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“A Place to Find Community”

Findings from the A Better Tent City Survey



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Executive Summary

A Better Tent City, or ABTC, is a managed encampment site located in the City of Kitchener, in Waterloo Region, Ontario, Canada. ABTC consists of 42 insulated cabins with electricity and heating, shared washrooms and showers, and a common kitchen.

In collaboration with members of the ABTC community, researchers at Wilfrid Laurier University developed a survey with 17 questions for people on site at ABTC. The purpose of this research was to better understand the experiences of people staying at ABTC. Survey questions covered the following areas: participants' relationship to ABTC, safety and belonging, paid and unpaid jobs, food, health and well-being, overnight guests, staff, future housing prospects, and demographics.

Sixty-eight individuals initiated the survey, which was open to residents with a signed housing agreement, invited guests staying at ABTC, and visitors to ABTC. Survey responses indicate that 88% of residents and guests were experiencing homelessness prior to coming to ABTC, and more than 50% of these were outside the emergency shelter system. Seventy-five percent of survey respondents identified as having a disability. Members of the ABTC community face significant barriers to accessing either the emergency shelter system or suitable permanent housing. These barriers relate to a shortage of emergency and/or transitional housing, the emergency shelter system's limitations in supporting individuals with complex health needs, the unaffordability of private market housing, and long wait lists for subsidized and/or supportive housing.

While staying at ABTC, residents and guests reported improvements in their physical and mental health (70%), their social networks (75%), and their living conditions (76%). These improvements in overall wellbeing are significant given the well-documented negative impacts of homelessness and housing insecurity on health. Moreover, ABTC functions as a service hub, connecting residents, guests, and visitors to health services, primary care providers, harm reduction, and other services. Particularly noteworthy is that 12 individuals have been able to obtain a primary healthcare provider since coming to ABTC. Survey respondents also raised some concerns, primarily the strain on existing resources created by the high number of people on site, as well as concerns regarding the rules and conflict resolution. These concerns could be mitigated by more stable funding to improve on-site amenities and increasing resident involvement in governance. Overall, by providing shelter, community and support to people without stable housing who experience barriers to accessing the emergency shelter system and more permanent housing, ABTC addresses a crucial gap in the local homelessness service sector.

Acknowledgements

Wilfrid Laurier University and A Better Tent City (ABTC) are located on the territory of the Neutral, Anishnaabe and Haudenosaunee peoples and the treaty territory of the Haldimand Tract. The Six Nations of the Grand River now reside on less than five percent of the original Haldimand Tract territory. Indigenous peoples with roots across Turtle Island call ABTC a 'for now' home.

We are grateful for the support, guidance and investment of the ABTC community in this work, especially community members who participated in the survey, and leadership team members who provided guidance during the survey process and report-writing. Special thanks to Laura Hamilton, Sara Escobar, Jeff Willmer, Marion Thomson Howell, Lisa Jarvis and Nadine Green. This work was supported through research funding from Wilfrid Laurier University. Any errors or omissions in this report are the responsibility of the report authors.



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Introduction

A Better Tent City, or ABTC, is a managed encampment site located in the City of Kitchener, in Waterloo Region, Ontario, Canada. ABTC consists of 42 insulated cabins with electricity and heating, shared washrooms and showers, and a shared indoor common space. ABTC was established in the early days of the COVID-19 pandemic. A group of community members, including people experiencing homelessness, service providers, and municipal staff, met with Ron Doyle, a willing landlord, to develop a plan for a cabin community, in an industrial lot. ABTC has been largely self-funded and self-governed since its inception. ABTC is a formal not-for-profit, with a board, a leadership team, and four full-time staff supported by several part-time and contract workers. ABTC's mission is rooted in a commitment to housing as a human right and to supporting residents through an approach that emphasizes dignity and respect (ABTC, 2023).



A human rights-based approach to housing treats all individuals as entitled to the dignity afforded by access to safe and appropriate housing. While ABTC is not permanent housing, it creates a stable place for people to shelter, where they can access necessities for survival. ABTC functions as an interim home and service hub, where people are provided with shelter and connected to other supports including washroom and shower facilities, a 24-hour kitchen and lounge space, laundry, and food. Furthermore, the current approach that ABTC takes is grounded in respect for the autonomy and dignity of individuals to manage their day-to-day lives. Outreach services are available on-site through the Sanguen mobile health clinic and ACCKWA harm reduction team. While intended as a temporary shelter option until permanent housing can be found, the well-documented shortage of affordable housing in Waterloo Region, as well as multi-year waitlists for subsidized and/or supportive housing units has resulted in community members staying at ABTC for extending periods of time.

People spending time at ABTC fall into one of three categories. Individuals with assigned cabins are *residents* and have signed housing agreements that include an agreement to abide by a collective set of rules. Some individuals may sleep at ABTC but do not have an assigned cabin or signed housing agreement: these are people's *guests*. Finally, some individuals experiencing homelessness may regularly visit ABTC, but usually sleep elsewhere, these are *visitors*. ABTC has approximately 50 residents with signed housing agreements, however when guests and visitors are included, the number of people on-site at ABTC is much higher, often over 100 individuals. People come to ABTC to visit friends, access food in the kitchen, take a break in the shared space, and connect with outreach services.

Over the past three years, ABTC has successfully navigated many challenges and provided food, shelter and respite to hundreds of individuals. Currently, ABTC is dealing with three main

challenges. First, in the absence of regular base funding, the ABTC board spends significant time and energy applying for grants, many of which are short-term and provide insufficient funding to meet all the needs of ABTC community members. Second, as mentioned above, in the context of an ongoing affordable housing crisis, marked by long waitlists for supportive housing and subsidized housing, it is difficult for ABTC residents who wish to transition to permanent housing to do so. Finally, it is challenging for ABTC to meet the community's needs for the services ABTC provides, including cabins for shelter, washrooms, shower and laundry access, and access to food. Many people staying at ABTC and visitors have nowhere else to go to access the necessities for daily life, however, the increased number of people seeking support at ABTC has created strain on resources and community members.



Research Question and Methods

The purpose of this research is to document the experiences of residents, guests and visitors to ABTC and to better understand how ABTC fits into the housing and homelessness service landscape in Waterloo Region. In collaboration with members of the ABTC community, and a local outreach organization, researchers at Wilfrid Laurier University developed a survey with 17 questions for people onsite at ABTC. During survey development, we worked to ensure questions were posed in clear language, topics were relevant to community members, and the overall length of the survey would be manageable for participants. Many of the questions have several sub-questions, so the overall length of the survey for participants was approximately 15 to 25 minutes to complete. Survey questions covered the following areas: participants' relationship to ABTC, safety and belonging, paid and unpaid jobs, food, health and well-being, overnight guests, staff, future housing prospects, and demographics. Each section included open-ended questions to document additional feedback. A full list of survey questions is included in Appendix A.

