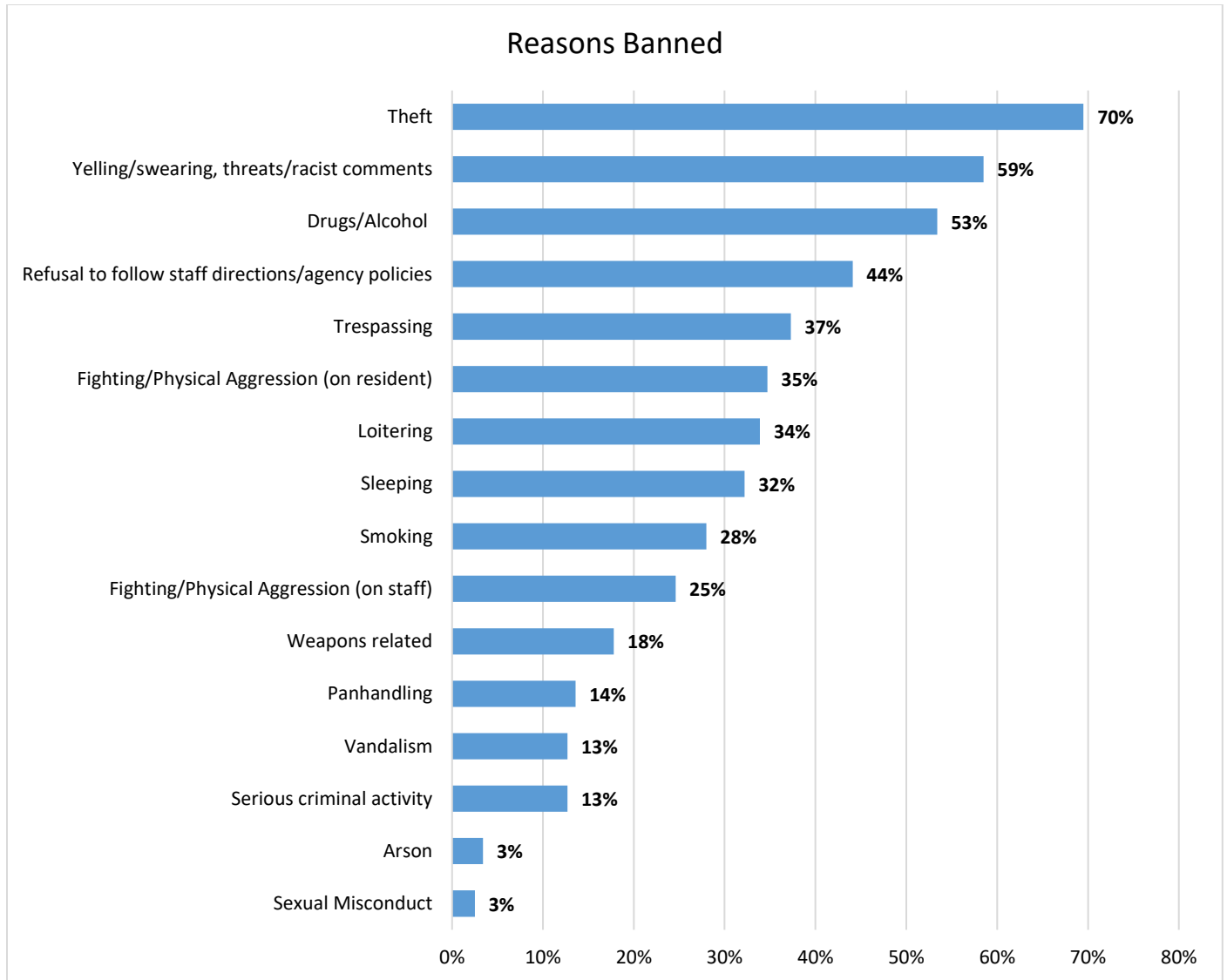
A regression analysis was employed to determine some of the causes of banning related to age, gender and Indigenous or non-Indigenous status (see appendices for regression coefficients). The analysis shows that age and being Indigenous significantly affect the number of types of places people are banned from. If one is Indigenous, they will have 1.23 more types of places they are banned from than their non-Indigenous counterparts. For every year older one is they add .04 of one ban to the number of types of places. There is 95% surety that these differences are not due to chance.

While the large majority (96%) of participants indicated that staff verbally told them they were banned, another 20% indicated that they had received written notification from staff. The remaining ways people were told about their ban was by police or security officers (9%); legal orders (7%) and Peace Bonds (3%). Females were significantly more likely to say that police or security guards told them they were banned at 17% compared with 5% for males. Indigenous participants were also significantly more likely to have been told by police or security guards that they were banned at 13% versus 0% for non-Indigenous.

Participants were asked about the reasons they were banned. Interviewers read a list of reasons they may have been banned and then offered the opportunity to offer other responses not listed. The top three reasons to be banned which accounted for more than half of all participants were theft (70%), yelling/swearing, threats/racist comments (59%), and drugs/alcohol (53%). Additional reasons for being banned included advocating for others, having panic attacks or PTSD episodes, clothing being unclean, and questioning authority.

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Reasons Banned

Reason	Percentage
Theft	70%
Yelling/swearing, threats/racist comments	59%
Drugs/Alcohol	53%
Refusal to follow staff directions/agency policies	44%
Trespassing	37%
Fighting/Physical Aggression (on resident)	35%
Loitering	34%
Sleeping	32%
Smoking	28%
Fighting/Physical Aggression (on staff)	25%
Weapons related	18%
Panhandling	14%
Vandalism	13%
Serious criminal activity	13%
Arson	3%
Sexual Misconduct	3%

There were no significant gender differences with regarding why people were banned or the length of time on the bans. Indigenous participants were significantly more likely than their non-Indigenous counterparts to be banned for a number of reasons including fighting or physical aggression on others at 53% compared with 13% for non-Indigenous; and, fighting or physical aggression on staff at 31% compared with 13% for non-Indigenous. Non-Indigenous participants were significantly more likely to be banned for refusal to follow staff directions and agency policies at 65% compared to 37% for Indigenous. There were no significant Indigenous and non-Indigenous differences in terms of length ban, however, many participants did not remember or thought their bans were indefinite.

