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Homelessness in a Resource-dependent Rural Community: A Community-based Approach

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Abstract

Research surrounding the experiences of homeless individuals living in rural resource-dependent towns is lacking in the literature. In order to understand the needs and experiences of the homeless adults, it is useful to consider their needs from their own perspectives as well as those who provide services to them. Guided by the principles of participatory research methodology with marginalized individuals, this exploratory study seeks to gain an in-depth understanding of homelessness in a resource-dependent town by using a community based visual research method. Fifteen homeless adults and eight stakeholders were included as participants in this study. Findings of the study show that the use of a community based visual methods approach provided the homeless participants a platform to be heard. The homeless participants shared their needs and a variety of challenges that are unique to a boomtown. The results of the study also reveal that a community-based methodology is useful in communication between stakeholders and homeless participants.

Keywords: homelessness, rural Canada, resource-based towns, services, community-based visual research method

1.0 Introduction

The issue of homelessness emerged as a crisis in Canada in the 1990s, creating a dire need for research and policies aimed at reducing and ultimately ending its acute effects (Gaetz, Gulliver & Richter, 2014). In recent years, due to effective data collection and rigorous research on homelessness, more knowledge has been gained about this issue than ever before. Although the literature on housing and

homelessness in metropolitan Canadian cities is expanding, there is a lack of knowledge surrounding rural homelessness (Forchuk et al., 2010; Schiff & Brunger, 2015). The limited literature currently points to the fact that homeless individuals living in rural areas have a harder time accessing services (Forchuk et al., 2010). Further, due to increased housing costs associated with rural resource-based towns, the national housing issue in Canada has a more severe impact for the rural population than it does for the urban population (Forchuk et al. 2010). One type of rural population that experiences homelessness uniquely are those living in boomtowns or resource-based towns (Schiff & Brunger, 2015). Resource-based towns are small, rural communities that experience rapid population growth (McHenry-Sorber & Provinzano, 2017). The cause of the growth is usually related to large-scale industries such as oil and gas (Ennis, Finlayson, & Speering, 2013). One main impact of rapid resource development in a community is the quick influx of temporary workers (Angel, 2014). These workers fall under several categories: (a) the fly-in fly-out workers (which refers to workers who fly in for a certain amount of time and fly out again), (b) long distance and commuting workers, or (c) mobile workers who live in temporary work camps or other lodgings like hotels or rental suites (Angel, 2014). Although some of these workers bring their families along, the majority of transient workers travel in isolation from their families (McHenry-Sorber & Provinzano, 2017).

Current knowledge on the experience of homelessness in resource-based towns is limited in Canada. The available literature suggests that several factors contribute to raised vulnerability in resource-based communities and towns. The most prominently discussed issues among the literature are lack of affordable housing and homelessness, higher rates of suicide, homicide and domestic violence, deteriorating community values, and lack of supportive services (Angel, 2014; McHenry-Sorber & Provinzano, 2017; Stretesky, Long, & Lynch, 2017). There is an understanding that the housing shortage which is felt across larger Canadian cities, is felt even deeper by rural towns and boomtowns (Ennis, Finlayson, & Speering, 2013). The changes in normal patterns of life for long-time workers—such as home displacement and unemployment—has contributed to substance abuse, violent crime and domestic violence (Stretesky, Long & Lynch, 2017). Low-income earners and other citizens who already face socio-economic marginalization feel deeper implications than other residents (Schiff & Brunger, 2015). The negative impacts on housing services extend to impacts on many other vital services. For example, those providing services to women fleeing domestic violence or people with mental health issues are under greater pressure to deliver services (Schiff & Brunger, 2015). Although it is evident that homeless individuals living in rural areas have limited access to services, current knowledge and research on homelessness in resource-dependent towns in Canada is lacking (Kovacs Burns, & Richter, 2010).

Furthermore, a lack of connection among academics, government and community organizations, and members who are hoping to eradicate homelessness creates challenges in addressing the issue of homelessness (Kovacs Burns, & Richter, 2010). Bridging this gap could provide a new flow of knowledge from all interested parties. There has been evidence that connecting homeless individuals with stakeholders creates a positive outcome for all participants. For example, Woelfer, Iverson, Hendry, Friedman, and Gill (2011) involved homeless participants as well as service providers, community members and police officers to consider how homeless youth could use mobile phones to stay safe. This approach resulted in a more comprehensive

understanding of research questions. Perhaps an approach that documents and presents the experience of homelessness to community leaders and policy makers could result in a direction of change that includes the actual interests of the participants.