There were three members of the survey team. All members of the survey team were familiar with ABTC, through volunteering in the kitchen, as well as a previous research project. In addition, all members of the survey team completed university research ethics training, and the project received Research Ethics Board approval from Wilfrid Laurier University (certificate # 8553). The survey team attended a training session with a local outreach organization focused

on ensuring free, informed and ongoing consent when working with ABTC community members. Surveying occurred in person at ABTC, in private areas of the shared kitchen and lounge, and at outdoor picnic tables outside the shared kitchen space. Surveys were conducted on a first-come-first-served, drop-in basis. A member of the survey team asked questions of the participant, and recorded responses on hard copies of the survey, checking in with the participant as needed to ensure written notes accurately reflected the participant's verbal response. All community members initiating the survey received an incentive payment of \$30.00 CAD, which was provided at the beginning of the survey to minimize coercion. In addition, survey participants were reminded that they could keep the incentive payment regardless of whether they completed the survey.



Overall, 68 individuals initiated the survey. After initiating the survey, a small number of participants (fewer than 5) declined to complete the survey. During the survey process, approximately 10 surveys were discontinued partway through. Surveys were collected over two days, on site at ABTC, in August 2023. During both days, an outreach worker familiar to the ABTC community was present to assist with concerns among ABTC community members and help the survey team troubleshoot any issues that arose. Following the survey days at ABTC, the research team digitized the hard copies. Quantitative data were analyzed using Excel and SPSS, while qualitative data were thematically analyzed in MS Word. A preliminary version of this report was shared with the ABTC leadership team to ensure accuracy of findings.

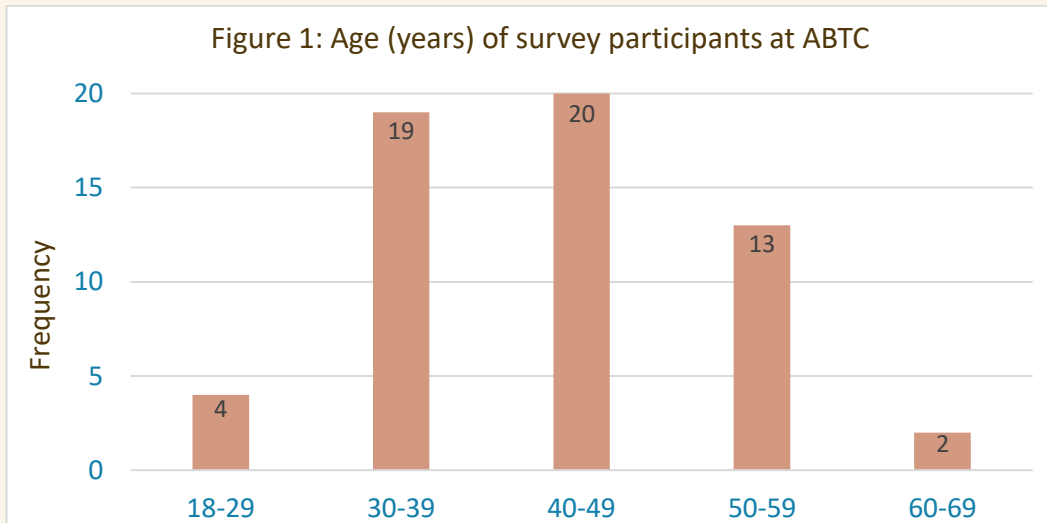
Limitations and Learnings

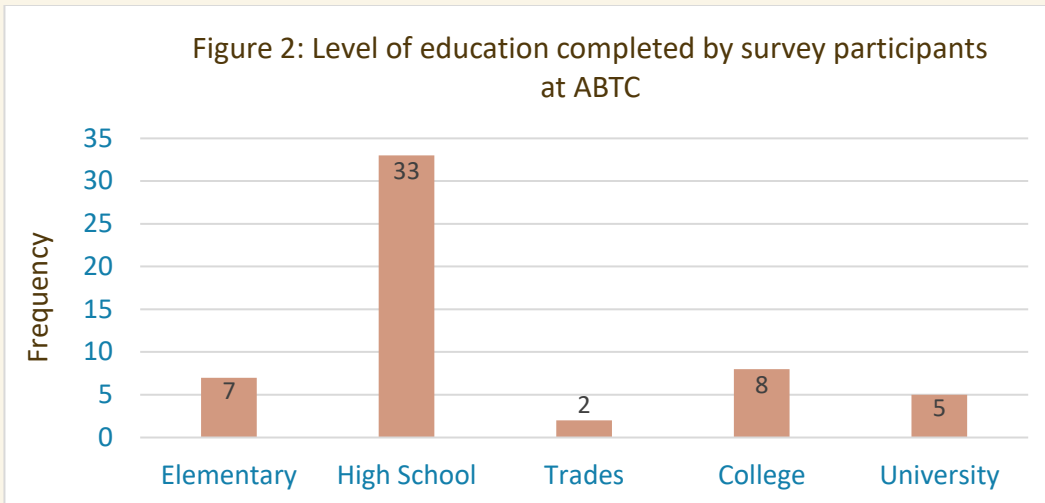
The survey team was able to survey almost everyone who was on site during our survey days and expressed an interest in participating. A limitation of this approach is that if individuals were not on site at ABTC during the two days we were present, they did not have an opportunity to participate in the survey. A second limitation was the length of the survey, which was challenging for individuals. As a result, while early survey questions received 62 to 65 responses, there were only 48-52 responses to the final question of the survey, reflecting participant fatigue. A key learning from our survey process was the importance of having an on-site outreach worker, as well as a process to manage the waitlist, as at times several individuals were waiting for an opportunity to take the survey. Finally, while our survey included several questions mirroring point-in-time (PiT) count questions commonly used by the government, the questions we adopted from the PiT methodology concerning hospital and emergency service use received unreliable responses, as participants were reluctant to share information about police involvement and/or hospital use. As a result, we have excluded these questions from our reporting of data. Future research should explore ways to ask about emergency service use that are more appropriate in this context.