To circumvent bans participants talked about waiting for a staff change to re-enter a building or using another name on entry. Some of the locations work with outside security firms to control entry, while others operate with open, barrier-free entrances.
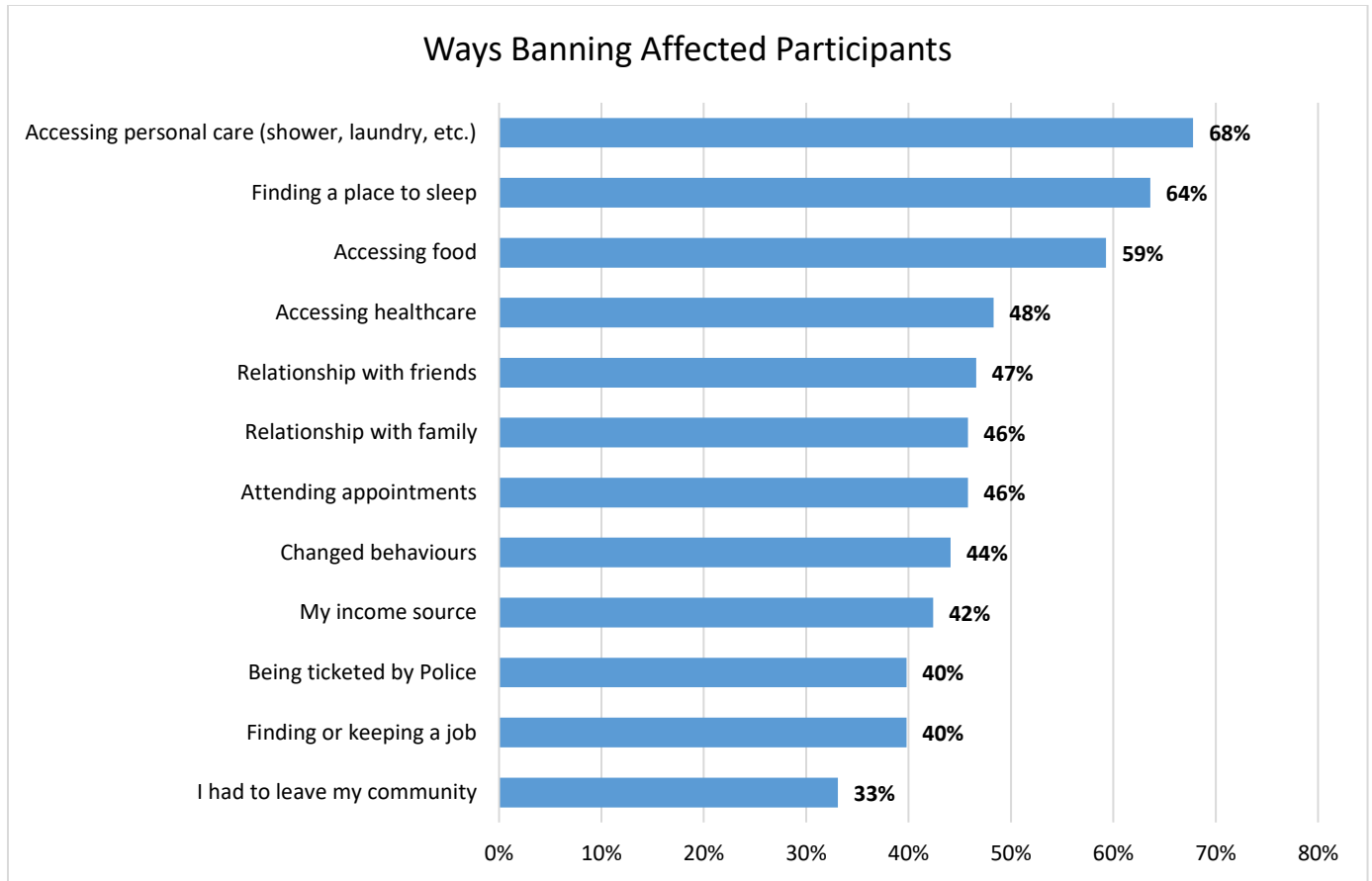
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There appeared to be some confusion around the understanding of what a ban meant and the length of bans. While some participants considered it a ban when they were asked to go for a walk to 'cool down', others said they were told to 'leave', and they thought this meant an indefinite ban. Participants were often confused as to whether there was a time frame to an indefinite ban, and if there was a process to remove it.

A large majority (86%) of participants reported that they were not given an alternative to being banned. The remaining participants said they were asked to make an apology (n=9 or 9%); help with a chore (n=5 or 5%), and one person was asked to take an anger management course. Other alternatives included giving back a stolen item, going to detox or stopping drinking, and one client stated that she was told she could return for sexual favours. Just over half (53%) of those who were offered an alternative, completed the conditions.

Participants were asked how being banning affected their lives. A majority of them reported challenges related to meeting their basic needs including access to personal care such as laundry and showers (68%), finding a place to sleep (64%) and accessing food (59%). Their struggle to meet basic needs often took up most of their time and energy, making it difficult to focus on seeking help for health issues or being able to pursue housing or making a better life. Furthermore, for those who were homeless, being unable to camp in one spot for more than a couple of days, meant that they were less able to access services and/or to be found by outreach workers offering health and housing services. Other effects of banning related to the negative toll on ones' confidence and health*: Always being accused is not a good feeling; My emotional, mental and physical health have been impacted; I became more negative and depressed.* Others talked about how being banned has changed their opinion of those in charge: *I became more jaded; I just go through the motions; I no longer care; I became more aggressive*. Being banned from EPL meant losing a place to stay warm or rest as well as a loss of connections, *Being banned from the library means I have no internet or contact with family*.

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Ways Banning Affected Participants

Category	Percentage
Accessing personal care (shower, laundry, etc.)	68%
Finding a place to sleep	64%
Accessing food	59%
Accessing healthcare	48%
Relationship with friends	47%
Relationship with family	46%
Attending appointments	46%
Changed behaviours	44%
My income source	42%
Being ticketed by Police	40%
Finding or keeping a job	40%
I had to leave my community	33%

Participants talked about multiple and accumulating fines they received, often for loitering in LRT stations when they were trying to stay warm. Sixty-six percent (66%) of participants indicated that their unpaid fines resulted in jail time. Participants discussed how unpaid fines impeded their progress in moving forward in life. Outstanding fines kept people from attaining housing as often the small incomes they received such as G.S.T. cheques were garnished to pay for this debt. Outstanding fines also were mentioned as a barrier to restoring driver's licenses.

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Community Contacts & Quality of Contacts

Participants were asked about the people in the community that they had contact with in the past 12 months. The most likely contacts were staff at drop-ins with 88% having met staff providing this service.

Community Contacts - Past 12 Months

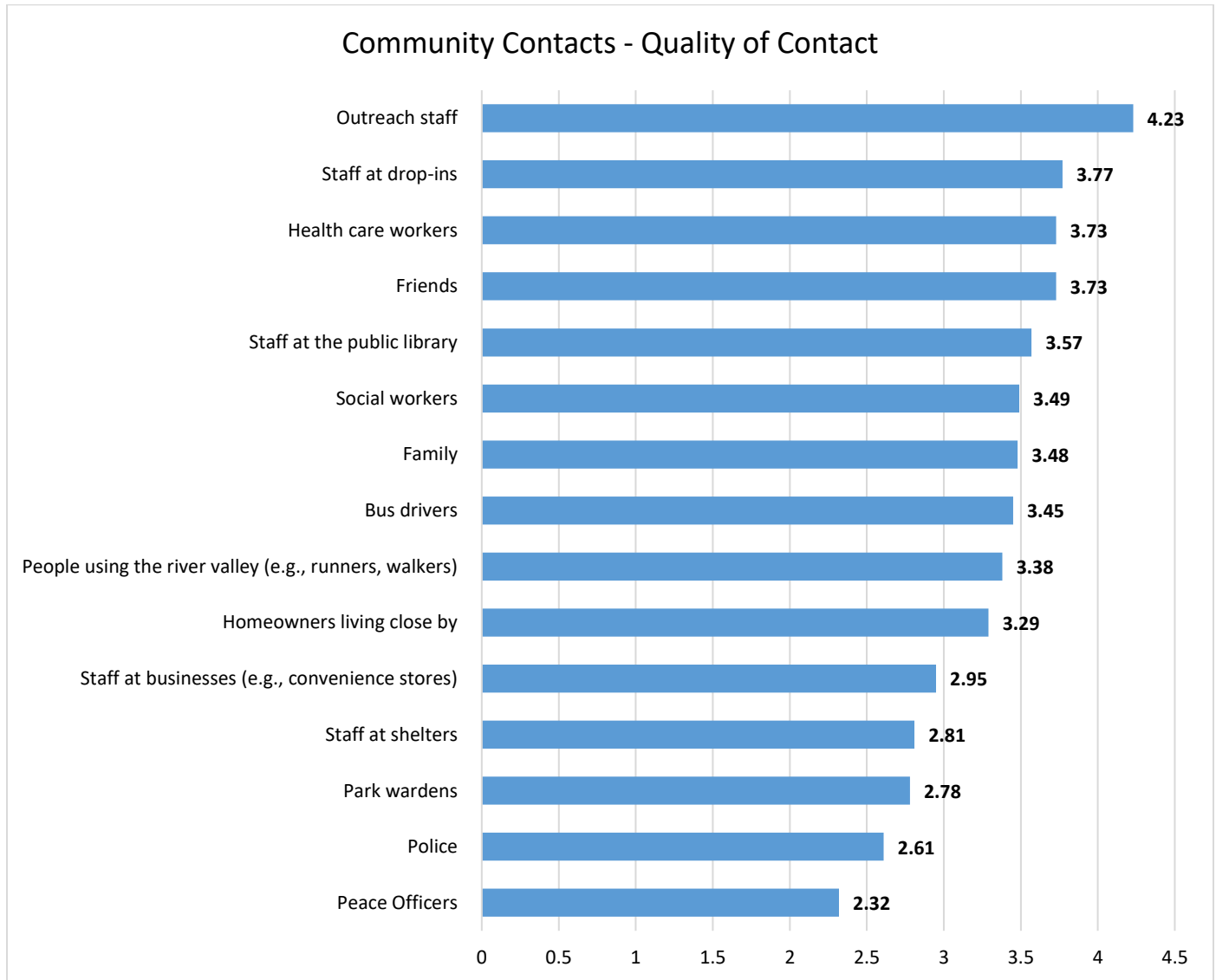| Contact	Percentage
Drop-in Staff	88%
Shelter Staff	78%
Bus drivers	73%
Outreach staff	72%
Staff at business (convenience stores)	70%
Friends	70%
Police	69%
Peace Officers	59%
Public library staff	59%
Social workers	58%
Family	56%
People using river valley (runners, walkers)	38%
Park Wardens	35%
Health care workers	31%
Homeowners living close by	8%