Furthermore, using a methodology that extends beyond traditional qualitative research provides a unique understanding on marginalized individuals (Van der Meulen, 2011). A recent example of this was a project on homeless youth in Ottawa, Canada. The vision of the project was to co-create an action research project with homeless youth that would respond to issues that they identified as critical (Kennelly, 2018). The project used a visual approach in its methodology and three short films were created by the youth. Allowing the youth to be co-creators of the films was empowering and inspiring for the youth. Further, using participatory action research with homeless participants created a connection between the homeless participants and the researcher or audience. Often, researchers, service providers, and those who consume knowledge, come from a middle-class perspective which limits their ability to look through the perspective of a homeless population (Kennelly, 2018). A visual methods approach may allow researchers and policy makers who may not have experienced homelessness to overcome their own perceptions and stigmas and see through the eyes of the participants (Kennelly, 2018).

A visual approach in research methodology takes its political assumptions from Paulo Freire and Orlando Fals-Broda, who viewed research as a path for social change (Creswell & Creswell, 2017). This methodology assumes that research should be guided by challenging a dominant positivist world view (Bryden-Miller, Greenwood, & Maguire, 2003). The epistemological underpinnings of participatory action research and visual methods assume that researcher(s) must value and respect the perspective and experience of the participants. The knowledge that the participants hold is critical in this type of research (Creswell & Creswell, 2017). This philosophy is ideal for research with homeless participants living in rural areas because it allows the researcher and service provider to see what this population truly needs from their own perspectives.

Visual research manifests through several different methods. Digital storytelling, film and video making, and Photovoice are just a few approaches used in visual research (Gubrium, Harper & Otañez, 2015). Visual methods can reveal “normally invisible” (Pink, 2011, p. 450) voices to those who would otherwise not have the chance to see or hear them. The current study used a collaborative video method which illuminates the ability of the video to spark conversation and discussion about an important issue. Consequently, the start of a new discussion can also be the start of an intervention, which is another possible function of visual methods (D’Amico, Denov, Khan, Linds, & Akesson, 2016). In the current study, using a visual methods approach may be vital for starting a conversation about homelessness that has not yet been explored in research. In addition, this study attempts to bridge a gap between the homeless and service providers—hereafter called stakeholders—in a resource-based town called Fort McMurray.

The present investigation was guided by the ecological systems theory of Bronfenbrenner (1989), and the relational poverty analysis of Sharam and Hulse (2014), with the goal of viewing homeless individuals as rooted in a social ecology. The ecological theory accentuates the context in which people live and the intricate interactions between personal, social, economic, and political environments that affect their well-being. The relational poverty analysis emphasizes the processes, structures, and social relations that create poverty and homelessness. These

approaches consider the broad context which both directly and indirectly impact people and their livability. This study uses an innovative community based visual research method (a) to examine the experience of homelessness in the context of a resource-based rural town, and (b) to use a community based visual research method to gain stakeholders' perspectives on the issue of homelessness.

2.0 Methods

The current study used a community-based approach using visual methods. In a community-based approach, community members, stakeholders and researchers join together in a collaborative process that involves co-learning (Minkler & Wallerstein, 2011). Furthermore, the core of the approach lies in empowering participants (Minkler & Wallerstein, 2011). The voices of those experiencing disadvantage can be a powerful mechanism for influencing the perspectives of those with power and resources (Packard, 2008). Using the visual research method, a video was made from the homeless individuals' perspective that was subsequently shown to stakeholders.

2.1 Context of Fort McMurray

Fort McMurray is an urban center located in northern Alberta in Canada, with a population of 70,000 to 116,000, depending on boom-bust cycles (Lozowy, Shields, & Dorow, 2013; Regional Municipality of Wood Buffalo, 2012). The boomtown is at the heart of the Athabasca oil sands development, a major deposit of bitumen which rests underneath the boreal forests of Alberta. Although this place draws in many Canadians as well as international workers in search of promising and stable career opportunities, its homeless population is higher than other metropolitan centers in Alberta (Regional Municipality of Wood Buffalo, 2006). Employees often live in work camps¹ and project accommodations (Regional Municipality of Wood Buffalo, 2012). The staggering number of temporary residents contributes to residential instability, and the lack of availability of affordable housing (Shields, 2012). Fort McMurray saw a steep increase of 24% in homelessness between 2004–2006 (Echenberg & Jensen, 2009). The most recent report on homelessness shows that there has been a 25% increase in homelessness due to the Fort McMurray fires of 2016 (Regional Municipality of Wood Buffalo, 2016). Although this booming town has experienced tremendous growth in the last decade, its growth did not keep up with vacancy rates for affordable housing, leaving some locals as well as international travelers to the city with limited options for a place to call home (Laird, 2007).

2.2 Participants

The sample consisted of two sets of participants—fifteen homeless adults and eight stakeholders. Homeless participants were recruited via convenience sampling by the study investigators and the staff at a local drop-in center. Homeless participants included twelve males and three females, with ages ranging from 24 to 62 years. The number of years participants had been homeless ranged from two days to fifteen years.

Eight stakeholders—recruited via purposive sampling—from a variety of service sectors within Fort McMurray participated in the focus group interview, including stakeholders involved in housing and homelessness related issues in both the

¹ Work camps are large hotel like buildings built from trailer-like structures. About 20,000 workers reside in work camps (Sheilds, 2012).

government and non-government sectors. Stakeholders had between one to twenty-five years of experience with providing service to homeless populations. Community partners assisted us in identifying the stakeholders in the homeless community in Fort McMurray. All the participants were given pseudonyms for the purpose of confidentiality.