Findings

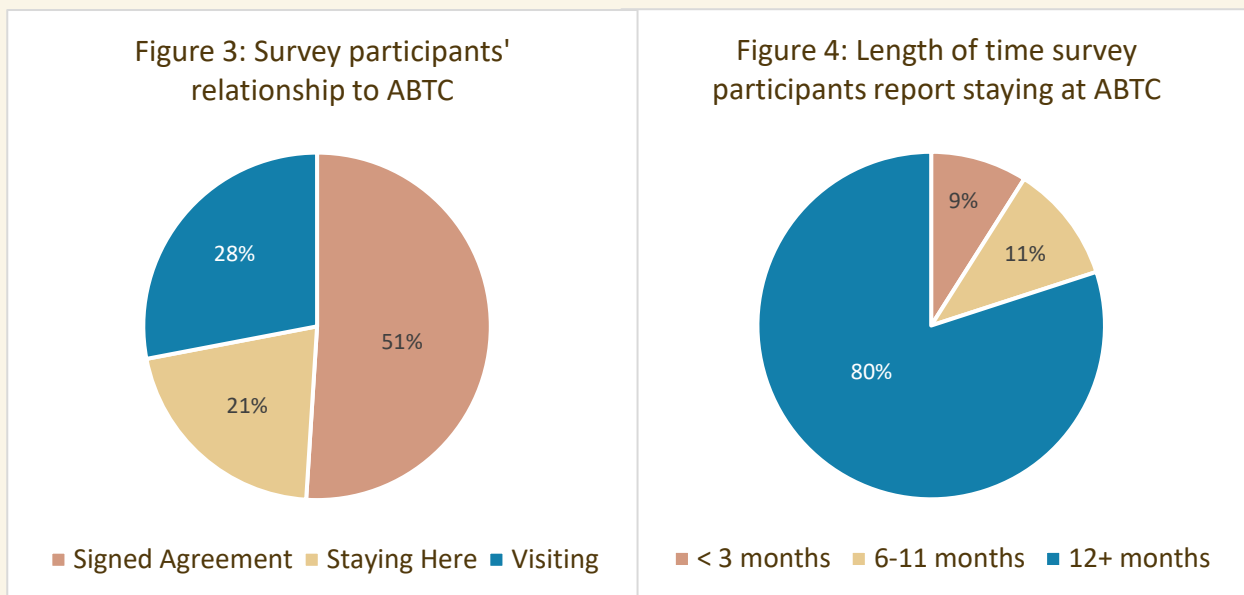
Demographics of Survey Respondents

Most survey respondents were between the ages of 30 and 60 (Figure 1). Twice as many respondents described themselves as males, as did females, with a very small number choosing other ways of indicating their gender. Eleven percent of respondents indicated that they identified as part of the 2S & LGBTQ+ community. Seventy-five percent of respondents indicated that they have a disability. Relatively few respondents reported completing any form of postsecondary education, but most had completed high school (Figure 2). Thirty-nine percent of respondents indicated they were Aboriginal or had Aboriginal ancestry, with some respondents indicating specific nations and/or communities, and others specifying First Nations, Métis, or Indigenous more generally. Most commonly, respondents identified their ethno-racial identification as white, with some indicating mixed Indigenous-white background, and a small number of others indicating Caribbean, Central American and/or Middle Eastern identities.



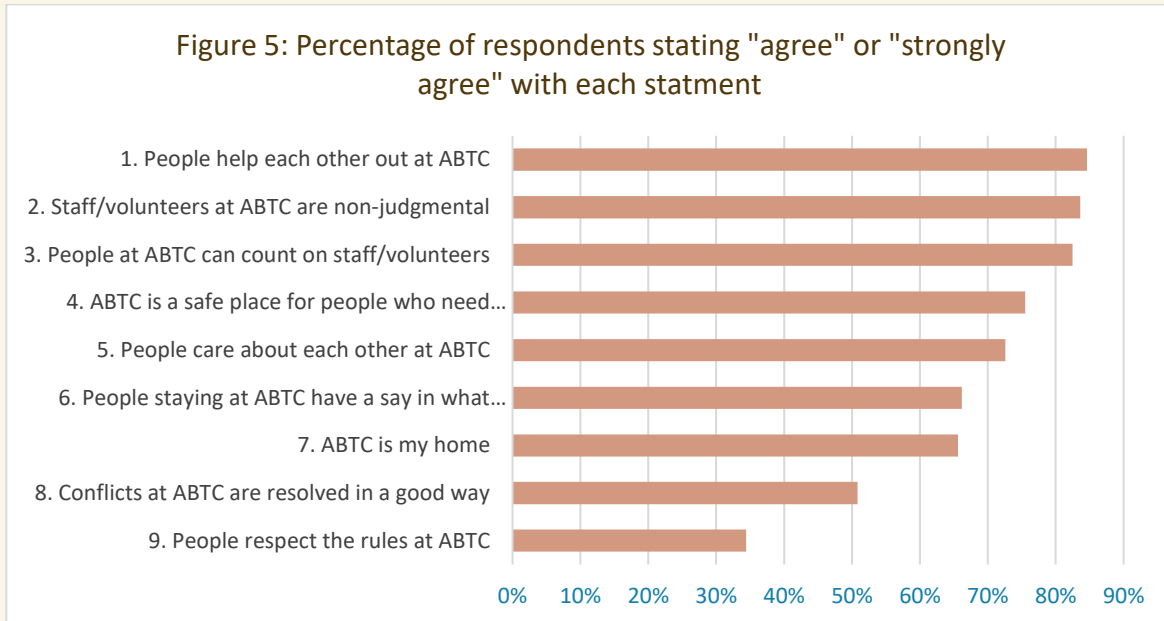


Thirty-three of the survey respondents indicated they were residents of ABTC and had a signed housing agreement, with a further 14 indicating that they were guests staying at ABTC without a signed housing agreement. Eighteen survey participants were neither residents nor guests and were just visiting ABTC (Figure 3). Most people who indicated that they were residents and/or staying at ABTC had been doing so for more than 12 months (Figure 4). Among respondents who were residents and/or staying at ABTC, 88% reported experiencing homelessness immediately prior to coming to ABTC, with 51% reporting experiencing unsheltered homelessness, 16% emergency sheltered and 14% provisionally accommodated. A further 7% became homeless after leaving an institution like a hospital or jail.