Respondents were also asked to assess the quality of the contact they have with various people and groups on a scale of 1 to 5 where 1 meant *very negative*; 2 meant *somewhat negative;* 3 meant *neutral;* 4 meant *somewhat positive;* and, 5 meant *very positive.* Participants were asked to give an overall perception that may have involved multiple contacts within each category. This did not allow us to capture discrepancies in the quality of contact within the categories, but participants shared stories nonetheless that we have tried to capture in this report. For example, participants explained that they would rate the quality of their contact with some members of their family as 'very positive' while others they would rate as 'very negative'.

Community Outreach staff received the highest assessment for their contact with participants at 4.23 a measure between 'somewhat positive' and 'very positive' followed by staff at drop-ins at 3.77 a measure between 'neutral' and 'somewhat positive'. Healthcare workers also scored relatively high at 3.73. Notably one young man indicated that the time he felt most respected and cared for was when he was taken to the hospital emergency department after an over-dose.

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The largest discrepancies in quality of contact were found within the categories of Police Officers and Peace Officers, where we were often told that many were respectful, helpful and caring, while others were dictatorial, inflexible and bullying.

Community Contacts - Quality of Contact

Category	Rating
Outreach staff	4.23
Staff at drop-ins	3.77
Health care workers	3.73
Friends	3.73
Staff at the public library	3.57
Social workers	3.49
Family	3.48
Bus drivers	3.45
People using the river valley (e.g., runners, walkers)	3.38
Homeowners living close by	3.29
Staff at businesses (e.g., convenience stores)	2.95
Staff at shelters	2.81
Park wardens	2.78
Police	2.61
Peace Officers	2.32

Legend: 1 = very negative; 2 = somewhat negative; 3 = neutral; 4 = somewhat positive; 5 = very positive

Another way to look at the quality of contacts, that gives insight into the range of responses, is to look at the frequencies. This examination shows the nuances in the proportions in each category of assessment. For example, not only do Outreach staff have the highest average assessment rating, but only 2% scored the lowest rating.

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Community Contacts - Quality of Contact by Likert Response

Contact	Very negative	Somewhat negative	Neutral	Somewhat positive	Very positive
Outreach staff	2%	6%	13%	23%	55%
Staff at drop-ins	8%	8%	21%	27%	37%
Health care workers	12%	6%	17%	25%	40%
Friends	9%	10%	19%	23%	39%
Staff at the public library	13%	10%	12%	34%	30%
Social workers	13%	10%	25%	15%	36%
Family	17%	11%	17%	20%	36%
Bus drivers	8%	14%	28%	24%	26%
People using river valley	9%	2%	44%	31%	13%
Homeowners liviing close by	18%	6%	29%	22%	25%
Staff at business (stores)	17%	17%	28%	29%	9%
Staff at shelters	20%	24%	30%	7%	19%
Park wardens	28%	15%	25%	18%	15%
Police officers	30%	13%	35%	10%	12%
Peace officers	37%	12%	40%	6%	6%

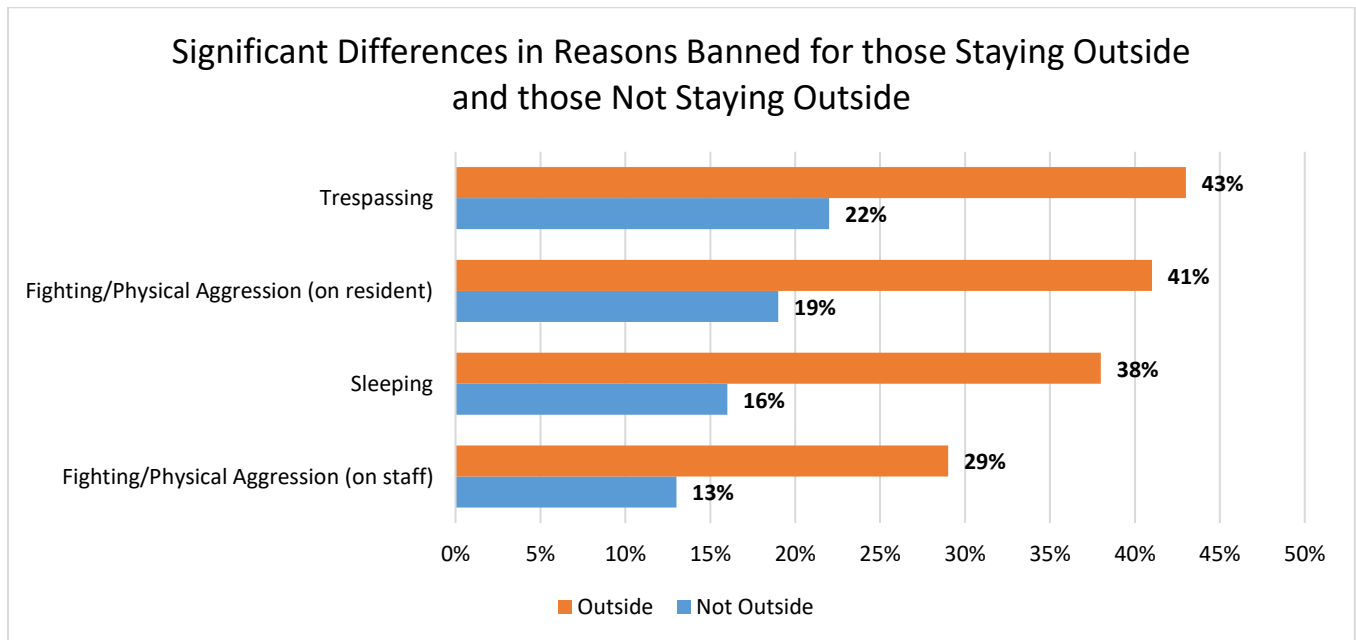Legend: ■ Very negative ■ Somewhat negative ■ Neutral ■ Somewhat positive ■ Very positive

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Banning: Significant Differences Between Those Who Stayed Outside and Those Who Did Not