2.3 Procedures

Ethics approval for this study was obtained from the Research Ethics Office of the University of Alberta. The purpose and process of the research was explained to all participants and they were asked to sign an informed consent form. A semi-structured interview protocol was used to guide the discussions with participants. This allowed the interviewer to modify questions during the interview process (Ary, Jacobs, Razavieh, & Sorensen, 2006).

Individual interviews were held with homeless participants in which they were asked to discuss topics including: (a) stressful and traumatic life events; (b) struggles of everyday life; (c) involvement in substance use; (d) difficulties and possible solutions for finding housing and employment; and (e) awareness of resources, personal strengths, and future hopes. These interviews were video recorded and homeless participants decided the aspects of their story that they wanted to be included in the final video. A focus group meeting was conducted with the stakeholder participants in which the video entitled “*Homelessness in Fort McMurray: Voices from the other side*” was shared. Stakeholders were then invited to reflect on the video and discuss insights that they gained. Individual and focus group interviews were transcribed and the data was hand coded and categorized, with themes developed based on the approach laid out by Erickson (1986) and Charmaz (2008).

3.0 Findings

3.1 Homeless Participants

Participants shared their experiences of homelessness, daily challenges, and service use and how these affected their lives. Findings from the interviews are reported under the themes of: (a) Expectations versus reality of Fort McMurray: ‘It is a façade’, (b) Availability of drugs: ‘This community out grosses the rest of Canada’, (c) Mental health: ‘Nobody to talk to’, (d) Deteriorating physical health: ‘Knocking on Death’s door’, and (e) A final message: ‘We’re the forgotten people’.

3.1.1 Expectations versus reality of Fort McMurray: ‘It is a façade’. Many Canadians perceive the Alberta Oil Sands as a place that fosters prosperity and success. Several participants in our study moved to Fort McMurray from other areas because they imagined a better life and higher income. However, these participants were often disappointed by the reality of life in Fort McMurray and described the dismay and deception they felt when experiencing housing costs, extreme weather conditions, and restricted shelter policies. Referring to expectations versus reality in Fort McMurray, Chelsea noted, “It’s all a façade, what people say about Fort McMurray.”

Many participants noted the alarming cost of housing in Fort McMurray as a major contributing factor to their homelessness. Brent described the high rent for a one-bedroom apartment: “on average, for a one bedroom furnished, they want \$1,700 a month”. Similarly, Carson described his experience with housing in Fort McMurray:

Accommodation...was very expensive and I would get a one-bedroom apartment, it was like \$1,400 a month, where I have \$600 in my pocket after using up everything. I got caught up in the life up here, started smoking crack cocaine and went on like three year, four year addiction, where I ended up losing everything.

It is clear that the unexpected and spiked rates of housing which are so often present in a resource-based town contributed to disappointment for several participants.

The chasm between expectations versus reality was also experienced by the participants who had lived in Fort McMurray for a long time. Some participants reminisced about the period before the economic expansion of the oil industry in Fort McMurray. They spoke about their discomfort with the changes in the community including the advent of oil industries as well as the immigrant–refugee populations who they believed were contributing to lack of employment opportunities for local people. Here is an excerpt from Brian reporting his dissatisfaction towards the changes in Fort McMurray:

I'm still employed but I lost my pride. Through the changes of society. It all started in '63, 1963 we had a, before it was called, [oil company], came it was a big change, culture shock to us local people. I might be prejudiced but I don't like immigrants, it's just, I'm set in my old ways, it's hard for me to change.

Fort McMurray is known for its extreme cold weather conditions due to its location in the cold climate of Northern Alberta. Participants described how the harsh weather conditions of the city made street life unbearable. Several participants described the difficulty of being homeless and even surviving during the cold months. When asked about his biggest challenge, Adam responded, “keeping warm...and especially like when it gets 30 below, you know.... you could die.” Nathan actually explained that he expected a few homeless people to pass away during the coming winter, “I know there will probably be a couple of people disappear you know like death because of the cold....” The already stressful and difficult experience of homelessness was made much worse by the extremely cold winters.

Another area that concerned homeless participants was the lack of availability of shelters and restrictive rules at some of the shelters. Participants were dismayed by how little the shelter rules catered to the needs of the participants. Also, there was a need to re-evaluate the hours of operation and the rules and regulations at the local shelter. For example, Nathan stated:

Well they, they have good services but there are there are certain things like this place closes at four pm. You got to be out of here and the [drop in-center] don't open until five and the [shelter] don't open until five and there is an hour and when it is winter, people have to stand in line outside to get in to get a bed.