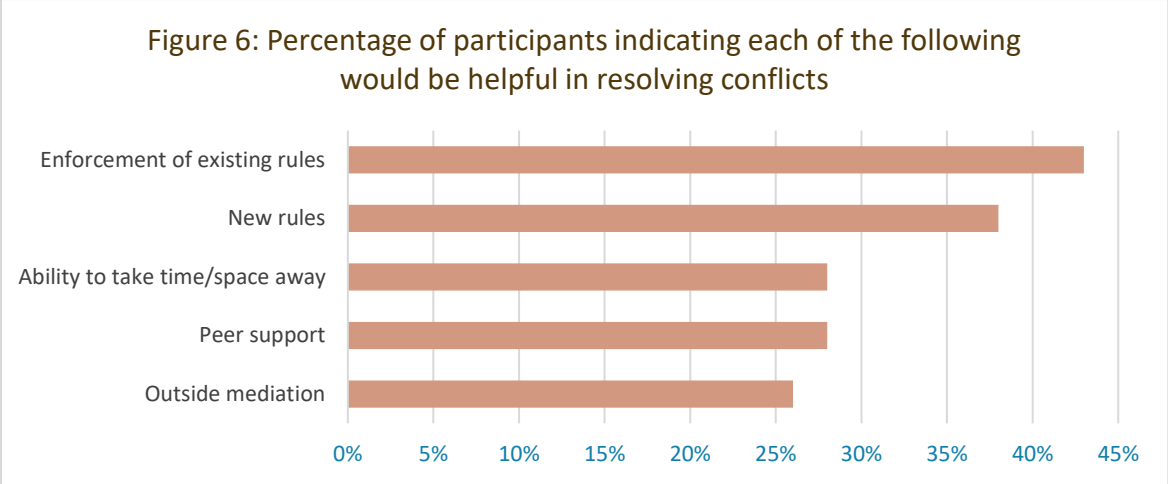
Safety and Belonging

The first section of the survey asked respondents about their sense of safety and belonging at ABTC, using two methods. First, respondents were asked to state whether they “strongly agreed”, “agreed”, “neither agreed nor disagreed”, “disagreed” or “strongly disagreed” with a series of statements intended to assess safety and belonging along multiple dimensions (Figure 5).



Overall, there was a high level of agreement (> 50%) with most statements. Respondents were most likely to agree or strongly agree with questions assessing the quality of social networks among other people at ABTC and staff and volunteers (statements 1, 2 and 3). Participants also had a high level of agreement with statements assessing the general atmosphere at ABTC (statements 4 and 5). Respondents had the lowest level of agreement with statements concerning the resolution of conflict and/or enforcement of rules (statements 8 and 9). Statement 9, “people respect the rules at ABTC” was the only statement where fewer than half of the participants expressed agreement.

We also asked survey respondents which of the following actions might help resolve conflicts at ABTC: enforcement of existing rules, new rules, ability to take time/space away, peer support and outside mediation (Figure 6).



Respondents were mostly likely to identify enforcement of existing rules as helpful in resolving conflicts, however, many participants also suggested that the other strategies may be helpful. We recorded 23 comments concerning suggestions for reducing conflict at ABTC. Most of these suggestions fit under four themes:

- More resident involvement in making and enforcing rules, such as committees and group discussions
- More conflict management support through impartial mediation or support groups
- Structural changes to minimize conflict, such as the provision of storage lockers to secure belongings, more washroom and shower facilities, anti-theft measures
- More social opportunities and skills development for people at ABTC

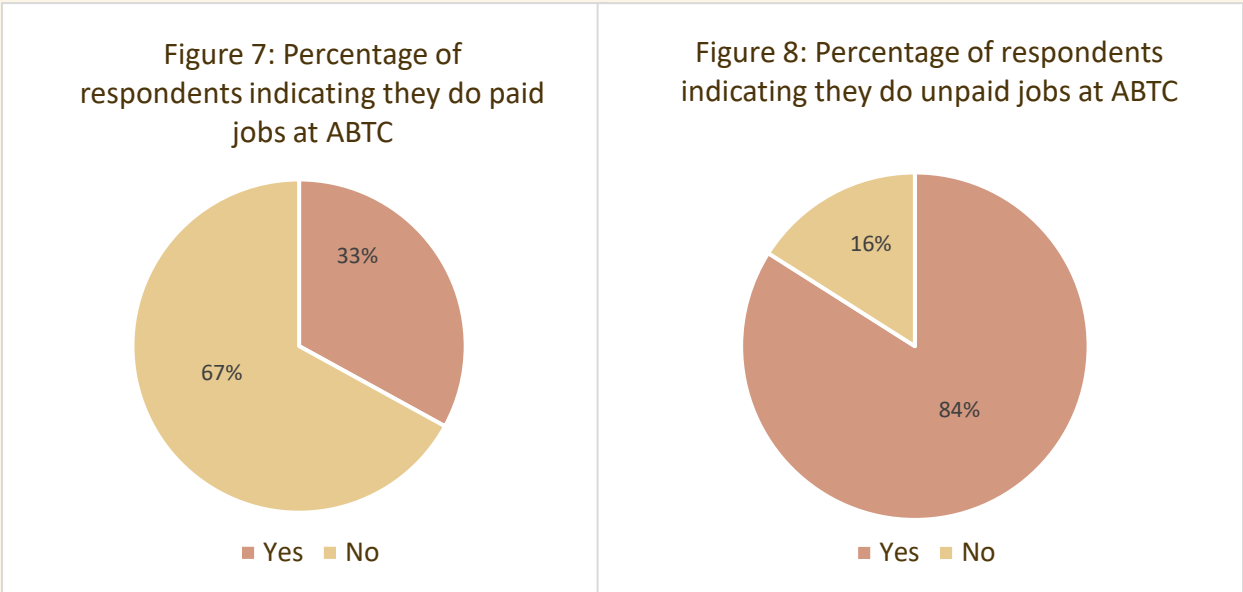
Finally, in the two open-ended response questions in this section, we received 78 comments. Survey respondents noted that familiarity with community members, as well as adherence to a common set of rules, impacted their feelings of safety. Several participants reported that the presence of the on-site coordinator increased their feelings of safety at ABTC, and she was a vital part of the community and someone who people at ABTC trusted. Others positively referenced the presence of staff, family and friends as community members who increased their sense of security, *“we keep each other safe”*. The presence of known and trusted people at ABTC helped build a sense of community, and a sense that there were people available to help in the event of an emergency. For example, one person stated, *“always somebody around to help with any emerging issues, someone qualified, takes mental stress out of being homeless because I can do laundry, get food, shelter and for emotional/mental health there is always someone to talk to”*.

Conversely, several survey respondents noted that the presence of unknown individuals decreased their sense of safety and security. Participants also expressed concern that sometimes rules are not followed. Some participants were frustrated about theft of personal

belongings, stating, “nothing gets done about it” and wanted more measures in place to address theft. Some participants suggested that visitors were less likely than residents to follow the rules. Other concerns raised were interpersonal conflicts, violence and unsafe substance use practices. An important dynamic of safety and security was the presence of a lockable door. Several participants noted that having a door they could lock was important for their sense of safety and security, and others noted that at times when their door lock has been broken, that has created safety concerns. Two participants recommended “better doors” as a safety measure. This speaks to the importance of a private, secure space, in the context of collective living and shared amenities.