An analysis was done to determine if there were statistically significant differences between the banning experiences of individuals who had lived outside in the past 12 months and those who had not. This section contains only the data and outcomes for the questions where such a difference was found. Significant differences are reported only where there is 95% or greater surety that these differences are not due to chance. The following table suggests that housing people would result in reduced banning.
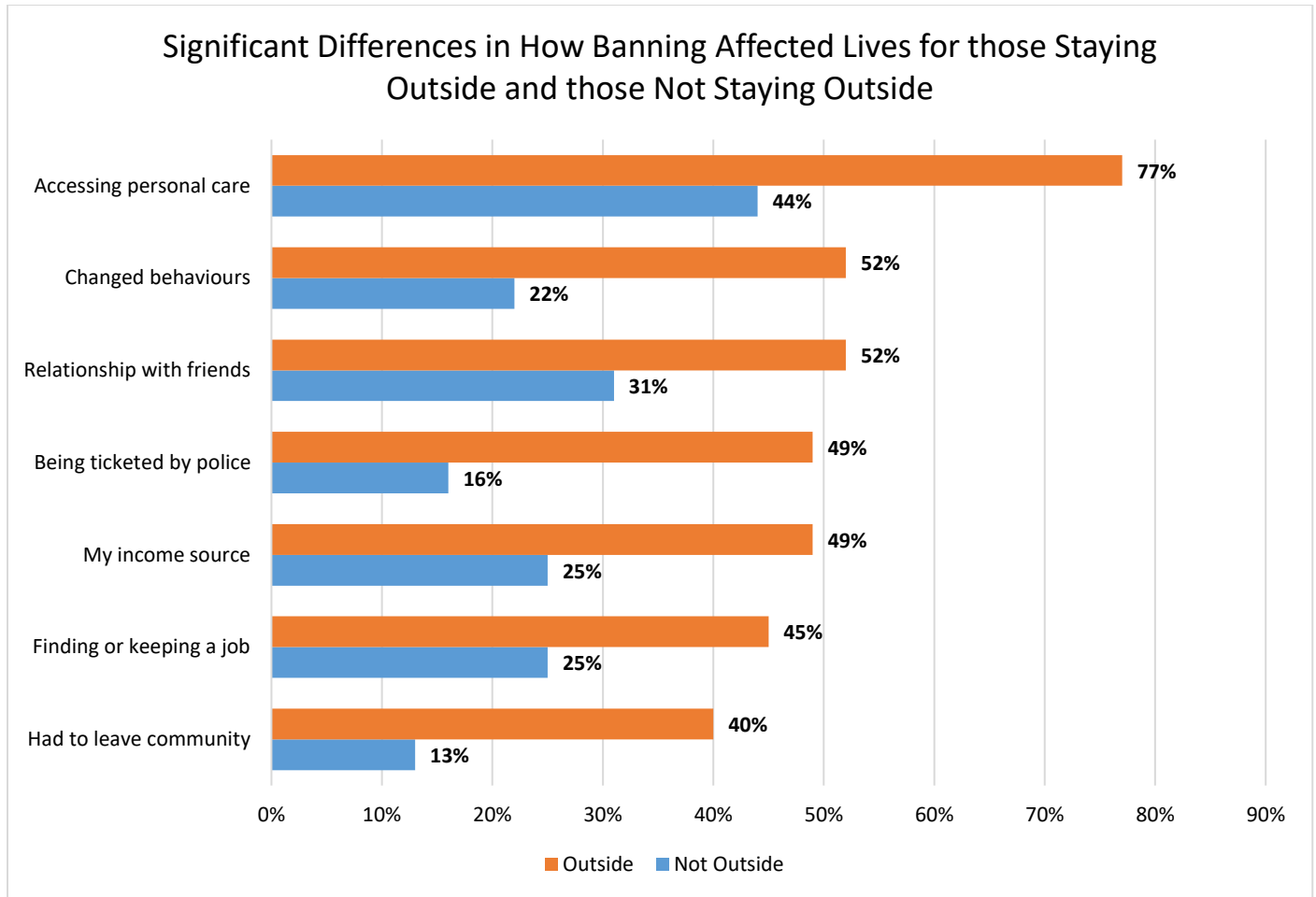
There were four reasons for which participants who had stayed outside in the past 12 months were significantly more likely to be banned than other participants. These reasons were trespassing, fighting/physical aggression against another community member, sleeping, and fighting/physical aggression against staff. There was also a significant difference in the number of places those who had stayed outside were banned from with a mean of 3.81 places for those staying outside and 2.80 for those not staying outside.

> *They're being banned from all these facilities and resources but they're also being moved every day from their own land. They're banned from the grass so they've got to move, then they're banned from this and the next day they come along and they're banned from this place if they just put up their home. They're being banned from trying to just survive outside. Get up and move. And there's no heart involved when they're moving people.*

Significant Differences in Reasons Banned for those Staying Outside and those Not Staying Outside

Reason	Outside	Not Outside
Trespassing	43%	22%
Fighting/Physical Aggression (on resident)	41%	19%
Sleeping	38%	16%
Fighting/Physical Aggression (on staff)	29%	13%

Participants were asked to consider which areas of their lives had been affected by banning. While all survey participants typically faced a range of negative effects from being banned, those who had stayed outside suffer significantly more than those who do not. The following table shows the areas where these differences are the greatest.

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Significant Differences in How Banning Affected Lives for those Staying Outside and those Not Staying Outside

Category	Outside	Not Outside
Accessing personal care	77%	44%
Changed behaviours	52%	22%
Relationship with friends	52%	31%
Being ticketed by police	49%	16%
My income source	49%	25%
Finding or keeping a job	45%	25%
Had to leave community	40%	13%

Legend: ■ Outside ■ Not Outside

The proportion of participants banned from stores was significantly higher for those who live outside where a majority (53%) had been banned from stores in the past 12 months, compared with their counterparts who had not stayed outside at 31%. A contributing factor may be that those who stay outside do not have available places for self-care and hygiene or to wash their clothes. One participant talked about her efforts to look clean and tidy:

> People say, "Why are homeless people SO clean, they live outside, how can that be?" I said "well we don't want to look the part when we're trying to change our lives around.

Outreach workers from both human service agencies as well as mutual aid groups talked about the effects of banning in the unhoused community.

> People are not able to look after themselves. People are literally begging for a place to stay. A man who was banned three years ago and went to jail and did his time, is still banned from the shelters. He says "I am going to die out here".

> Lifetime bans where people cannot get in anywhere and they are banned from everywhere. When you are adding all this mental health stuff in there and there is no solution being offered, there is no service, they are getting penalized for their behavioural issues. Where is the help for that? People are acting out for a reason.

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FOCUS GROUP DATA: COMMUNITY PARTICIPANTS

This section of the report focusses on the voices of participants, so while themes are drawn from the conversations, the section primarily comprises community member's voices.

Focus groups were conducted at every data collection site with as many of the participants as possible. Every effort was made to include whoever wanted to participate in the research which increased the number of people that participated but also stretched out the amount of time it took to conduct each data collection. For this reason, not everyone that completed a one-on-one interview was able to participate in the focus groups. Some were not able or willing to wait around for the focus group to begin while others arrived too late for the focus group. For those staying outside it was very difficult to leave their possessions outside unattended while they were inside participating in data collection. If researchers knew participants would not be able to participate in a focus group discussion, they made certain to add those same questions to their one-on-one interview. While this method did not allow for the dynamic of group discussion, it allowed those unable to attend the group discussion to still have their voices heard. The data from both methods has been combined and is reported in that format.

What could have helped you not to be banned?

When asked what could have helped them not to be banned, the most common theme was around better treatment from staff with suggestions of more respect, less discrimination, and less favouritism. This theme recurred throughout the focus groups.

Participants recognized that respect is something that must happen from all sides of a relationship, they often pointed out that the balance of power and authority related to how they receive supports and service also plays into how those services are delivered and received

> *Both sides (clients and staff) should respect each other.*

> *The truth is, it's not us, it's the staff a lot of the time. They're racist. They're snobbish. They think we're secondary people. The problem is them, not us. They're not trained.*

> *If you approach someone with the wrong attitude, you're going to get the wrong attitude back.*

> *Do not be so racist. Don't accuse me. Treat me as human. Do not berate me. "I'm bigger, you are small. I am smart, you are dumb." That is how I feel.*

> *If staff had approached me respectfully. Staff should not 'bait' clients.*

Some participants addressed this question through the lens of fairness and equity, suggesting that banning may occur for reasons other than behaviour.

> *Not being native; better clothes as would have been more welcome with better clothes*

> *Racism is present and we are treated differently based on the colour of our skin.*

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Others talked about how their behaviours and the stress of what they are dealing with in their daily lives contributed to them being banned. They acknowledged that they need to respect staff and know how to de-escalate.

> *I could have followed the rules instead of being stubborn.*

> *I should not have stolen from them.*

> *Being sober, not being angry, and taking it out on people or mistreating workers that are trying to help.*

How could banning be carried out in the most supportive way?

Several suggestions were offered for how banning could be carried out in a more supportive way. When providing these responses, participants often pointed to the fact that these suggestions had the potential to prevent situations from getting to the point where a ban was necessary. Overwhelmingly, the key themes in response to this question centered on treating people with respect, compassion, love, and empathy.