Participants also reported that the numbers of shelter beds available in town were inadequate, and individuals who were unable to get a bed for the night were forced to roam the cold streets. One participant reported that a homeless woman crawled

into a dumpster to sleep and was killed when a garbage truck unknowingly emptied the dumpster. The participant felt that this was directly caused by the lack of beds available at the shelters. Further, the homeless participants identified the need for an increase in the number of beds, particularly female beds, at the shelters.

3.1.2 Availability of drugs: 'This community out grosses all the rest of Canada'. One commonly mentioned characteristic of this resource-based town was the availability of illegal substances. Often, once participants became homeless substance abuse was given as a major reason to remaining homeless and the inability to recover. Participants discussed that the easy access to drugs in the town made it easy to fall into addictions and difficult to stay off drugs. Adam weighed in on the sheer availability of drugs in Fort McMurray and how normalized it had become when compared to the rest of the country: “Oh, a very big problem, sure. I think, I mean, this community out grosses all the rest of Canada combined...”

Nolan also explained how difficult it was to get away from substance use in Fort McMurray, “it doesn’t matter where you go in this town, in this city, it does not matter where you go. The drugs and the corruption is everywhere.” Similarly, Shawn expressed his disbelief seeing how easy it was to acquire and use drugs compared to his own hometown, “...distractions here, like drugs, alcohol, it’s just unbelievable what goes on around here. Back home where I’m from, we don’t have very much of this stuff here...it’s very hard and you get a lot of temptations.”

3.1.3 Mental health: 'Nobody to talk to'. The need for more comprehensive care for mental health was noted by participants multiple times. Furthermore, participants revealed the impact of the transient nature of service workers on their mental well-being. Participants stressed the need for an after-care program to address the mental health piece that comes with addiction. Several participants reported that there was no support upon completion of a detoxification program. As Brian stated, the need for an after-care program is crucial for those who are fighting with addictions and striving to emerge from the cycle of substance abuse:

I went to the detox centre; they said after treatment care, there’s none. I had to leave. So, I’m back on the streets and start smoking dope again. There’s no help for addiction. They talk about it, they send you out for treatment, but you come back there’s no place to go.

Adam explained that there may be a need for a different type of approach in shelters to help those who deal with the cycle of addiction: “You can do your drugs and alcohol but you have to go off of them, you know, after three or four months you have to—anyways that’s, I believe that’s what, it’s called harm reduction, right.”

Furthermore, a much sought-after improvement that participants required was the need for counselling services. As Dan expressed, “People don’t even know [counselling services] exist, people on the street, no. They should have like...have an outreach van...you know, mental and medical services.” Other recommendations included a needle exchange program and a better social insurance program to help individuals get back on their feet.

The transient nature of work was not only felt in the oil and gas industry but also the human services field. Many participants explained the difficulty of dealing with the

high turnover of shelter, service and health staff. Boyd explained the difficulty of opening up to several different staff:

This lady...that I haven't talked to in my life or whatever, haven't seen in my life and now I gotta sit down and tell her my problems... And it's sort of like, I [want] to deal with the same people that know my problems.

It is evident that it is not only fly-in and fly-out workers who experience transiency. Service providers such as counselors also experience the transiency that comes with being employed in a resource-based town. Those who rely on and trust them however feel the impacts of this instability.

3.1.4 Deteriorating physical health: 'Knocking on Death's door'. Although mental health was mentioned as a huge challenge for many of the participants, poor physical health status was also common among homeless adults. Health conditions contributed to several participants' inability to work and consequently to their homelessness. Carson shared how his health condition precipitated his homelessness:

...after my eyes kind of went, eyes went, and I went on disability, I kind of lost... like, I lost everything. Because...my trailer burned down, didn't have any insurance and then I was on disability and then trying to make it in McMurray on disability, I couldn't do it.

Charlene admitted that she was very worried about the coming winter because of its effect on her health, "Oh, my lungs... I caught pneumonia every year, I'm asthmatic and I smoke crack, and then that just plugs up my lungs, on top of pneumonia. I'm knocking on death's door here." Lydia further echoed similar concerns by discussing how her physical health obstructed her ability to work:

I came here to work, and now I got health problems so now I'm homeless cause I can't-I work. I've been in the labor's union for thirty-three years, and because of my bad arthritis and my high blood pressure I'm not able to do the work I used to do.

Some participants developed health issues due to the nature of their employment in Fort McMurray. For example, Nolan stated he could no longer work because he was injured during work, "I got hit in the head from 20 feet by something, by an object and it knocked me out, so I'm on compensation." Similarly, the trajectory of homelessness started for David as a result of getting injured during work. Here is an excerpt from David's interview:

Interviewer: How did you end up being homeless?

David: Well, I was working and then I couldn't afford to pay rent anymore. Cause I couldn't work. Had a good union job, it was excellent. And it was just kinda like one of those bad things happen to good people type of thing you know...

Interviewer: So, you had a good paying job—

David: Oh yes.

Interviewer: And then you had physical health problems–

David: Mmhmm.

Interviewer: When did it start?