Paid and Unpaid Work at ABTC

In our survey, 33% of respondents reported that they do paid jobs at ABTC (Figure 7), however, 84% of respondents reported that they do unpaid jobs to help out around ABTC (Figure 8).



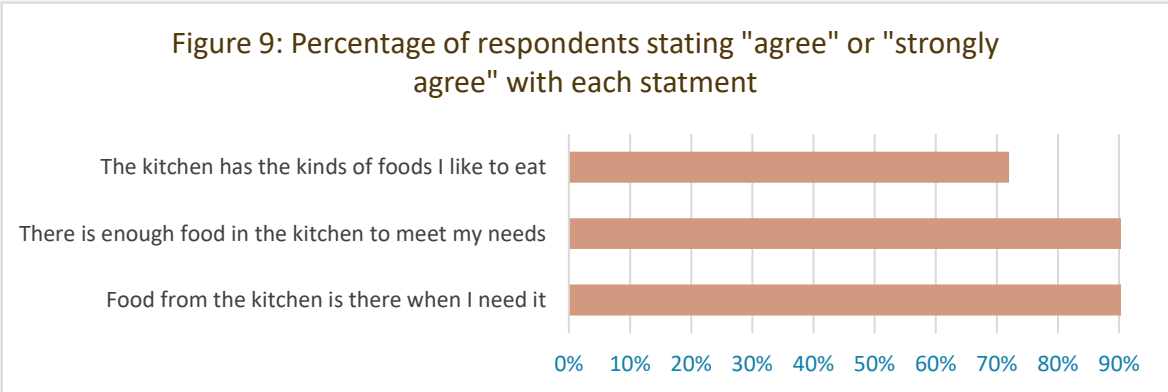
Survey respondents emphasized that they did paid jobs around ABTC not just for the money, but to help contribute to the community. Respondents were more likely to discuss doing unpaid jobs than paid jobs, and we received 50 comments that described undertaking a variety of unpaid tasks that contributed to community life at ABTC. The types of activities people described doing included:

- Outdoor work: garbage removal, debris removal, shoveling snow
- Cleaning indoors: washrooms, floors, dishes, tidying
- Maintenance: fixing shelves, painting, small repairs
- Peer support: conflict resolution, active listening, checking on people
- General helping out: “whatever needs to be done”

When asked whether any unpaid jobs should be paid, responses were split, with 7 stating no, and 11 stating yes, 5 who were unsure, and 10 making comments that did not easily fall in a yes/no category. Among those who said no, the dominant reason was a view that unpaid work was part of living in a community together, with one representative comment noting, *“if you live here you should be putting your hand out to help”*. Among those who said yes, they most commonly suggested expanding paid work to cleaning tasks, perhaps in recognition of the importance of this work to the quality of life at ABTC. Other suggestions included integrating paid skill development opportunities into life at ABTC and having a more transparent process for assigning paid jobs.

Access to Food

The next section of the survey asked participants about access to food at ABTC. ABTC has an on-site kitchen where people can access hot meals at regular times during the day, as well as snacks and pre-prepared foods at other times. Food is always available, and individuals can take what they need. Survey respondents were asked to state whether they “strongly agreed”, “agreed”, “neither agreed nor disagreed”, “disagreed” or “strongly disagreed” with a series of statements intended to assess access to food (Figure 9). A very strong majority - 95% of respondents - expressed agreement that there was enough food in the kitchen to meet their needs, and food was there when they needed it. A strong majority (72%) agreed that the kind of food they liked to eat was available in the kitchen.

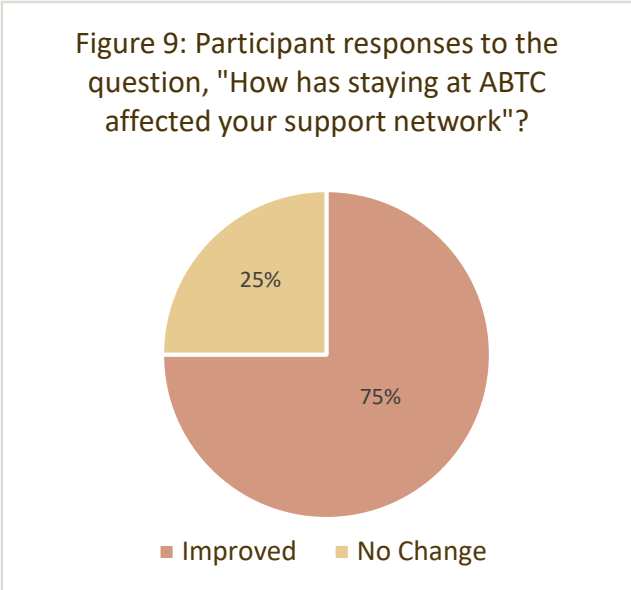


We received 33 comments concerning food at ABTC from participants. The vast majority of these comments were very positive, and survey respondents appreciated the quality of food available, the quantity of food, as well as the work of food volunteers and staff to meet specific dietary needs. Exemplifying these comments, one individual noted, *“better than restaurants, home cooked meals, reminds me of my mom's cooking”*. Another respondent noted the relationship between the availability of food and positive social relations, saying, *“access to food helps stop fights, make people get along”*. Survey respondents did raise a few concerns regarding food. Some respondents felt that with the presence of many visitors at ABTC, it was difficult to ensure that residents received enough food. Others suggested a need for some

common rules around accessing and sharing food. A few survey respondents said they appreciated the food available but would like more meat-free options, and/or more diversity of food options from different cultures.

Health and Well-being

To assess how living at ABTC had affected the overall well-being of people staying at ABTC, we asked residents and guests a series of questions about physical, mental and emotional wellness. First, we asked respondents whether their support network, defined as “having people around you can count on” had improved, not changed, or worsened since coming to ABTC. Three-quarters of respondents indicated their support network had improved, with the remaining 25% indicating “no change”, and no respondents indicating their support network had declined (Figure 9).



Second, we asked participants how staying at ABTC has affected their living conditions, defined as, “access to food, shelter and other things you need for daily life”. Seventy-six percent of respondents indicated that their living conditions had improved, 19% indicated no change, and 5% indicated living conditions had worsened (Figure 10).

Finally, we asked respondents staying at ABTC to assess their physical and mental well-being in comparison to before they had come to ABTC. Seventy-one percent of respondents reported that their physical and mental well-being has improved since coming to ABTC, while 18% of respondents reported that there was no change and 11% reported that their physical and mental well-being has worsened (Figure 11).