> *We all should behave in a respectful manner – staff and clients. There is work to be done in both side of staff and community members*

> *From the banner's point of view, they could be a lot less emotional. Sometimes they can be really mean or really angry/aggressive and if they were just to be more professional, more courteous, as best as possible. At least just continue to communicate because it's not the end of the line. Just continuing to talk and not treat us like children or treat us like we're less than.*

> *Approach us kindly. Tell us why we are being banned.*

> *They either grab you by the arm, they haul you to the door... "ok, you're banned from here" and they don't say nothing, they just push you out the door.*

> *For the least little thing they ban you. You're abusing them. They're holding power over you. You have no ability to defend yourself. If you verbally try to stand up and defend yourself that's when they come down on you and say "OUT!" and they get the security company to escort you out immediately. And they won't let you go back and get your coat in the wintertime, they'll say "I don't care if you don't have a coat".*

> *Some parts of it are dehumanizing and I don't think that's fair, because I didn't choose this.*

> *If you take a staff member, for one to two weeks, put them out at the [agency name]. Tell them no cell phone and that they can't access the bank account. Put them on the street and have them deal with the situation and see how quickly their attitude changes.*

Participants described how better communication would also make the process of being banned more supportive. This included communication between staff as well as between staff and clients. They asked that warnings be given and that the reason for and the length of the ban be communicated.

> *Just talk to me.*

> *Knowing the banning policies would be helpful.*

> *Housing visiting rules should be posted so we know the rules when we have friends over.*

> *Give a clear warning or being ejected, not immediate.*

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They should have told me the length of the ban.

I didn't even get a reason. I heard through the grapevine that I was banned. They just came up with a paper and said, "You're out of here." … When I went to find out the reason, I was not given one. "We banned you, that's it."

The rules change and we do not know about the changes and do not know the reasons.

Staff tell us different things… one says we can bring a bag in while another says we cannot and will be banned for bringing it in.

They suggested that having an advocate as well as a neutral mediator could help them to understand the process and ensure that they feel that the process is fair.

A better solution is not to create sides but just deal with the issue. Have someone not involved in the issue come and listen to both sides and if there's camera footage look at that because sometimes they lie.

Participants also felt that being given alternatives for facilities to go to would help them to not just be shuffled around with one stating simply: *Give us a place to go.*

When I was escaping domestic abuse I went to a shelter, and I had to be sober and I wasn't. So, they don't really have support for that.

There are very few women's shelters. It's like a guy's got to beat me up and rob me, (for me) to get into a shelter… and then I'll be safe.

They also suggested that building relationships with staff is crucial and that they would want the relationships and communication to continue, even if they were banned.

Have interaction and relationship with staff would help.

Liaisons between staff and individuals to work out a compromise. Have a private conversation.

(Staff should) still say 'hello' and encourage you to come back after the ban. Check-in with you and maintain relationships.

Participants felt a better understanding of their specific situations and the contributing factors to their behaviour would help staff to understand their responses. Particular concern was voiced that the needs of those with mental health issues were not being addressed. One participant said the support she had been receiving for mental health problems did not continue after she began receiving AISH.

Some of these people here should be at Alberta Hospital. There's no support here (for mental health).

Look at what led up to that, things don't just happen. There are things that lead up to these situations.

Police understanding my fear for my safety and my need to defend myself.

Bans should be reviewed by other staff and if banning achieves what it is supposed to. Does banning address why the person was banned. For example, if a person was banned for fighting or overdosing, does consideration of the ban look at why the person fought or overdosed in the first place?

Participants called for bans that are related to the severity of the offense (violent vs. not violent) and that are applied consistently and fairly. They also wanted fair rules for visitors in housing facilities. Discriminatory

treatment on the part of landlords and store staff was also cited as a factor in the daily lives of those experiencing banning.

Violence is huge and the bans needs to be longer but for other things I think there needs to be some mercy, some talking.

There are no solid rules. Banning is on an individual basis and that is unfair.

Staff shouldn't be looking for reasons to ban. People should not be banned from toilet access.

Meth addicts are treated better than those on alcohol because there is fear of the behaviour of those on meth.

It could be talked out and resolved without passing judgement based on the way I look.

Racial profiling – aboriginal or homeless with backpack seen as a problem… they assume we are going to steal or fight. You get followed in stores.

Alcohol and drugs are just to function with these assholes out there so do we don't kill each other. But we should work as a team and talk about it.

It's semi-prison rules and we're not criminals so why are we getting semi-prison rules. It doesn't make sense. I mean there's no rules when you live in your residence right? You have family visit. Would you have somebody who mortgaged your house tell you, "You can't have them spend the night?" I mean that's the abuse that's happening. And it's individual people, it's not usually a group of people. It's this one lady who runs these apartments and she's very abusive… Need some higher authorities we can go to. It's loophole, it's a circle. They refer you back to her, so she's got you.

Many participants recognized the difficulties agencies experience regarding staffing shortages and the complexity of services. They also acknowledged that staff are dealing with complex issues. Clients come with different needs and issues, and that dealing with clients under the influence can be difficult requiring specific skills and training.

We need more people, and they don't have enough time in their day and they look like assholes because they just can't do it. They can't spread themselves any thinner than they do

How about more access to staff that are able to actually listen to some of these people that have problems instead of having it escalate? Staff that are willing to listen and hear these problems before the shit happens. Because without people listening to us, we don't have a voice and it's just going to keep getting worse

Staff have to put up with that. I am one of those people that will go there sometimes and I'm drunk and will be saying prejudice things… so it's not always them.

(It requires) staff that knows how to de-escalate, to work with trauma.

Staff should know and be trained in dealing with mental health and addiction issues.

Staff don't have the counselling skills that a social worker would have and other skills necessary to deal with people struggling with substance use or other challenges

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Displacement

Some discussed how living outside affects their ability to comply with requirements and also means that they have greater personal needs that are not met. While some comments were related to accessing services inside, many are focused on being displaced from where one lives outside. Some talked about needed consideration in this regard.

> *They need to understand where we're coming from and that we have nowhere else to go. They may have homes and they have a job there so they can go in and out as they please and we can't.*

> *Help you with your things instead of throwing things away. Stop taking tents away.*

> *If you are homeless, where can you drink without getting fines or getting picked up? Instead of handing out tickets maybe give people a list of where they can go. Maybe there's a spot they can allow people to openly drink. Vodka keeps your innards warm in the winter.*

Preventing Escalation

Finally, participants talked about the need to prevent escalation in order to mitigate banning. They discussed how de-escalation is a shared responsibility between clients and staff and talked about the need for education and support for handling tough situations.

> *De-escalation on both of our parts could have helped.*

> *It depends on the person's attitude… if they talk to you like you're a person and not like you're a menace then it's a big difference.*

> *Through something simple, through conversation, tell you when you are doing something wrong and going in with the right attitude. If somebody coming to me already has the mindset that "I'm kicking you out and you're no good" then you're just going to defend yourself and be stand-offish.*

Losing one's medications

Participants shared stories of losing their medications when they are thrown out of a place and forced to leave their belonging behind. Although some agencies have a policy of holding belongings, participants felt items are often 'misplaced' when they go back to recover them. This leads to further problems such as being flagged by their doctors as being medication seeking and/or accused of selling their pills. One participant shared how difficult it is to have to go to court without having taken their prescribed medications while another needed their medication to manage their epilepsy.

How do banning practices differ across locations?

Participants found a consistency across locations related to reasons people are banned. Differences in time frames and approaches were discussed with the major source of difference people experienced was not which agency they were banned from but rather which staff member they were banned by.

> *If you are banned from one place you are often banned from other places too.*

> *There's no places that are more discriminatory than others.*

> *Some people are better at it than others like, you get tapped on the shoulder "hey man, you've got to wake up now." And it's like "alright, alright man."*

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I've been at camps where people have said "It's ok, take a day or two to pack your stuff and get going but I need you out by Friday" and I've seen cops tell people "You've got 6 seconds to grab your shit and get out of here!

Some participants felt that data sharing between agencies means that a ban from one agency results in automatic bans from other agencies as well.

If you are banned from [agency #1 name] you are also banned from [agency #2 name] because they share computer information. That's the power they have; they can starve an individual, if they wanted to, by pushing a button on their computer that links them.

When should banning take place, when should it not?

Within this question participants also discussed when banning should or should not take place and what could be done instead. The table below shows some of their reasons.