David: Well, when I picked up this uh heavy piece of uh hand rail with my buddy, and we're walking out of the garage because a fork lift was broken, and I stepped on a piece of rock and heel twisted on it, and then I pulled my back...I tore a muscle in my gluteus maximus.

The participants made it clear that many of the common jobs in Fort McMurray require full physical health and sometimes even contribute to the deteriorating physical health of workers. Another concern from participants was the high turnover of doctors coming in and out of the town. One participant noted, "I wish the doctors that we had up here would stay longer. I've had seven different family doctors in six years. It seems like, okay, you get a family doctor up here; three months and they're gone." There is clearly a recurring instance of transience that is experienced not only by oil sands workers. Counselors, doctors and other service providers also experience transient nature of living in a resource-based town. From these findings, the presence of transience in a resource-based town seem to be felt on a deeper level and impacts more people than what is currently known.

3.1.5 A final message: 'We're the forgotten people.' All participants were asked to give messages to policymakers regarding the issues of homelessness in Fort McMurray. The participants became experts on their own lives, well informed about their issues while providing suggestions to combat these issues. Hence, the homeless must have a voice. As one participant explained, "Use your heads, ask the people, ask the local people. We're the forgotten people... There's a lot of good people here, a lot of help" (Brian).

It was obvious that the participants needed a home, but they also expressed a desire to work out the issues which led them to become impoverished. This would require a variety of committed professionals who are qualified to care for clients who suffer or have suffered from addictions, mental health issues, or any trauma in their lives. Further, this care must be offered in a consistent and collaborative manner to be effective. The homeless wanted to believe that they mattered, and they wanted to feel human. The participants extended an invitation to politicians to come to Fort McMurray, to spend a day with them, and to "look in the streets, look behind the [convenience store]. Look around the dumpsters, look at this alley and just look at some of the hardships, the suffering that's going on" because as one participant said "If you only save one life... It would be more than worth it" (Brent).

The participants appreciated services and the people who provided those services. However, they wanted some changes to the current service provision. Perhaps the clearest message from the homeless participants was that they wanted to be heard and understood. There were multiple requests from the homeless participants to the stakeholders to put themselves in their situation so that they might catch a glimpse of what it is like to be homeless in Fort McMurray, and that they would better understand the needs of the homeless in Fort McMurray.

3.2 Stakeholders

After the video was watched by the stakeholders, two themes emerged during the focus group discussion: (a) identification of gaps and (b) system management issues and tools.

3.2.1 Identification of Gaps. After watching the video, the stakeholder participants reflected on the gaps in delivering services to homeless individuals living in Fort McMurray. The most glaring gaps identified were gaps in serving clients with mental health and addiction issues as well as providing housing for homeless clients with unique needs or who are struggling with substance abuse.

Mental health and substance abuse. The high prevalence of mental health problems was a major concern. One of the stakeholders said that they were not well prepared to handle mental health problems. Here is an excerpt of her contribution to the discussion:

We are really struggling a lot to have that mental health piece addressed and have them assist us as, with Housing First. There was, we had trouble with addictions until [recently] it's really helped us a lot, but we just are still just missing that really, missing that mental health piece so much.

This same participant went further to talk about the challenges of housing a person with addiction problems. They need to be distanced from other people with addictions and if they are not housed they migrate back to the street and relapse. She talked about the possible solutions:

Because if they don't have a place to live they will continue to live with other people that are on the streets that are addicted. And their ability to succeed—if you talk to people who have addictions issues, who've been homeless they will tell you, do not make it comfortable in the shelter, do not continue that grouping of people because it doesn't work, it doesn't work. If we provided that piece—support is important, but I would say I put all my resources in that basket to begin with if I was going to.

Supportive housing. Participants mentioned the need for a different approach to housing people who are recovering from addictions. The need for a 'wet' shelter was mentioned after listening to the messages of the homeless participants. One participant said, "So that's a challenge that we have to find a new way to have a wet program here." One participant brought up the potential benefits of supportive housing as follows:

So, they need someone that's gonna say time for your medication, come and eat with us... They need somebody close by all the time, especially if they're coming out of an addiction treatment program or they've had good structure and good supports. And if you have close proximity to people that can help you through those tough times and support you you're going to ultimately have better success.

Another gap that the participants identified was that some of the oilfield workers who live in camps, when they are not working, are temporarily homeless. They are not willing to pay the high fees for a hotel room and often use the homeless shelters

as a resource. A participant suggested that they should look at the possibility to build a hostel where they can sleep for a minimal fee. Here is the excerpt from this participant:

...they don't have a home to go to so most people are ten fours, they work ten days on and four days off...So, a hostel was the concept that we had for a while. That definitely, they would pay \$30–40 they just don't seem to have the means to pay the \$150 kind of thing.