Figure 10: Participant responses to the question, "How has staying at ABTC affected your living conditions network"?

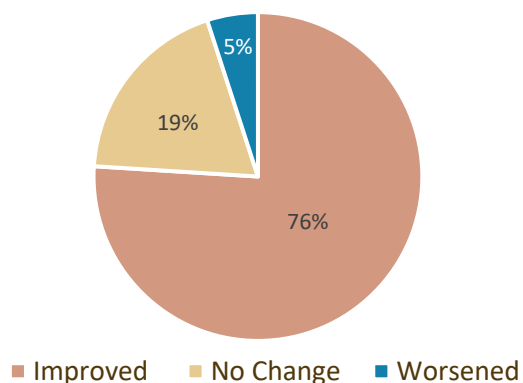
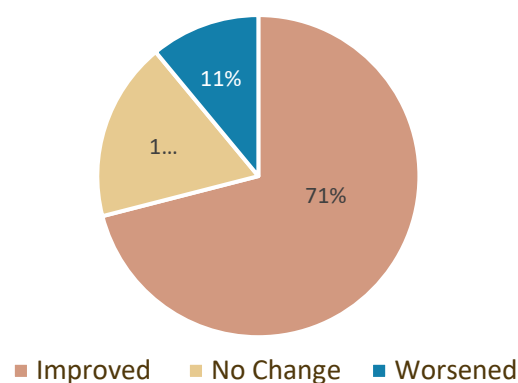


Figure 11: Participant responses to the question, "How has staying at ABTC affected your physical and mental health"?



Given the multiple, ongoing barriers to well-being that people at ABTC face, including a high proportion of individuals living with a disability (75%), as well as the lack of permanent housing options, it is noteworthy that a strong majority of survey respondents report improved social support, living conditions and physical and mental health. Several survey respondents commented that ABTC filled a gap in community service provision, for those with multiple barriers to emergency shelter access, and no immediate permanent housing options. Stated one resident bluntly, *"If it wasn't for this place, I wouldn't be here today, I wouldn't have survived outside in the winter"*. Another participant noted that without ABTC *"there would be a lot of homeless people"*.

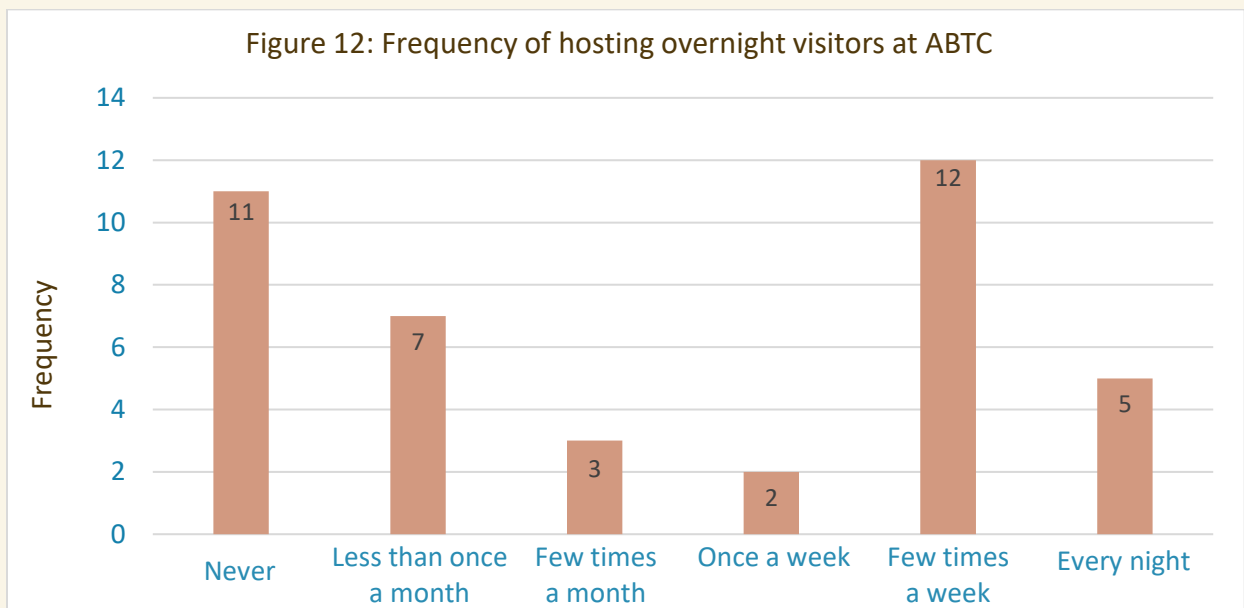
Survey respondents reported connecting with different services through ATBC. Most commonly, respondents were able to connect with healthcare related services, with 26 specifically mentioning the Sanguen mobile health clinic, 15 noting harm reduction, and a further 12 connecting to primary care services, like a family doctor. Other services respondents connected to through ABTC were social assistance, ID clinics to replace missing/lost identification documents needed to access services, counselling, dental care, arts-based programming and Indigenous-specific services. Some respondents identified counselling and access to educational resources as services they had been unable to connect with at ABTC but would like to connect with.

While 13 respondents indicated connecting with housing services at ABTC, a further 8 identified housing services as a support they needed but had not accessed. When residents and guests were asked about the future, 6 individuals noted that they considered ABTC a permanent home, and had no plans to obtain alternative housing, but a further 14 hoped to transition to other housing. Notably, of those 14 expressing a desire to transition to other housing, only two affirmed that they were on the waitlist for subsidized housing. Survey respondents identified the absence of affordable housing as a key factor limiting their ability to transition to

alternative housing. The overall shortage of adequate, affordable housing options created a sense of hopelessness concerning the possibility of moving to alternative housing. For example, one individual described ABTC as *“a phase before getting into housing like transitional housing wait list, but I know it’s really long”*. Others noted that many ABTC community members applied for housing unsuccessfully. In some cases, the sense of hopelessness concerning the waitlist served as a deterrent for engaging with housing services.