Banning should take place	Banning should NOT take place
For fighting, cursing, being rude	For trying to meet your basic needs.
If there is proof they are doing the thing banned for/that you've broken a rule	When a person is not capable of understanding their situation, they "are slow" and staff are not trained enough to know
If you are not following the law	When people are calm and not talking loud
Never	To deal with a behaviour
For repeat offenses like shoplifting	For sleeping. People need to sleep
To clean up an area	When it is really cold or raining
When there are reasonable grounds such as safety.	Because of whom you associate with or because of your reputation.
For violent behaviours towards self/ other residents, or property	When someone is homeless or has mental health issues

Several participants talked about being banned or seen in a particular way because of stereotypes or associations.

Staff will say things like "watch this person, this person looks sketchy." How about you don't say "sketchy"? How about you just be responsive… and see them as a normal human being.

Some places will ban you just by association. If you've been friends with somebody then you're not allowed in there ever again.

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Some participants talked about the need more places where people can be near the facility and feel safe, especially if they are not able to be inside due to the restrictions on alcohol consumption.

> *There should be more places like (Agency) because they let you in. They know you're drinking. So if there's more places where people felt safe and they could actually drink (as long as you don't bring it into the building). I mean they know, they still talk with you. (There needs to be more places that) not supporting the alcohol but know the situation because people can't just quit drinking when they're homeless because that's the way they escape.*

When asked what could be done instead of a ban, participant suggestions included counselling, group sessions, and anger management programs.

Rebuilding Relationships After a Ban

Participants were asked if they had ever tried to have a ban lifted and if they had been able to rebuild relationships with organizations they had been banned from. For those who had not tried to have their ban(s) lifted or to rebuild relationship they either did not think they would be able to, felt too embarrassed to try, or that staff would shame them for trying.

> *No attempt, there is too much shaming from [agency name] staff*

> *No because I was embarrassed and I want to avoid that feeling and treatment*

> *I don't try because if they don't like you now, they won't like you then.*

Some also reported that they had made attempts with no success, and others reported partial success.

> *I have been able to heal relationships but have never tried to have a ban lifted.*

> *I went and talked to them and apologized for my anger.*

> *At the library I was told I could call the administrators and go in for a meeting to discuss having my ban lifted or shortened but every time I've tried to do that it's just the run around, it's phone call after phone call and nobody gets back to me.*

> *I approached and asked kindly to be reinstated and was.*

Participants offered suggestions regarding how relationship can be rebuilt.

> *I've been coming to [agency name] since 1990s. There are people who hate me and I still love them. You've got to be humble to come down here. I tell the workers, you need to be humble to work here.*

> *More of these kind of circles (referring to focus group discussion format) with staff and clientele being able to voice their opinions in a mediated scenario where you could talk amongst each other and let some of your sh*t be known to each other.*

> *Have drop boxes where you can actually put real comments in and not be chalk marked for it.*

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FOCUS GROUP DATA: HUMAN SERVICES AGENCY STAFF

Two focus group discussions were held with staff from the human services agencies: one with 5 in-house staff and a second with 5 outreach workers.

Why are People Banned?

Agency staff pointed out that banning is not undertaken lightly and that most community members are not banned.

> *I hate banning. I think like most of us do.*

> *I don't think this gets said enough but the community does not get enough credit for respecting staff.*

> *90% of the people don't cause any trouble or get banned, they're just biding their time.*

They also discussed how bans make their own work difficult.

> *There are some people who are banned from everyone agency or every place. How do we advocate for them well and how do we find safe places for them?*

When asked about why people are banned, two main reasons emerged: to ensure the safety of clients and those around them; and, because clients were not following the rules of behaviour. Individuals are also sometimes turned away from a facility because the level of care they require is beyond the capacity of the organization; while this is not a ban it may be perceived as one.

> *There's tons of reasons why we've banned people but it is usually about safety. Safety is our number 1 concern (for clients and staff). Trying to protect the environment and making it a welcoming and warm space for everybody.*

> *For going outside the rules. For disrupting the space, causing disturbances. We are trying to create a peaceful atmosphere.*

> *Sometimes it comes down to the needs of the client and if our facility can actually provide for what they need. So it's not a ban but trying to find somewhere that's a better fit.*

Staff focus group participants noted that banning can be subjective and related to staff capacity and/or the ability of the staff to remain unbiased.

> *There's a difference between why someone should be banned and why they end up banned. Oftentimes when we don't remain unbiased it can also determine whether or not a suspension or ban happens.*

Staff clearly indicated that the decision to ban is often a result of being understaffed with not enough time to respond to situations in ways that could be more supportive to community members.

> *A lot of the drop-ins are understaffed. You would have 200+ (sometimes pushing 300) on a given day in the winter and you have 4-5 staff looking after those people you don't have time to de-escalate a community member. And if you don't nip it in the bud it escalates other community members and if you don't deal with that you will lose control of your setting.*

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When I was doing the downtown drop-in where we were serving 500-600 people (as opposed to the west end drop in where it only fits about 100) you had to be much more black and white, especially for overall safety when you are doing such high numbers. You don't have time to sit down with someone and do a full out de-escalation. You have to just give a day off in order to maintain the overall safety of the space. It's hard. At the (downtown) location we did have to get Security because we had a lot of gun incidents and that also changed the dynamic in an awful, awful way. It was a lot less community orientated and lot more institutionalized.

Restrictions are our last resort. We really try to do the intentional conversations and the behavioural pieces, and the safety planning and all of those things beforehand but when it becomes about the safety to other residents that are in the facility at the same time and also to the resident themself. If we don't have the staffing, the ability to support them. We are coming from a situation where we had 62 people and 2 staff so there wasn't time to have these sit down conversations. It was "if you hit someone, go."

Staff also discussed their understanding of what contributes to behaviours that get people banned. Having a difficult life, trauma, being treated badly or unfairly, and challenges with accessing mental health support were cited.

They hear the word 'no' every second person so after a while it's got to wear you out and like 'Somebody.. help me.... please! So they get this frustration and it comes out in an unhealthy way. If someone would just take the time to sit and listen to what they have to say and they can maybe compromise. A lot of the times they just get shooed away. "We've already told you get out, just get out." I do hear a lot of community members say they feel like they're treated like second class citizens and less than other people when they are trying to stay at the shelter. And they're mad because they're already dealing with their whole lives outside, they're in survival mode constantly outside and then they come inside and they're treated not to the best they should be.

They're being robbed. People are screaming and yelling. The smells, the urine, the poop, and everything else that goes on in there. The bugs. The way they are spoken to by the staff. The other community members that are having mental health issues or psychosis. They don't get sleep in there. The mat program they had was terrible. The Humane Society is a lot more kind with the animals (years ago when I saw it). I can't blame them for why they act the way they act. There's a reason for it. It's regulation with their emotions. It's being told no constantly or being brushed aside.

A lot of people the only way they've gotten things is losing their sh*t. That's their learned behaviour.

A high proportion of our clients have a lot of aversion to mental health and the hospital system and accessing care in that way so it can be difficult to set and assert boundaries around that when they are not ready or in a place to engage but that's directly where the behaviour is coming from.

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What Are the Conditions that Complicate the Banning Practice?

Difficult Settings & Spaces

Staff talked about how drop-ins and shelters are difficult settings to be in for community members and staff. Large groups of people frequent these locations which are crowded and noisy, and there are often violent behaviours that threaten the safety of others.

> I think [agency name] is trying to move towards something more restorative but a challenge is our space and we can have a couple 100 people inside and outside the building that you're responsible for. They have put staff through Therapeutic Crisis Intervention Training. Having that model of de-escalation and that sit down afterwards. The challenge is the space, having so many people.

> There's a communal sense of justice. When an incident happens in the drop-in, everyone witnesses it. People will say: "If I did that thing you'd kick me out right away."... or if we try to make exceptions for certain people. "If you don't bar them, I'll take care of it myself." There's a little bit of peer pressure because community sees how you respond to things and people will call you out if they see things as unfair.

> You are probably the lowest paid and you have to do the most frontline, undesirable things at the worst hours. That in itself can breed animosity. When somebody is yelling at you and you're thinking: I'm making less than I would at Tim Horton's, I might as well go.

Staff: Training & Attitudes

Training and attitudes shape how community workers and members understand and treat each other. While training can help us know what should be done, our own attitudes and life experiences shape our actions and reactions. Furthermore, new staff may begin working in the areas without understanding the environment. Contributing to these challenges is a lack of training around banning policies.