Various participants expressed that their organizations were already considering improving their services and the video further motivated them to address specific needs such as extending the hours of operation at the local drop-in center by an additional thirty minutes per day. This would ensure that the homeless would have a sheltered facility available to them 24 hours a day, seven days a week. There was also some discussion around improving specialized transportation for homeless individuals with physical disabilities. As one participant stated, “our job for the next year, is not only handling the contracts but looking at how we can bring down barriers and look at the gaps in our community... get everybody talking on the same page.”

3.2.2 System Management Issues and Tools. The main system management issues discussed in response to watching the video were: (a) the need for increased funding and a customized assessment tool, (b) staff training and retention, (c) fragmentation of services, and (d) need for improved linkages. These are described as follows:

Need for increased funding and a customized assessment tool. Participants often commented on a lack of funding provided to homeless services. They reported that the provincial funding structure and related funding that Fort McMurray received for programming were often used to help people at risk of becoming homeless or recovering from addiction treatment with payment of their rent. Insufficient finances were available for program funding. A participant summed it up as follows:

Because Fort McMurray kind of gets the same, on the same scale as [other cities] they don't have the same housing costs as we do. So, a lot of the money that we have goes to pay the rent supplement for some individuals. So that money for rent takes away from services that we should be able to provide here that we can't because we're paying so much in rent.

Further, there was an understanding that a change in the way homelessness is measured was needed. Homelessness in Fort McMurray has unique contextual factors and participants reported that it cannot be measured or assessed using standardized tools. For example, one participant raised the issue that the Service Prioritization Decision Assistance Tool (SPDAT) (Westoby & Walsh, 2014) was not a good fit to measure homelessness in Fort McMurray. The SPDAT improves intake processes using existing resources and is designed to assist service providers. The providers can help individuals and families by accessing programs and services best aligned to end their client's homelessness. Homeless people are often treated for severe infections and withdrawal symptoms before the SPDAT are implemented

and as a result they score ‘low needs’ at implementation. This is how a participant explained it:

When someone comes into treatment and they’re coming off the streets...they’re not at the point where they’re thinking of housing until they come in, we get them detoxed, we get them settled and then it’s like okay, let’s start looking at what you’re going to do after and then housing comes in. But by then they’ve already been housed for a few weeks, they’re not suicidal anymore, they’re eating every day, you know, maybe we’ve even gotten some MRSA [Methicillin-resistant Staphylococcus aureus] infection cleaned up in that time. And their score from where they would have been off the charts on SPDAT...six weeks ago whatever it is to now, they’re now low needs. Well, they’re the prime people that we should be helping.

Echoing this same concern, a participant noted that clients often were treated successfully for addiction problems but did not fit the criteria for some of the housing programs. “But, you know, we’ve had clients turned away, they don’t seem to fit the criteria of Housing First.” After care services were limited and it was left to the client to follow through. She stated, “But if we can’t provide that housing to give them that benefit of success after all those pieces fell into place to support them then why are we doing this. Like it’s so defeating that the final piece isn’t there.” One participant suggested “maybe we could develop our own tool, maybe we could, I don’t know, do something else that actually fits for Fort McMurray”. This indicates that a one size fits all approach to homelessness may not work and perhaps it was time to explore alternative solutions.

Staff training and retention. The unique circumstances in Fort McMurray contributed to a high turnover of staff and high stress levels experienced by workers as one participant said: “It’s a high burnout, it’s a stressful environment to work in.” The high turnover of outreach workers was not conducive to addressing the complex needs of some of their clients. The outreach workers were not trained as counselors and could not fulfill the multiple needs of their clients. A participant stated:

And the outreach workers that we have in Housing First are generalists. They have a little bit of knowledge in everything. They can’t do everything, they can’t be the mental health counsellor, they can’t be the addiction counsellor. They can go to help them get food, they can help them do the life skills, they cannot do everything. And then the client doesn’t get what they need, they go out one night with their friends and that’s when it [relapse] starts.

Fragmentation of Services and the need for improved linkages. A recurring theme in the discussion was to improve linkages amongst all parties that were influenced by homelessness. Participants reported that linkages needed to be created or strengthened between community workers, community partners, the general

public and the homeless. There was a sense that many of the community organizations were working in solitude and did not truly know or understand the role or services provided by other community agencies. This undoubtedly led to the duplication of services as well as some necessary services falling through the cracks. For instance, one participant noted,

We've had clients turned away, they don't seem to fit the criteria of Housing First. We had a situation where two were turned away in December. You know, when you're working with addictions...you gotta do your meetings, you're at your meetings every day and the 12-step program tells them don't go out and get work it's too much too soon, you're setting yourself up for failure. So, he has the professionals working on his addiction telling him one thing and then his housing person saying you gotta get a job or you're gonna be homeless again. So, it threatens their very stability.

As one participant stated, “agencies need to work together... you need to look at the full meal deal.” This statement raises important questions around how agencies might work together to better plan or organize their services. Investigating this further may aid in better quality care for homeless clients without increasing demand on scarce health care resources.