Overnight Visitors to ABTC

The next section of the survey asked people staying at ABTC about their experiences hosting their own overnight visitors and their experiences with others' visitors. The majority of survey respondents either have visitors over a few times a week (12 respondents or 30%) or never have visitors over at all (11 respondents or 27%) (Figure 12)



When asked whether the ability to have overnight visitors was important to them, 20 survey respondents left comments indicating it was, while 7 respondents left comments indicating it was not important to them. Among people who stated having overnight visitors was important to them, many spoke of the importance of having visitors in terms of giving them a sense of control over their space and environment and affirming their sense of belonging at ABTC. For example, one individual stated that it, *“Gives me a sense that it’s my home because when you go to a shelter you can’t have a friend visit.”* Many respondents spoke of the social importance of visitors, both in terms of mitigating loneliness. For example, one respondent stated, *“important to have someone to talk to and get things off your chest”*. Another described the ability to host overnight visitors as a way to support friends and family: *“I’m here in case my*

friends need to crash". Others posed having visitors as a basic entitlement, something they should be permitted by right in their shelter. Among survey respondents who left comments about why the ability to have overnight visitors was not important to them, some said that they preferred to be alone, while others stated visitors caused stress.

When asked about how the visitors of other residents affected them, 15 individuals stated that other people's visitors did not affect them, and 24 people left additional comments. Three of these comments were neutral, with the remaining 21 raising areas of concern. These areas of concern fell into three categories: rules, resources, and conflict. Some respondents reported visitors did not follow the rules, and/or behaved in ways that were disrespectful. For example, one individual noted that *"personal belongings have gone missing"* and attributed this to the presence of visitors. Second, some respondents noted that visitors at ABTC caused stress to shared amenities, including food and shared facilities like showers. Finally, some respondents associated the presence of visitors with increased conflict and fights. Five comments noted that most visitors do not cause problems, but the small number that do can be very disruptive. Finally, a few responses commented on the complexity of the issue of visitors to ABTC, with one noting that *"winter is frustrating"* in the sense that they felt conflicted about asking visitors to leave knowing they may have no other place to shelter.

Discussion

ABTC is a community-initiated emergency homelessness response, providing shelter to individuals with complex needs, and significant barriers to housing. In addition, ABTC serves as a support and resource hub for even more people, who may not be staying at ABTC but are able to access food, health, and other supports on site. The survey results emphasize that ABTC had a positive impact on the day-to-day lives of respondents, 88% of whom were experiencing homelessness prior to coming to ABTC. Noteworthy are most participants agreeing with statements about safety and belonging, especially those referencing the support provided by staff and volunteers, as well as the positive relationships developed among community members. Equally noteworthy is that over 70% of respondents reported improvements to their social support networks, their living conditions, and their mental and physical health, since coming to ABTC. These improvements in overall well-being are especially remarkable given the well-documented negative impacts of homelessness and housing insecurity on health. Participants also reported high satisfaction with food provision at ABTC and noted that access to good quality food contributed to social connections and overall well-being. Responses concerning service access demonstrate that beyond providing food and shelter, ABTC serves to connect individuals to key services, with mobile health services, primary care, and harm reduction being the most frequent services noted by participants. This is important as regular access to health care and harm reduction services can help improve the day-to-day lives of

individuals. Likely the strategy of providing these services on site using mobile providers has been helpful in reaching many members of the ABTC community.



While the survey did not directly ask about respondents' experience at ABTC in comparison with other forms of emergency shelter, in qualitative comments, people emphasized how their experience at ABTC was different than at emergency shelters. Respondents noted that staff and the on-site coordinator were able to show "*compassion and restraint*" in managing



day-to-day issues. They also appreciated the autonomy at ABTC in comparison with other types of provisional accommodations where they could "do *do their own thing*". Several participants mentioned the importance of stability at ABTC, where those with a signed housing agreement have a space of their own, where, unlike emergency shelters, they do not need to vacate daily, or line up for each night. Moreover, most individuals experiencing homelessness prior to coming to ABTC were outside the emergency shelter system. This is likely due to limitations in the accessibility of the emergency shelter system in providing services to people with complex health needs, people with disabilities, those who use criminalized substances, couples, individuals with pets and other groups that are sometimes labelled, "hard to house". ABTC fills a gap in the emergency homelessness response by providing stable shelter, a sense of community, and facilitating access to a variety of services.

Many survey respondents noted the enormous impact that ABTC has had on their well-being and the well-being of others, summed up in this comment, "*ABTC gives people who have a hard time a place to find community because we're ostracized people. If it wasn't for this place, a lot of us would be dead*". Several participants mentioned the importance of supportive



relationships they were able to build with other people at ABTC, as well as the support they received from the on-site coordinator: "*I appreciate her a lot - she works hard, I consider her not just a worker but a friend too*". In many cases, these positive relationships stem from a normative commitment to working with people to meet their immediate needs, as best possible within an overall environment of resource constraint.

Survey responses indicated some ongoing issues affected the belonging and well-being of people at ABTC. These included interpersonal conflict, theft of personal belongings, and a divide between visitors and residents. Respondents also offered many solution-oriented responses. Two key themes that emerged from these responses are the need for more washroom and shower facilities to better serve the needs of all people at ABTC, and the requirement that visitors adhere to the same rules as residents. Survey respondents also made thoughtful suggestions about increasing the opportunities for self-governance among residents and connected this to well-being among residents. For example, one individual noted they found the monthly resident meetings helpful, saying, "*The more we can have stuff like the once-a-week meeting on how everything is going, so people can let out how they're feeling*".

Another respondent suggested more opportunities for residents to make suggestions to staff about improvements.

A human rights-based approach to housing requires an approach that treats all individuals as entitled to the dignity afforded by access to safe and appropriate housing. While ABTC is not permanent housing, it creates a stable place for people to shelter, where they can access the necessities for day-to-day survival. Furthermore, the current approach that ABTC takes is grounded in respect for the autonomy and dignity of individuals. In practice, enacting a human rights-based approach to housing is challenging, as there are real questions concerning how to manage conflicts and navigate resource constraints in face of a growing homelessness and affordable housing crisis. Access to stable operational funding would enable ABTC to expand programming and resources and continue to address a significant need for stable, dignified shelter options for people currently experiencing homelessness.



Appendix A: Survey Questions

A Better Tent City Survey

*Only ask questions with a * if respondent indicates they are currently staying at ABTC (either with or without a formal housing agreement). Instructions to survey administrators indicated in italics.*

Relationship to ABTC

1A. Which of the following best describes you?

Read out options.

- I have a signed housing agreement at ABTC.
- If yes, when did you sign it _____
- I don't have a signed housing agreement but I'm staying here
- I'm just visiting ABTC
- Other _____
- Don't know
- Prefer not to answer

*1B. How long have you been staying at ABTC?

Probably don't need to read out the options.

- Less than 3 months
- 3-5 months
- 6-11 months
- 12+ months
- Don't know
- Prefer not to answer

*1C. Where were you staying before coming to ABTC?

Nadine's store is before ABTC.