> (We need to) educate the workers more on the participants they're going to be working with, the expectations. Challenge in hiring: a lot of front-line staff is young, with little to no life experience. You can't just throw someone into a drop-in. It's a challenge to fill those roles.

> Sometimes people come into the role not realizing what they are getting into. Staff maybe isn't quite equipped... you do take a lot of someone swearing at you and sometimes will take that on personally and then they get heightened and that can make something bigger than it needs to be or become very authoritative which does not fly with our folks, at all. If they feel some kind of threat and then they're going to be on the attack.

> I've found that when we hire very religious people, I do find that they come in with biases or a saviour complex that ends up affecting these things severely.

> You can have all the training that you want. There's always going to be 50% of the staff that are going to be intimidated by the participants and they are going to know that you are scared, and they are going to go after you because you are a weak target.

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It needs to be a 'we' mentality, a community and not an 'us versus them'. So, hiring people that have empathy or at least trauma informed care. You can hire people with, for example, a social work degree so technically they have all the right things and then, when they're on the job, someone calls them a b*tch and they want to ban them for two weeks. There seems to be some disconnect between what we are learning and what we're actually doing.

I've never read the policies on banning. I know there's some handbook somewhere that's been floating around. I would say pretty much all of our drop-in staff have never seen that or read that and it's not widely used. Barring has come down mostly to judgements.

I was told "just use your best judgement".

How does one person know to ban or not to ban is often mirroring somebody who's got more seniority on them and listening/observing to what they say or what they've done in the past. There is new staff orientation which only happens a couple times a year unfortunately. There is a policy booklet but for the most time it's "read it on your own time and if you have questions reach out to your supervisor".

Authoritarian Approach

Adding to the conditions that add complexity to banning, some agencies contract security people from outside security agencies. These security officers are not trained by the agencies and most often do not have trauma informed or mental health training and rely on an authoritarian, intimidating approach to deal with community members.

The people that work Security are often from Security Companies. They do not get training for mental health first aid... They are there as 'want to be cops'. We try to make them feel safe and de-escalate and make a safety plan and then Security comes and they ruin it all. If they could take a step back, wait for us to say 'We need your assistance' instead of just jumping in like Robo-Cop.

An agency staff person who formerly worked as a security guard at the same agency talked about the different approaches.

As Security, you are in a uniform. I found when I switched (roles) and I could wear plain clothes just be me and wasn't just some face behind a uniform. It's way easier to develop that relationship and rapport with people, which sometimes makes it easier because you've got the relationship but sometimes it makes it harder because they've got that soft spot in your heart and asking some people to leave for the day is hard. As Security I found that I got way more push back…..It's the uniform, folks have a lot of trauma associated with that and your job is to be the bad guy, unfortunately.

Barriers to Accessing External Resources

Staff described the barriers they encounter when trying to access external resources for community members when they are not able to remain in the space.

A lot of the bans are directly correlated to mental health. We don't even have the resources. Specialized services like ACT (Assertive Community Treatment) often don't pick up our clients. It can be really hard when we want to do right for somebody, and they don't have the ability to maintain their behaviour in a safe way for everybody else.

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We've had situations where it's too unsafe for us to handle and then you ask the police "can you Form 10 this person?" And then they'll say, "oh I don't know them, this is just them on meth" and it's like "no, I know their baseline, this isn't." But I understand for them, proving in the courts 'form-10-ing' someone you need to do a lot but it feels like when you are phoning the police and then they're just putting them in cells or taking them off property and it does nothing.

Trying to access help by phone can be a complex and frustrating experience as one is frequently put on hold then asked to call additional numbers. One worker shared their experience of trying to access help by phone for a community member. The worker was bounced back and forth and by the fourth phone call the community member was swearing at the outreach worker and telling her to get lost.

It's that, I'm trying to do the right thing and then the system is just bearing down on me and that just caused an explosion out of nowhere... so they just don't know how to cope and deal sometimes from trauma and everything they've been through

Lack of Information and Inconsistent Practices

Regarding tracking who has been banned, some organizations share databases, however, without a photo it may be difficult to identify who is banned. The process may be somewhat more complex for someone who has a lifetime ban.

We had to remember who was banned. There were no photos.

Inconsistent practices between agencies or between shifts at the same agency make it more difficult for community members as they may not understand the parameters of a ban.

In the winter, we had two shifts and the two shifts worked very differently from each other. I don't think we were always on the same page and maybe for the same incident we would have barred people for different lengths of time just depending on the team.

Inconsistencies across police services were also noted.

The Peace Officers hand out tickets faster than the police. The Police aren't giving tickets because they're like "well yeah, they have nowhere to go the bathroom, of course they're going to go to the bathroom here." I find Peace Officers hand out tickets like candy.

We have a really close relationship with our area police, our patrol and our beats. They carry little cards and will send people to us all the time. They never come on our property and arrest or ticket anyone, it's not part of our agreement essentially. So it will be mainly Peace Officers that come and hand out tickets. (in the west end). My experience downtown was that some patrol were a little out to lunch but most (I would say 80%) wouldn't stop and ticket someone for defecating or openly using but it would be mainly Peace Officers and one or two patrol.

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What Helps When a Ban Does Need to be Implemented?

Staff suggested ways to implement bans in a way that accomplishes goals such as creating safe and welcoming spaces while also respecting and honouring community members. While some agencies have security officers controlling entry to spaces, others do not. Those agencies without door security are located outside the downtown core, support a lower number of clients, and are open during morning or daytime hours and they credit some of their ability to build relationship to their open-door practices.

> *There is still violence. We are in the morning. The night creates kind of a different thing. It is a smaller space. We greet everyone by name and we try to make it a welcoming space where they also want to invest and be part of it.*

Staff also explained the importance of relationship building and community for individuals who access their services.

> *The approach is everything. The first initial interaction is everything because I want them to feel comfortable because chances are we are going to be together for the next 3 months on this housing journey.*

> *There's lots of emotional support people. Community is everything for our folks.*

> *The staff at the community space have incredible relationship building and know their people.*

> *I've met some good police officers and peace officers. It seems they do have a heart with an authoritative background.*

Keeping contact with people when they have been banned enables a continuation of relationships and services. Flexibility is key when working to accommodate the needs of the banned within limitations.

> *So much of what we deal with is trying to work with people and show them that mistakes are made but it's not the end of the world. The whole idea of banning is punitive and anything that's punitive you want to be careful with because it only goes so far. You want to maintain boundaries, but you also don't want to be a jerk about it. You don't want to get rolled over, but you don't want to punish people unnecessarily.*

> *We have our front sidewalk. We have an agreement with the beats team that if we try to keep the [gang name] at bay and off our property, they kind of let the drinking and using on that front space kind of slide so folks know they can drink out there and use.*

How are Rules Communicated?

Staff from the agencies shared that banning policies are not commonly advertised. The exception being one operator that has clients review and sign a community agreement that lays out expectations during intake.

> *I don't know how they would know what the rules are. I've never seen anyone put a sign up not to break windows.*

> *Technically, I am supposed to have a list of rules and expectations posted. I'm working on it.*

> *I find some people will give themselves time away and then they assume they are banned.*

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[Agency name] has some signage. There's one that's more geared towards staff and our values… and then there's one that's specifically meant for community. I doesn't list specific behaviours but there is mention of things like keep gang rivalries, gang colours out of [agency name], keeping weapons and the dealing off of our property but not a very specific list and in my experience people don't really read signage so I don't know how effective that is.

Staff suggested agencies post a sign that clearly outlines the behaviours that will result in banning along with the associated consequences.

When you go to the pool there's a list of rules. It's a gigantic white board with black writing. Just planting a seed somewhere they can see it. Maybe with a picture beside it of somebody getting punched and then '1 day'. Have it written and then a picture beside it, for someone who is illiterate.

Factors Taken into Consideration when Banning

Staff also discussed factors that are considered when banning.

We always consider why they're coming to our space, if they are living rough or couch surfing and how it affected the community and staff at large. If it affected the community how can we restore that in a proper way and would it be healthy for the community to have them back in that space? We consider what other resources are in the area, we look at what they need (i.e. a bus pass, food) and if there is a way we can provide that for them in a safe way while still establishing boundaries and expectations for the space.