There was also a strong consensus to connect with the public to create awareness about what it means to be homeless or what homelessness looks like. One participant suggested, “doing a high-profile launch of it [homelessness]. Because I think it actually, it may change some people's views of what homeless people look like or what their lived experience is like.” Furthermore, this participant indicates the video (*Homelessness in Fort McMurray: Voices from the other side*) “would be very powerful for a team, even for our team to see ...even industry would be interested”. Finally, the stakeholders reported the need to connect and work collaboratively with the homeless population since they are the experts. As one participant stated, “I think oftentimes it's so easy for us to sit around and think about it that, you know, we can fix it and we know, I haven't been homeless I really can't fix it.” Undeniably, improving community relations was considered as a way to finding new and successful solutions to homelessness.

4.0 Discussion

Experiencing homelessness in a resource dependent town is a unique issue which has received very little attention in the literature. The current study contributes to prior literature by utilizing a community-based approach to engage homeless individuals living in a resource dependent town in the Canadian north in making a video to show to community stakeholders. The findings shed light on the unique needs and challenges of individuals experiencing homelessness in an oil-based economy in rural Canada and may guide future efforts to develop programs and services for the vulnerable population living in resource-based towns.

The limited body of existing literature on resource-based towns has primarily focused on issues such as housing costs (Lawrie, Tonts, & Plummer, 2011; Ryser & Halseth, 2011), economic mobility (Krahn & Gartrell, 1983), socio-economic well-

being (Lawrie, Tonts & Plummer, 2011), and community impacts (Dorow & O'Shaughnessy, 2013) of resource-based towns. Although much of this literature has contributed to our understanding of the problematic relationship between economic expansion and community well-being in resource dependent towns, some researchers have also noted that the socio-economic impact of boom-towns is not always negative (Jacquet, 2014; Lawrie, Tonts, & Plummer, 2011). The current study indicates that homelessness in resource-based towns in the Canadian north is exacerbated by several contextual factors including unaffordable housing, high cost of living, extreme weather conditions, easy access to drugs and alcohol, and lack of available services for the homeless. These findings highlight the need to understand the impact of resource-dependent towns in the context in which they are situated, particularly for those who are vulnerable.

Further, these findings support the framework of ecological theory by considering the several contexts surrounding an individual when examining homelessness (Bronfenbrenner, 1979). Similarly, another approach which is supported by our findings is a relational poverty approach, which theorizes poverty as a construct of political economic relations woven with social and cultural processes (Elwood, Lawson & Sheppard, 2017; Sharam & Hulse, 2014). These theoretical approaches fit with the current study as they do not view homelessness as a construct within the individual. This study utilized these theoretical approaches which supported the construction of homelessness through several contexts such as the geographical location, mental health, the economy of a boomtown, and the availability of substance abuse.

Findings of our study contribute to the current discourse on housing and homelessness in the literature. For example, Ennis, Finlayson, & Speering (2013) found that housing is extremely impacted in boomtowns. Consistent with previous literature, our findings indicate that the need for supportive housing is vital for those experiencing homelessness. Due to the geographical location of this resource-based town, weather conditions are extremely harsh which makes the need for housing even more critical. Further, our findings suggest the need to evaluate the eligibility criteria of vulnerability for Housing First approach. Although homeless clients clearly needed housing, they did not fit the eligibility criteria of the Housing First program. This was related to the tool used in Fort McMurray to decide eligibility for supportive housing. Eligibility for Housing First is currently assessed using Service Prioritization Decision Assistance Tool (Westoby & Walsh, 2014). The SPDAT was created in 2011 to assess the health and social needs of those experiencing homelessness and match them with appropriate supports and housing services (Westoby & Walsh, 2014). Although SPDAT is widely used in North America, our findings indicate that the tool designed to assist the homeless population may present as an actual barrier to housing and other support services for some homeless individuals. For example, as our stakeholders indicated, often times those who were in grave need of a home were not considered because the tool categorized them as 'low needs'.

Similar to SPDAT, the criteria for Housing First can often leave those in need of housing invisible and overlooked. For example, due to the transient nature of work in Fort McMurray, many participants in the study were not categorized as chronically homeless. However, the Housing First model is directed to those who are considered chronically homeless (Padgett, Henwood, & Tsemberis, 2016). This method of selection for the Housing First intervention is seen across many cities and countries (Padgett, Henwood, & Tsemberis, 2016). It is crucial however, to

reconsider this method for resource-based towns that experience high transiency in not only its workers but also in its homeless population who are in dire need of housing but may not fit the criteria of being chronically homeless.

Our findings show that homeless participants consider illegal substances to be more easily accessible in Fort McMurray compared to other communities in which they have lived. Research on boomtowns provides evidence for increased substance abuse and violence (Ennis, Finlayson, & Speering, 2013). The existing literature suggests that the nature of the employment and the remoteness of the place can contribute to social isolation and increased substance abuse (Angel, 2014; Ennis, Finlayson, & Speering, 2013; Stretesky, Long, & Lynch, 2017). In order to address this critical issue, perhaps the government, industry, and the community can come together to find solutions to combat the issue of substance abuse and to find ways to enhance community connections for all its members.