Write in response.

1D. If you are just visiting ABTC, how often do you visit?

- Everyday
- A few times a week
- Once a week
- A few times a month
- Once a month or less
- Don't know
- Prefer not to answer

Safety and Belonging

Please tell us whether you agree or disagree with the following statements:

		strongly agree	agree	neither agree nor disagree	disagree	strongly disagree	Prefer not to answer
2A	ABTC is safe place for people who need somewhere to stay						
2B	People staying at ABTC have a say in what happens here						
2C	People help each other out at ABTC						
2D	People care about each other at ABTC						
2E	Conflicts at ABTC are resolved in a good way						
2F	People respect the rules at ABTC						

2G	People at ABTC can count on staff/volunteers						
2H	Staff/volunteers at ABTC are non-judgmental						
2I	ABTC is my home						

3. What things affect how safe you feel at ABTC?

Write in response.

4. What support would be helpful in resolving conflicts between people at ABTC?

Ask question. Provide examples if needed. Check all that apply.

- Outside mediation
- Peer support
- Ability to take time/space away
- New rules
- Enforcement of existing rules
- Other _____
- Don't know
- Prefer not to answer

5. Do you have anything else to share about safety and belonging at ABTC?

Write in response.

Paid and Unpaid Jobs

1. 6A. Do you do any paid jobs at ABTC?

- Yes
- No
- Don't know

- Prefer not to answer

6B. If yes, what are some of the reasons you do paid jobs?

Read options. Check all that apply.

- To receive payment
- To meet people
- To learn new things
- To help at ABTC
- Other _____
- Don't know
- Prefer not to answer

6C. Out of those reasons, which is the most important?

Write in response.

7A. Do you do any unpaid jobs to help out around ABTC?

Take on tasks that help others but aren't part of the jobs program.

- Yes
- No
- Don't know
- Prefer not to answer

7B. If yes, what are the unpaid jobs you do? *Write in response.*

7C. Are there any unpaid jobs that people at ABTC do that should become paid jobs? If yes, which ones? *Write in response.*

Food

8. How many times a day do you have something to eat from the kitchen or shared space?

"A day" = in roughly 24 hours.

- 0 times
- 1-2 times
- 3-4 times
- More than 4 times
- Don't know
- Prefer not to answer

Please tell us whether you agree or disagree with the following statements.

		strongly agree	agree	neither agree nor disagree	disagree	strongly disagree	Prefer not to answer
9A	Food from the kitchen is there when I need it.						
9B	There is enough food in the kitchen to meet my needs.						
9C	The kitchen has the kinds of foods I like to eat.						

10. Do you have anything else to share about the food at ABTC. *Write in response.*

Health and Well-being

Compared to before you came to ABTC, how has staying at ABTC affected you:

	Improved	No change	Worsened	Don't know	Prefer not to answer
*11A. Support network <i>having people around you can count on</i>					

*11B. Living conditions <i>access to food, shelter, other things you need for daily life</i>					
*11C. Health <i>physical and mental well-being</i>					

In the past year (12 months) how many times...

Remind participants that they don't need to answer this question. Ask respondents to give their best estimate if they are unsure. Convert responses to # times per 12 months.

12A	Have you been hospitalized as an inpatient <i>Inpatient means admitted to the hospital</i>	
12B	Have you used Emergency Medical Services <i>An ambulance or similar</i>	
12C	Have you been to a hospital emergency room	
12D	Have you had interactions with the police <i>Includes an officer stopping and asking what you are doing</i>	
12E	Have you been to prison/jail	

13A. Have you connected with any services at ABTC? If so, which ones?

Services could be harm reduction, family doctor, social assistance, housing, etc. Write in response. Note any specific providers mentioned.

13B. Are there any services that you haven't connected with but you'd like to?

Write in response.

Overnight guests and staff

*14A. How often do you have visitors stay overnight at ABTC?

Remind people that they don't have to answer and we don't share their reply with anyone else.

- Every night

- A few times a week
- Once a week
- A few times a month
- Less than once a month
- I never have overnight visitors
- Don't know
- Prefer not to answer

*14B. Is being able to have your own overnight visitors important to you? Why/why not?

Write in response.

*14C. How do the overnight visitors of other residents affect you?

Write in response.

Future and Conclusion

*15A. How much longer do you plan on staying at ABTC?

Nothing's happening to ABTC, we're just trying to understand your future plans.

- Less than 3 months
- 3-5 months
- 6-11 months
- 12 months or more
- Other _____
- Don't know
- Prefer not to answer

*15B. What do you think is keeping you from leaving ABTC and finding different housing?

Give examples if needed. Check off all that apply.

- Low income
- No income assistance

- Rent is too high
- Poor housing conditions
- Family breakdown/conflict
- Domestic Violence
- Health/disability issues
- Mental health issues
- Substance use
- Criminal history
- Pets
- Children
- Discrimination
- Don't want different housing
- Other _____
- No barriers to different housing
- Don't know
- Prefer not to answer

16. We're almost at the end of the survey. Is there anything else you'd like to share with us that you think is important for us to know about life at ABTC?

Write in response.

Demographic Questions

Just a reminder that all of these questions are voluntary and you don't have to answer any of them.

17A. What is your age in years?

- 18-29
- 30-39
- 40-49
- 50-59

- 60-69
- 70+

17B. How would you describe your gender?

- Man
- Woman
- Non-Binary
- Two Spirit
- Not listed _____
- Don't know
- Prefer not to answer

17C. Do you identify as part of the 2S & LGBTQ+ community?

- Yes
- No
- Don't know
- Prefer not to answer

17D. Do you have a disability?

A disability is a physical, intellectual or psychological condition that affects your day-to-day life.

- Yes
- No
- Don't know
- Prefer not to answer

17E. What's the highest level of education you completed?

Don't read options. Check the appropriate response.

- Elementary/primary
- High school/secondary or equivalent
- Trades
- College

- University
- Not listed _____
- Don't know
- Prefer not to answer

17F. People often describe themselves as belonging to particular racial and/or ethnic groups. How would you describe your racial and/or ethnic identity?

For example, they might say they are Haudenosaunee (Mohawk), or Polish or Chinese. Some people might describe themselves as Nigerian-Canadian, or Italian-Canadian. Others might say they are white or Black or Asian. Write in response.

17G. Do you identify as Aboriginal or do you have Aboriginal ancestry? This includes First Nations, Métis, Inuit, with or without status.

- Yes
 - First Nations
 - Métis
 - Inuit
 - Non-Status
 - Not listed _____
- No
- Don't know
- Prefer not to answer
- Additional details if offered/provided: _____