The weather is a big thing. If I kick this person out and it's 30 below is there somewhere else for them to go? Are they mobile enough to get there? In the winter we probably let things slide more than we do in the summer. And once they're off your property, it's hard not to wonder where are they going to go? There's not many places in the city where folks can just exist without being targeted or criminalized for trespassing or loitering or whatever.

We are dealing with a lot of different people that have a lot of different capabilities and understandings. We do have our policies but we also do bend on them for people that are having issues and troubles with their everyday life. Sometimes life gets a little bit wonky and they just don't know how to deal with it so we'll go a little easier on them. We are working with people with different factors like PTSD.

Rebuilding Relationships with Individuals that have been Banned

Staff talked about maintaining relationship offsite when someone is banned. This work is typically carried out by outreach staff.

As long as a person wants to continue to work with staff, even if it is off-site, that work continues.

One worker discussed her communication with a community member who has an indefinite ban and is also barred by the police.

Just every once in a while I like to remind him just to be extra good (and he responded well). He's not willing to mess up that tiny little bit of relationship that [agency name]l is still willing to give him. He is a long time community member and we do love him so we want to give him those extended opportunities to prove himself. It helps your own self-worth when you can prove yourself and do something for the community and he does enjoy that.

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The reentry or restorative process is an individual one framed on the participation and effort of the banned and the banner.

Every person that came back after a suspension had to have a re-entry meeting and that restorative process. So you had to write an apology or you had to sit with the staff member you had punched, for example. We also talk about how we as staff can do better. What are your signs of being triggered? How could we have addressed this in a different way so it didn't get to this point? And I found there was a lot more buy-in because they uphold their own words/what they think is right. But then when a contract hits and you hire a bunch of new staff really fast then you lose that sense of community. Some of my best relationships have happened through re-entry meetings. They punched me or something and then you sit down after and you're able to be friendly again and then they trust you even more and then you can trust them as well too.

We had a guy fighting with knives out front and he came back the next day and I gave him options for his suspension and asked: "What do you think is fair?" And we sat down and talked about it and he actually chose a really long suspension because he understood the harm he had done to the community. He then was more strict about upholding it than we were.

People that are banned from a certain agency can still work with the staff from that agency if it is off-site. Workers can put a proposal together to have a ban overturned. I've seen a lot of those.

Again, the issue of not enough staff was discussed in relationship to building and keeping relationships.

Restrictions are our last resort. We really try to do the intentional conversations and the behavioural pieces, and the safety planning and all of those things beforehand but when it becomes about the safety to other residents that are in the facility at the same time and also to the resident themself. If we don't have the staffing, the ability to support them.

We have been trying to push our staff to have those intentional conversations and reminding them that these are trauma responses. It's not personal and if you can give them space and come back to it then you are more likely to build that relationship. Even though we don't wear uniforms I think our clients very much see us as 'the system', we very much represent a system, and it takes a long time to build those relationships.

Another challenge outreach workers encounter is when they are ticketed. Staff from multiple agencies shared stories of being ticketed when doing outreach work in the transit system.

The [agency name] mall and pedway team got paraphernalia tickets a few months ago from the Peace Officers down there for handing out supplies.

[Agency name] street outreach team that was working with folks in the transit system got ticketed.

Restoration: Lifting a Ban

The restorative process of lifting a ban allows community members to return to the agency for support and community. The banning process has differing levels of formality across agencies.

> *We don't have outright bans. We have a restriction list that can be appealed. When someone has been asked to leave and it's been deemed a restrictable offense the people are put on a restricted list. After their first 30 days they can come back and fill out an appeal form. If their appeal is granted, they will have a 1-on-1 meeting with a manager and from there we can approve the appeal. No one is ever outright banned. Part of that process is to look at what has changed, what steps have been taken, is there someone who can vouch for what you are saying. There is a set of rules but there is a lot of grey and a lot of case-by-case basis that goes into that.*

> *They (community members) can usually advocate for an alternative consequence at about the mid-point of their ban.*

> *We will have a ban re-entry meeting. With that we go over what happened for the original banning, what was their state of mind, what they did, what were the outcomes/effects, how many people that affected, and how they can change to a more positive way, how can they give back to say they're sorry.*

While it is more difficult to deal with indefinite bans, some agencies have found ways to include community members.

> *We have a participant that is permanently barred. He has shown great growth. He helps out a lot in the space outside... so we did make a deal with him that once a month he can come in and have full services as long as I am on the floor that day. I don't find there's a lot of jealousy that goes on because everybody is banned for different reasons.*

Staff also discussed the difficulty and the necessity of police involvement with those who are indefinitely banned.

> *Where it gets tricky is the EPS property bars where we're supposed to just call police as soon as they step onto our property and I don't think that's always helpful for anybody and quite often those bars can't be taken care of until charges are dealt with and it's pretty much the cop's decision and we don't have much control over. We can advocate as much (as) we want but it pretty much comes down to the cops*

> *We have one community member who is indefinite property barred from [agency name] so he can't even come on to our front sidewalk, but he is there every single day, and he will toe the curb and lean. He probably gets the cops called on him 3 or 4 times a week. We have a working relationship with the downtown beat officers, and we can submit someone's name to set up an EPS bar. In that case with this kid every time he would show up it would be a really violent incident and would get re-barred and it would just happen over and over and over again and when staff would intervene and try and give this kid some help, and he won't meet you halfway. You get to a point where, for the safety of the community, there's a line. He ends up getting arrested 2,3 times a week and then he'll be back in 2 days so we've just kind of hit a wall and we're not quite sure where to go with that.*

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We have quite a few indefinite bans right now, some for violence on staff. It's hard when police are involved. I'm working right now with one lady to get that ban lifted so she can access services. I feel like one action shouldn't determine accessing services, especially if somebody might have had a rough week at every agency and then you're just stuck without all those services from all those agencies. Sometimes cops and their reports and everything make it hard to lift those bans.

Agencies Working Together

Staff felt that communication across agencies is increasingly better but noted challenges that they attributed to differences in funding sources across agencies.

Agencies have been a lot better at communicating with each other in the past few years. There's always a challenge with some (agencies) because they are more religious, more closed in divulging info to other agencies. They are not publicly funded so they can kind of set their own rules.

Staff discussed sharing information about clients across agencies through the Inner-City app. They noted that some of the benefits are that if another agency or a family member is trying to reach a client, cross agency sharing is beneficial. Regarding banning, the general feeling is that sharing information eroded trust with clients and distances staff from clients with regard to restoration. They also voiced that the consequences of actions may be different across agencies especially between agencies that work with harm reduction rather than abstinence.

It is helpful when you're trying to look for someone and they leave a note on their file. If family is trying to contact them… it's a good way, it leaves the choice up to them if they want to contact them or not.

We have apps that show us info and we can tell people their options for where they are not banned and can go to access services. But even that feels weird because you know and then they are like 'how do you know?'. So sometimes accessing that info feels like a breach of privacy.

I found as soon as we started relying on the inner-city app and those technological parts it sort of lost that personal part. So, the suspension expired. So whatever. We'll let them back in, but you don't ever have that piece of restoring it.

With the inner-city check-in (app) is faceless so you can just input a bar on somebody's profile and you don't actually have to talk to this person or sit down and figure out what happened you can just easily be like "Yup. Two months, you're done"... and then it's enforced by every door staff.

NEXT STEPS

The Complex Needs Committee together with M.A.P.S. will move forward to decide next steps. The potential actions and outcomes, as proposed at the onset of this project, include:

1. Recommendations for best practice around banning.
2. Inform banning policies/practices/services around serving people with complex needs.
3. Creating a shared database
4. A more consistent process of banning.
5. The City of Edmonton will receive input which will be used to socialize the experience / perspective of camp residents.

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APPENDICES LIST

The following documents are available for download off the M.A.P.S. website at:
https://mapsab.ca/community-based-research/

A1 – Literature review

A2 – Questionnaire

A3 – Focus Group Questions

A4 – Information letter

A5 – Frequencies and Descriptives

A6 – After care sheet

A7 – Staying Outside is Not a Preference: Homelessness in Edmonton

A8 – CNBR Results Infographic

A9 – Banned: Falling Through the Safety Net project map

A10 – Everyday in the Life of Homeless Edmontonians journey map