The need for stable support and service providers who have empathy and knowledge of dealing with people with mental health issues was often reported in the findings. Most resource-dependent towns emerge from a rural setting (McHenry-Sorber, & Provinzano, 2017; Weber, Geigle, & Barkdull, 2014). These towns are often tight-knit communities that experience rapid economic and urban growth (Weber, Geigle, & Barkdull, 2014). Though these towns experience a spike in their economy, they are often not equipped to handle the serious issues that a resource-based economy may have, such as substance abuse, mental health needs and lack of support systems (McHenry-Sorber, & Provinzano, 2017; Weber, Geigle, & Barkdull, 2014). Training programs that specially target service providers working with a homeless population in resource-based towns are currently lacking in the literature (Angel, 2014; McHenry-Sorber, & Provinzano, 2017). Some resource-based towns have implemented programs such as anti-suicide campaigns or education programs for homeless youth (Angel, 2014; McHenry-Sorber, & Provinzano, 2017). In towns like Fort McMurray that experience fast-paced growth, it is vital to also consider and support the consequences of a boom; for example, equipping service providers with the skills required to support clients experiencing substance abuse, mental health issues and homelessness.

Similarly, our findings highlight the need for increased training and stability of staff in service provision. The high transiency of staff that characterizes many resource towns was evident in Fort McMurray as well (McHenry-Sorber, & Provinzano, 2017). Homeless participants expressed their disappointment at constantly changing staff. These findings were in line with the current debates on the lack of infrastructure catering to those who suffer from mental illness in resource-based towns (Angel, 2014; McHenry-Sorber, & Provinzano, 2017). Although common in a resource-based town, our findings show it is detrimental to the clients. Investing in a system that favours the long-term retention of support staff in a resource-based town can ensure better quality of service to homeless participants.

Another finding to consider in this study was the number of participants that discussed their poor physical health. Boomtown and oil sands workers often report feeling physically unsafe while on the job (Angel, 2014). Further, research suggests that fly-in and fly-out workers are more likely than other careers to be current smokers, drink alcohol at higher levels, and be overweight or obese (Angel, 2014). While there are several studies that report poorer physical health of transient workers in resource-based towns, there is very little known about how working in a resource extraction industry can impact an employee's physical health in the long-term.

While our homeless participants shed some light on the nature of working in a boomtown and its impact on physical health, the stakeholders did not focus extensively on this issue. Further knowledge on the impact of employment in a resource-based town on physical health is needed, especially its impact on homelessness.

The use of visual research methods to communicate the needs of the homeless population in Fort McMurray allowed for connections between the homeless participants and the stakeholders. In this study, a community based visual methods approach provided homeless participants a platform to show the reasons behind their current homeless situation and an opportunity to send a message to policy makers who directly impact their situation. There is a need for improved communication and linkages in all parties that are impacted by homelessness. As one homeless participant said, “we’re the forgotten people”. Both the stakeholders and homeless participants agreed that there needs to be an open gate of communication about the stories and needs of the homeless population living in Fort McMurray. There are many empowering benefits of using visual research methods and directly involving homeless and marginalized participants (Kennelly, 2018; Packard, 2008; Van der Meulen, 2011, Wright, 2015). The present study builds on previous research but is virtually the first to connect homeless participants and stakeholders through a video in a Canadian resource-dependent town. Further, there is a lack of understanding in the literature surrounding the actual needs of a homeless population in resource-dependent towns. Many researchers and service providers who work with this population come with a ‘middle-class’ perception (Kennelly, 2018). Kennelly (2018) argues that one of the current debates and a critical issue in research and service provision to homeless participants is making the results palatable to a middle-class audience, such as researchers and service providers (Kennelly, 2018). It is extremely difficult to process the needs and issues of a homeless population for someone who has never experienced homelessness. Consequently, using a community-based visual method which is epistemologically and politically in line with values that emphasize and prioritize the voices and needs of the participants is critical. For example, many of the service staff had some understanding of the mental health challenges for the homeless population, but several were surprised at the dire need for services after viewing the video. Further, the possibility of an innovative wet shelter was introduced after the video was shown to the service providers. The current study supports the usefulness of visual methodology when working with homeless individuals. From our findings, it is evident that video as a tool for communication between homeless individuals and stakeholder resource-based towns and communities is useful in conveying the needs and stories of those who need to be heard.

5.1 Limitations

One limitation of this study is the lack of knowledge about immigrant populations within the homeless population of Fort McMurray. Our findings revealed that a negative attitude existed towards immigrants within Fort McMurray. Although the research team made attempts to invite the immigrant homeless individuals to participate in the study, those attempts were not successful. Findings from this study and anecdotal evidence from the drop-in center indicate tensions between the locals and the immigrant homeless populations. The immigrant homeless population may have unique needs that are distinctive from other homeless citizens which need to be further investigated in future research in resource-dependent towns.

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